

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Depa	artment of	the Treasury ue Service  The organization may have to use a copy of this retu	en to catalists	ta reporting resi	uromonto	Inspection
A		2011 calendar year, or tax year beginning JULY 1	, 2011, and e		IE 30	, 2012
В		applicable C Name of organization RECYCLE HAWAII	, 2011, 4114 0	ilding OON		er identification number
_	Address					9-0293381
H	Name cl	on and	m/suite	E Telepho		
H	Initial ret	D O DOY 4047				8)969-2012
$\ddot{\Box}$	Termina				1 (33	0,703 2022
$\exists$	Amende	0.5700			G Gross re	ecempts \$ 611,239
$\exists$		ion pending F Name and address of principal officer PAUL BUKLAF	FWICZ	M(a) to th		for affiliates? Yes X No
_	тфрисы	SAME AS C ABOVE.	(BW10B			ictuded? Yes No
_	Tay-eye		947(a)(1) or 5			list (see instructions)
<u>:</u>		e. ► WWW.RECYCLEHAWAII.ORG	747(a)(1761	<del></del>	oup exemption	
ĸ		organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	1 Year of	formation 199		
_	art l	Summary	L real of	IOIIIIalioii + 2 2 2	E   In Olote	or legal definede 111
	1	Briefly describe the organization's mission or most significant a	activities TO	PROMOTE	RESOL	IRCE AWARENESS
	'	AND RECYCLING ENTERPRISES IN HAWAII				THE COMMUNITY
Activities & Governance	1	ABOUT SOUND RESOURCE MANAGEMENT AND				***************************************
nar		ENVIRONMENTALLY SUSTAINABLE FUTURE.		1110 01101		LED TOK II HONE
Š	2	Check this box ► ☐ if the organization discontinued its operations or dispo	sed of more than	25% of its net assi	 etc	
ဖိ	3	Number of voting members of the governing body (Part VI, line		2070 01 10 1101 000	.   3	8
රේ ග	4	Number of independent voting members of the governing body	-	 .1b)	4	8
itie	5	Total number of individuals employed in calendar year 2011 (P		-	5	13
Ě	6	Total number of volunteers (estimate if necessary)	art v, illie a,	•	6	95
Ą	7a	Total unrelated business revenue from Part VIII, column (C), (in	(15) (is)	• •	7a	
	b	Net unrelated business taxable income from Form 990 T tipe	10	\	7b	
	+ 5		<del></del>	Prior		Current Year
90.	8	Contributions and grants (Bort VIII line 1b)	2013 /c	$\Omega V$	2,394	354,267
	9	Program control roughly (Part VIII line 2a)	3 6		3,640	256,361
Revenue	1	Investment recome (Part VIII, Intel 29)		24	12	230,301
&	10	Other reverse (Part VIII, column (4), lines 5, 4, and 70)	TU JANT	<b>/</b>	253	600
		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 1, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 9c, 9c, 10c, and Total revenue—add lines 8 through 11 (must equal Part VIII) column	Prive A	· 70	6,299	
	12	Create and arribe arranged to the Control of the Co	HIII (A), IIIIE 12	2) / / 0	0,299	611,239
	13	Grants and similar amounts paid (Part IX, column A) lines 1-3		•	- 6	1,070
	14	Benefits paid to or for members (Part IX, column (Å), line 4)			5,671	504,891
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column	(A), lines 5-10	" - 40		504,691
ĕ	16a	Professional fundraising fees (Part IX, column (A), line 11e)	7 10	<u>,                                    </u>	0	<u> </u>
х	b	Total fundraising expenses (Part IX, column (D), line 25) ►	7,19		5 670	140 077
_	1 17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			5,679	149,277
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (	A), line 25)		1,350	655,238
_	19	Revenue less expenses Subtract line 18 from line 12 .	• •		4,949	(43,999)
SOF				Beginning of 0		End of Year
Sset	20	Total assets (Part X, line 16)			1,229	160,691
Net Assets Fund Balan	21	Total liabilities (Part X, line 26)			5,426	28,887
		Net assets or fund balances. Subtract line 21 from line 20		_   1/	5,803	131,804
P	art II	Signature Block				
		ilties of perjury, I declare that I have examined this return, including accompanying				ny knowledge and belief, it is
	e, correc	t, and complete Declaration of preparer (other than officer) is based on all inform.	ation of which pre	eparer has any kno		
٠.		1. Vy weeks				2013
Siç	-	J. Jay West, Treasurer		C	Date	
He	ere					·
		Type or pnnt name and title				
Pa	id	Print/Type preparer's name Preparer signature	- <del></del>	Date / _ /	Check [	XI of PTIN
	epare	ALEX J. SMITH	_	5/7//	5 self-emp	loyed P00994702
	se On		U		m's ElN ▶	
		Firm's address ▶ 1403 FRANK ST., HONOLULU,	HI 9681	. 6 РІ	hone no 8	08-737-7761
Ma	y the If	RS discuss this return with the preparer shown above? (see inst	ructions)			Yes 🗌 No
For	Paper	vork Reduction Act Notice, see the separate instructions.				Form <b>990</b> (2011)

Page <b>2</b>
🗆
I. AND JTURE.
Yes ⊠ No
Yes ⊠ No
neasured by amount of
321) MOTOR G , MENT S, AND
)
IDE" FOR MPOSTING WAII R&D TH ISLAND SIDENTIAL NT G AND TAINABILITY
)

le	Total program service expenses ► 56	9.285		
	(Expenses \$ including grants o	f\$	) (Revenue \$	)
ld	Other program services (Describe in Schedule	O.)		

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
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	2	X	
J	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	:	х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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	9		х
10	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	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10	-	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	- 11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	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		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		X
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	-	х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
			n 990	(2011)

	IV Charlint of Dequired Cahadulan (configured)			aye -
Part	V Checklist of Required Schedules (continued)		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		Х
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		х
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		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		х
c	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		х
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		х
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		х
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		х
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	28a 28b		X
C	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		х
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	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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		х
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		Х
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		х
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		X
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		х
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			v
38	Part VI	37	х	X

art				
	Check if Schedule O contains a response to any question in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   8			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		İ
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 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<b></b>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			- V
b	organization solicit any contributions that were not tax deductible?	6a		X
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			<del> </del>
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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
ــــــــــــــــــــــــــــــــــــــ	required to file Form 8282?	7c		X
d e	If "Yes," indicate the number of Forms 8282 filed during the year	70		Х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del> </del> -
h	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			
	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.	_		
a b	Did the organization make any taxable distributions under section 4966?	9a 9b		<b>.</b>
10	Section 501(c)(7) organizations. Enter	30		<del> </del>
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources	ŀ		
40-	against amounts due or received from them.)	40-		
12a 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	12a		-
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		<b> </b>
-	Note. See the instructions for additional information the organization must report on Schedule O.	<u>-</u> -		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
IJ	or real mas in media cum i zu iu redou mese naviments (il. No. innvine an explanation in Schedule U	41		1

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S						
04"	Check if Schedule O contains a response to any question in this Part VI	· ·	<u> </u>	<u>X</u>			
Section	on A. Governing Body and Management	—т	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   8		163				
10	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		1				
	committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 8						
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		<u>X</u>			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .			v			
4		3		$\frac{x}{x}$			
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6	X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-					
	one or more members of the governing body?	7a	X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	stockholders, or persons other than the governing body?	7b	Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9							
C4:	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	- d- 1	X			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	.00					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13		Х			
14	Did the organization have a written document retention and destruction policy?	14		Х			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	X	'			
b	Other officers or key employees of the organization	15b		<del>                                     </del>			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			-			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		-			
Secti	on C. Disclosure		L				
17	List the states with which a copy of this Form 990 is required to be filed ► HAWAII						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	c)(3)s	only)			
	☐ Own website ☐ Another's website ☒ Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	finter	est p	olicy,			
	and financial statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books and records organization ▶ PAUL BUKLAREWICZ, 165 KEAWE ST., #108, HILO HI 96720	of the	)				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Part VIII	Compensation of Officers,	Directors Trustees	Key Employees	Highest Compensate	d Employees
I art VII			, itoy Employees,	ingliest compensate	u Linpioyees,
	and Independent Contracto	วาร			

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 no		d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
(A) Name and Trtle	(B) Average hours per week	(do n	(C)  Position (do not check more than one pox, unless person is both an officer and a director/trustee				ne an	(D)  Reportable compensation from	related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)J. JAY WEST										
PRESIDENT	2.5	Х		Х				0	0	0
(2) SCOT SANDERSON										
VICE-PRESIDENT	2.5	X	_	X				0	0	0
(3) TERRI R. MARKOVICH							l			•
SECRETARY	2.5	X	<u> </u>	Х	ļ			0	0	0
(4) GAIL E. MADIE TREASURER	4.0	х		х				0	0	0
(5) WILEY KNIGHT	.]		1				ŀ			_
DIRECTOR	1.0	Х	<u> </u>	ļ	<u> </u>			0	0	0
(6) JENNA LONG	.]		ŀ					_	_	_
DIRECTOR	1.0	X	_		L_		_	0	0	0
(7) DIANE WOLKING										
DIRECTOR	1.0	Х	_				ļ	0	0	0
(8) JAMES GOODLOE		,,								•
DIRECTOR	1.0	Х			_	ļ	<b> </b>	0	0	0
(9) PAUL BUKLAREWICZ EXECUTIVE DIRECTOR	40.0			х				39,398	0	6,362
(10)	_									
(11)	-									
(12)	-									
(13)				-						
(14)	-				-					· · · · · · · · · · · · · · · · · · ·

Part	VII Section A. Officers, Directors, Trus	stees, Key	Empk	уеє	es, a	and	Highe	est	Compensated	Employees	(continue	ed)	_	
					•	<b>C)</b>								
	(A)	(B)	(do n	at ah		ition	e than c	200	(D)	(E)	- 1	(	F)	
	Name and title	Average					ıs both		n Reportable Reportab					
		hours per					or/trus		compensation	compensation related	from		unt of her	
		week (describe	익종	Ι'n	ç	ξ <sub>e</sub> y	a i	7	the	organizatio	ns		nsation	1
		hours for	d N	2	Officer	ğ	88	Former	organization	(VV-2/1099-M			1 the	
		related	Individual trustee or director	ğ		employee	8 8	~	(W-2/1099-MISC)		- 1		ization elated	
		organizations in Schedule	ੋੜੋਂ	8 4		ye	ğ				ŀ		zations	į
		O)	👸	Institutional trustee		"	9.5				ŀ	_		
				8			Highest compensated employee							
(15)	<del></del>	<b></b>	<del></del>		-	├-		<del> </del>	<del> </del>		-  -		***	
7.07		1								1	ŀ			
(16)			<u> </u>	-	-	├	<del> </del>	├	<del> </del>	<del></del>				
(10)		-						i	į		1			
/47\	· · · · · · · · · · · · · · · · · · ·					-	<del>                                     </del>	$\vdash$	<del>}</del>	<b></b>				-
(17)					ŀ									
(4.0)					<u> </u>			┝	ļ	·				
(18)		}				1		Ì	ļ		- 1			
(40)			<u></u>	-	┝┈	١	<del> </del>		<del> </del>	ļ				
(19)							ŀ	İ		1				
<del></del>			ļ		<u> </u>	<del>                                     </del>	ļ <u>.</u>	<u> </u>	<u> </u>					
(20)		1	l							1				
			<u> </u>	-	<u> </u>	ļ	ļ	-	ļ					
(21)				1				ĺ						
				_	$\vdash$	_	<u> </u>	1		L				
(22)		<u> </u>					ŀ							
				L	<u> </u>	<u> </u>	ļ	_		1				
(23)			1	1				İ						
				<u>L</u>	L_	<u> </u>	L	_						
(24)		]			ĺ		1							
		<u> </u>		<u> </u>										
(25)							Ì		1	}	l			
								<u> </u>						
1b	Sub-total							ightharpoons	39,398	<u>}</u>	0		6,	362
C	Total from continuation sheets to Part	VII, Section	n A					ightharpoons						
d	Total (add lines 1b and 1c)							▶	39,398		0		6,	362
2	Total number of individuals (including bu							e) w	vho received m	ore than \$1	00,000 c	f		
	reportable compensation from the organ						0	,						
								_					Yes	No
3	Did the organization list any former of	fficer, direc	tor, o	or ti	rust	ee,	key (	emp	ployee, or high	nest compe	nsated			
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	livid	ual					3		Х
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	on a	and other com	pensation from	om the			
	organization and related organizations												1	
	ındıvidual											4	1	X
5	Did any person listed on line 1a receive of	or accrue c	ompe	กรล	tion	ı fro	m an	v ur	nrelated organi	zation or inc	lividual			
_	for services rendered to the organization											5	1	Х
Section	on B. Independent Contractors											لــــــــــــــــــــــــــــــــــــــ		
1	Complete this table for your five highest	compensal	ed in	den	end	ent	contr	act	ors that receiv	ed more tha	n \$100 (	100 of		
•	compensation from the organization. Rep													łΧ
	year.							,	,					
	(A)							Т	(B)			(C)		
	رم) Name and business add	Iress						1	Description of s	ervices	Co	ری mpens	ation	
-								╁╴	· · · · · · · · · · · · · · · · · · ·					
						-		╁			_			
		<del></del>						⊢			<del></del>			
								$\vdash$						
		<del></del>												
	Tatal auchas of independent activities	an for all all		<b>.</b>		1:		1	baan Betru -E					
2	Total number of independent contractor							o tł	nose listed ab	ove) wno   0				
	received more than \$100,000 of compen	sation from	tile 0	ıgaı	ııza	HOL								

Part	VIII	Statement of Revenue				_	
;				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
its its	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	560				l I
θ, E	С	Fundraising events 1c		ļ			i
ar /	d	Related organizations 1d	-				Į.
9, E	е	Government grants (contributions) 1e	295,405				
ion Si	f	All other contributions, gifts, grants,					1
buti		and similar amounts not included above   1f	58,302	1	-		
i di	g	Noncash contributions included in lines 1a-1f \$					1
Cor and	h	Total. Add lines 1a–1f		354,267			
			Business Code				
Program Service Revenue	2a	REUSE CENTER SALES	453310	256,361	256,321	0	0
Rev	b						
63	c						
2	Ч						
n S	_						
Ē	f	All other program service revenue .			·—··		
ē.	g	Total. Add lines 2a–2f	<b>•</b>	256,361			
	3	Investment income (including divid		230,301		-	
		and other similar amounts)		11	0	0	11
	4	Income from investment of tax-exempt b					
	5	Royalties					
	~	(i) Real	(ii) Personal				
	6a	Gross rents	+ · · · · · · · · · · · · · · · · · · ·				į
	b	Less: rental expenses	+				
	c	Rental income or (loss)	0 0				
	ď	Net rental income or (loss)	<u> </u>	0			
	7a	Gross amount from sales of (i) Securities	(ii) Other			<u> </u>	.,,
	'-	assets other than inventory	<del></del>				
	ь	Less. cost or other basis					
		and sales expenses .	<u> </u>				
	С	Gain or (loss)	0				
	d	Net gain or (loss)	<u> ▶</u>	0			
enue/	8a	Gross income from fundraising					
ě		events (not including \$	i				
Other Rev		of contributions reported on line 1c)	1				
9		See Part IV, line 18	1				
ត់	b	Less direct expenses I	D				
	C	Net income or (loss) from fundraising	events . <b>&gt;</b>	0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19	1				
		Less direct expenses I	- L				
		Net income or (loss) from gaming ac	tivities 🕨	0			
	10a	Gross sales of inventory, less					
	[ .	returns and allowances	·				
		Less cost of goods sold t					
	<u>c</u>	Net income or (loss) from sales of inv		0			
	4.	Miscellaneous Revenue	Business Code				
	11a	PROGRAM ADMIN. SVCS.	561000	600	600	0	0
	b						
	C	All other governor					
	d	All other revenue					
	42	Total Add lines 11a–11d		600	256 001		
	12	<b>Total revenue.</b> See instructions		611,239	256,921	0	11

#### 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 respon-	se to any question	in this Part IX		🗆
	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 United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	1,070	1,070		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> <b>5</b>	Benefits paid to or for members	53,002	31,378	16,865	4,759
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	Other salaries and wages	336,119	319,313	16,806	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	63,473	57,125	5,395	953
10	Payroll taxes	52,297	47,068	4,445	784
11	Fees for services (non-employees):				
<b>a</b>	Management				
b	Legal	26 275	1 214	24 (00)	263
C	Accounting	26,275	1,314	24,698	203
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
	Other	15,891	15,891		
9 12	Advertising and promotion	8,428	8,428		
13	Office expenses	29,162	27,535	1,383	244
14	Information technology				
15	Royalties				, , , , , , , , , , , , , , , , , , , ,
16	Occupancy	6,601	5,941	561	99
17	Travel	13,917	12,525	1,392	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	6,505	5,855	553	97
23	Insurance	6,049	3,025	3,024	
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.)	22 002	22 002	·····	(
a	VEHICLE & EQUIPMENT COSTS OTHER PROGRAM EXPENSES	22,802	22,802		
b	MEMBERSHIP & DUES	10,001 2,101	10,001	2,101	
c d	BAD DEBT EXPENSE	14	14	2,101	
e	All other expenses OTHER EXPENSES	1,531		1,531	
25	Total functional expenses. Add lines 1 through 24e	655,238	569,285	78,754	7,199
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)	,			Form <b>990</b> (2014)

Pa	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	43,788	1	49,999
	2	Savings and temporary cash investments		2	
ŀ	3	Pledges and grants receivable, net		3	
- 1	4	Accounts receivable, net	149,670	4	57,584
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
Ī	•	Schedule L		5	
s	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	····
1	9	Prepaid expenses and deferred charges	2,193	9	4,035
	10a	Land, buildings, and equipment: cost or	2,133		
		other basis. Complete Part VI of Schedule D   10a   61,683	•		
	b	Less. accumulated depreciation 10b 20,970	7,218	10c	40,713
	11	Investments—publicly traded securities	· · · ·	11	
	12	Investments—other securities. See Part IV, line 11	·····	12	
İ	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	8,360	15	8,360
	16	Total assets. Add lines 1 through 15 (must equal line 34)	211,229	16	160,691
	17	Accounts payable and accrued expenses	35,426	17	28,887
	18	Grants payable	**	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ø	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
프	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			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
	26	Total liabilities Add lines 17 through 25	25 426	25	20 007
	20	Total liabilities. Add lines 17 through 25	35,426	26	28,887
ces		lines 27 through 29, and lines 33 and 34.			_
a	27	Unrestricted net assets	175,803	27	131,804
Ba	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	· · · · · · · · · · · · · · · · · · ·
As	32	Retained earnings, endowment, accumulated income, or other funds .	•	32	
Ę	33	Total net assets or fund balances	175,803	33	131,804
~	34	Total liabilities and net assets/fund balances	211,229	34	160,691

Page	1	2

Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
	Check it Schedule O contains a response to any question in this Part XI	• •	<del>· · ·</del>	· · ·	<u>· Ц</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	(	511,	239
2	Total expenses (must equal Part IX, column (A), line 25)	2	- (	555,	238
3	Revenue less expenses. Subtract line 2 from line 1	3		$\overline{(43,}$	999)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			803
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
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		131,	804
Part	XII Financial Statements and Reporting				
·	Check if Schedule O contains a response to any question in this Part XII				· 🔲
				Yes	No
1	Accounting method used to prepare the Form 990		_	-	'
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain i	in		
	Schedule O.			1 .	1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<del></del>	ļ	X
b	Were the organization's financial statements audited by an independent accountant?	٠	. 2b	<del> </del> -	Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account				:
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plaın i	in		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year issued on a separate basis, consolidated basis, or both	ar wei	re		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in 📑	-	1
	the Single Audit Act and OMB Circular A-133?		. 3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	ne 🗀		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		
			Fo	m 990	(2011)

#### 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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

RECYCLE HAWAII 99-0293381 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** ☐ Type II c Type III-Functionally integrated ☐ Type III—Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) is the organization (vii) Amount of (i) Name of supported (v) Did you notify (vi) Is the in col. (i) listed in your the organization in organization (described on lines 1-9 organization in col. support governing document? col (i) of your (i) organized in the above or IRC section support? US? (see instructions)) Yes (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2011

n

Total

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

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

Section A. Public Support

	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	(a) 2007	(8) 2000	(0) 2000	(d) 2010	(0) 2011	(1) 10101
•	membership fees received. (Do not						
	include any "unusual grants.")	442.825	746 191	867.181	462.394	354.267	2,872,858
2	Tax revenues levied for the	112,023	,10,131	00.,101	102,001	332,723	270.27030
-	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to the	·					
	organization without charge						
4	Total. Add lines 1 through 3	442.825	746.191	867,181	462,394	354,267	2,872,858
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)						
6	Public support. Subtract line 5 from line 4.						2,872,858
	on B. Total Support	<b>.</b>		-	r		
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	442,825	746,191	867,181	462,394	354,267	2,872,858
8	Gross income from interest, dividends,						
	payments received on securities loans,					ŀ	
	rents, royalties and income from similar sources	233	278	178	12	11	712
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on					1	
10	Other income. Do not include gain or						<del> </del>
10	loss from the sale of capital assets						
	(Explain in Part IV.)	873	1,094	2,918	43	600	5,528
11	Total support. Add lines 7 through 10			-,,,,,,			2,879,098
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	927,921
13	First five years. If the Form 990 is for th						
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo		<del></del>			•	
14	Public support percentage for 2011 (line 6			1, column (f))		14	99.78%
15	Public support percentage from 2010 Sch	edule A, Part I	l, line 14 .			15	99.78%
16a	3316% support test—2011. If the organi				d line 14 is 33¹	лз% or more, c	
	box and stop here. The organization qua	-		-		· · · ·	- 42
b	331/s% support test—2010. If the organ					15 is 33 <sup>1</sup> / <sub>8</sub> %	
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	anization .		▶ 🗆
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization me						
	Part IV how the organization meets the "formation meets" meets the "formation meets the "form			•	•	s a publicty su	
	organization						🕨 📋
b	10%-facts-and-circumstances test—20	_			-		
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization m				-	quaimes as a	
40	supported organization					this beream	• 📙
18					•		
	instructions	• • • •		· · · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	<del></del>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			.,,			
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Grits, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")					_	L
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						ĺ
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge		<del> </del>		<u> </u>	l	<del> </del>
6	Total. Add lines 1 through 5						<u></u>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	· · · · ·					<u> </u>	<del></del>
b	Amounts included on lines 2 and 3		İ				:
	received from other than disqualified persons that exceed the greater of \$5,000		}	İ			
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		<del>                                     </del>				
	line 6.)					1	
Secti	on B. Total Support		······································	• • • • • • • • • • • • • • • • • • • •		• •	
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6				<u> </u>		
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					1	
	royalties and income from similar sources .						
b	Unrelated business taxable income (less			ŀ	ļ		
	section 511 taxes) from businesses						
	acquired after June 30, 1975		+		ļ		<del> </del>
	Add lines 10a and 10b		1		<del> </del>		<del></del>
11	Net income from unrelated business activities not included in line 10b, whether						1
	or not the business is regularly carried on			j			
12	Other income. Do not include gain or				1		<del> </del>
14	loss from the sale of capital assets			ļ			
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,	<del> </del>	<u> </u>		<del> </del>	1	<del>                                     </del>
	and 12.)			ĺ			
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop he	re	<u> </u>	<u> </u>		<u> </u>	<b>&gt;</b> 🗆
	on C. Computation of Public Suppor			<del></del>		<del></del>	
15	Public support percentage for 2011 (line 8	• •	-	3, column (f))			%
16	Public support percentage from 2010 Sch			<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>	16	%
	on D. Computation of Investment Inc		*	lma 42	(0)	147	
17	Investment income percentage for 2011 (			-			<u>%</u>
18 19a	Investment income percentage from 2010 331/2% support tests—2011. If the organ						% and line
1 34	17 is not more than 33 ½%, check this box a						
ь	331x% support tests—2010. If the organiz	=	-	=	•	•	
-	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization di	' <del>-</del> '	-	•		•	

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

RECY	CLE HAWAII		<u>.</u>	99-0293381
Par	Organizations Maintaining Dono organization answered "Yes" to Fo			
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year) .			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and			
	funds are the organization's property, subject	_		
6	Did the organization inform all grantees, do			
	only for charitable purposes and not for the			
	conferring impermissible private benefit?			· · · · · · · · · · · · · · · · · · ·
Par		plete if the organization answered "Yes	" to For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held			
	Preservation of land for public use (e.g.,			• •
	Protection of natural habitat	☐ Preservation	of a cert	ified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	tion in th	e form of a conservation
	easement on the last day of the tax year.			r <del> </del>
				Held at the End of the Tax Year
a	Total number of conservation easements			2a
b	Total acreage restricted by conservation eas			2b
C	Number of conservation easements on a ce			2c
d	Number of conservation easements include historic structure listed in the National Regis		it on a	
2	<del>-</del>		· ·	2d by the examination during the
3	Number of conservation easements modified tax year ▶	u, transferred, released, extinguished, or te	ammatet	by the organization during the
	Number of states where property subject to	concentration occoment is located		
4 5	Does the organization have a written pol		nspection	 n handling of
•	violations, and enforcement of the conserva			
6	Staff and volunteer hours devoted to monitor			<u></u>
U	Stan and volunteer nours devoted to monito	oring, inspecting, and emoleting conservation	ni Cascii	ients during the year
7	Amount of expenses incurred in monitoring,	inspecting and enforcing conservation ea	sements	during the year
•	<b>▶</b> \$	mopositing, and officioning correctivation co		ading the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	s of secti	ion 170(h)(4)(B)
_	•			· · · · ·
9	In Part XIV, describe how the organization re	enorts conservation easements in its reven	ue and e	
•	balance sheet, and include, if applicable, the			
	organization's accounting for conservation e			
Part	Organizations Maintaining Colle	ections of Art, Historical Treasures,	or Othe	r Similar Assets.
		vered "Yes" to Form 990, Part IV, line 8		
1a	If the organization elected, as permitted un-	der SFAS 116 (ASC 958), not to report in	its reven	ue statement and balance shee
	works of art, historical treasures, or other	similar assets held for public exhibition,	educatio	n, or research in furtherance of
	public service, provide, in Part XIV, the text	of the footnote to its financial statements t	hat desci	ribes these items.
b	If the organization elected, as permitted un	nder SFAS 116 (ASC 958), to report in it	s revenu	e statement and balance shee
	works of art, historical treasures, or other	similar assets held for public exhibition,	educatio	n, or research in furtherance o
	public service, provide the following amount	ts relating to these items:		
	(i) Revenues included in Form 990, Part VIII	, line 1		> \$
	(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works			
	following amounts required to be reported u			·
а	Revenues included in Form 990, Part VIII, lin	ne 1		<b>&gt;</b> \$_
b	Assets included in Form 990, Part X			

Part								
3	Using the organization's acquisition, a collection items (check all that apply)	ccession, and of	ther recor	ds, chec	k any of the	e follow	ring that are a	significant use of its
а	☐ Public exhibition				in or exchar			
b	Scholarly research		e i	Oth	er			
C	Preservation for future generation					_		
4	Provide a description of the organizati XIV.	on's collections	and expla	ıın how tl	hey further t	the org	anızatıon's exe	mpt purpose in Part
5	During the year, did the organization s	solicit or receive	donation	s of art,	historical tre	easures	s, or other simi	lar
	assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra				anization a	answer	ed "Yes" to F	orm 990, Part IV,
	line 9, or reported an amount							<u></u>
1a	Is the organization an agent, trustee,							
_	included on Form 990, Part X?							☐ Yes ☐ No
þ	If "Yes," explain the arrangement in Pa	rt XIV and comp	lete the fo	liowing to	able.		<del></del>	Amount
	5						<del></del>	Amount
C	Beginning balance					1c	<del>-</del>	<del></del>
d	Additions during the year					1d	·· <del>·······</del>	
e	Distributions during the year					1e 1f		· · · · · · · · · · · · · · · · · · ·
f 2a	Ending balance							☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa		at A, insc	217 .	• • • •	. , .		
Par		te if the organi	zation an	swered	"Yes" to F	orm 99	0 Part IV lin	e 10.
		(a) Current year		or year	(c) Two year		(d) Three years ba	
1a	Beginning of year balance						<del></del>	
b	Contributions	<del></del>						1
C	Net investment earnings, gains, and		<del></del>		-			
	losses		1					
d	Grants or scholarships							
е	Other expenditures for facilities and					i		
	programs					İ		
f	Administrative expenses		<u> </u>					
g	End of year balance							
2	Provide the estimated percentage of the		nd balance	e (line 1g	, column (a)	)) held a	as:	
а	Board designated or quasi-endowmen	it ▶	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶							
-	The percentages in lines 2a, 2b, and 2				4 b-ld		sinustanad for th	
Ja	Are there endowment funds not in the organization by:	possession of tr	ie organiz	auon ma	it are neio a	ino aun	iii ii stereu tor u	Yes No
	,							. 3a(i)
	(i) unrelated organizations (ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organizations							3b
4	Describe in Part XIV the intended uses							
Part								·
	Description of property	(a) Cost or o	ther basis	(b) Cost of	or other basis other)		Accumulated preciation	(d) Book value
1a	Land							
b	Buildings							
c	Leasehold improvements							
d	Equipment				18,037		14,324	3,713
е	Other				43,646		6,646	37,000
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form :	990, Part.	X, colum	n (B), line 1	0(c).)	▶	40,713

Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12.	
(а	) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1) Financial	denvatives			
	neld equity interests			
(3) Other				
(A)				
(B)				<del></del>
(C)		<del></del>		
(D) (E)			<u> </u>	<del> </del>
(F)				
(G)			<del>                                     </del>	
(H)			<u> </u>	<del></del>
<del>(1)</del>			<del> </del>	
	b) must equal Form 990, Part X, col. (B) line 12)		<u> </u>	<del>,</del>
Part VIII	Investments—Program Related	I. See Form 990. Part X	Line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuat	ion
·	<b>(-)</b>	ζ-,	Cost or end-of-year mark	
(2)				
(3)				
(4)				
(5)				
_(6)				
(7)				
(8)				
(9)				
(10)	15 000 D (V (D))			<u> </u>
	b) must equal Form 990, Part X, col (B) line 13 )	V 1: 45	<u> </u>	
Part IX	Other Assets. See Form 990, Pa	IT A, IITE 15.		(b) Book value
(4) SECII	RITY DEPOSITS	n) Description		8,360
	RIII DEPOSIIS			8,300
(2)	,	·····		
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)				
(6)				<del> </del>
(7)				· · · · · · · · · · · · · · · · · · ·
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, c			8,360
Part X	Other Liabilities. See Form 990,			·
1.	(a) Description of liability	(b) Book value		
	income taxes	·	_	,
(2)	<del> </del>		_	
(3)			4	
(4)			4	
(5)			4	
(6)	<del></del>	<del> = =</del>	-	
(8)			-	
(9)	······································		-	
(10)			-	,
(11)			-	{
	b) must equal Form 990, Part X, col. (B) line 25.)		1	
	SC 740) Footnote. In Part XIV, provide	the text of the footnote to	the organization's financial stateme	nts that reports the
	's liability for uncertain tax positions u		. 3	

<b>-</b>	A
Page	4

	VI Bearnillation of Observe in Net Access from Form 000 to Ac	dited Financial Statem		
Part				
1	Total revenue (Form 990, Part VIII, column (A), line 12)	•	1	<del></del>
2	Total expenses (Form 990, Part IX, column (A), line 25)	,	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	· · · · · · · · · · · · · · · · · · ·
5	Donated services and use of facilities		5	
6	Investment expenses	[	6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine		10	<del></del>
Part				<u> </u>
	Total revenue, gains, and other support per audited financial statements		1	T
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		+	<del>                                     </del>
2		اما		
а	Net unrealized gains on investments	2a	-	
þ	Donated services and use of facilities	2b	-	
C	Recovenes of pnor year grants		_	
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	<del> </del>
3	Subtract line <b>2e</b> from line <b>1</b>		3	<b></b>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1
b	Other (Describe in Part XIV.)	4b		
C	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	
Part	XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses p	er Re	turn
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			<u> </u>
a	Donated services and use of facilities	2a	ŀ	
	Prior year adjustments	2b	_	
b	Other losses		-	
C			$\dashv$	,
d	Other (Describe in Part XIV.)	2d	⊢ م۔	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	<u> </u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 _ 1	- }	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4	
b	Other (Describe in Part XIV.)	4b	_	_
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.) .   .   .   .   .   .	5	<u></u>
Part	XIV Supplemental Information			<u></u>
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, ditional information.			

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

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2011
Open to Public

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number Name of the organization RECYCLE HAWAII 99-0293381 PART VI, SECTION A, 1a - MEMBERS OF THE EXECUTIVE COMMITTEE: JAY WEST - PRESIDENT, SCOT SANDERSON - VICE PRESIDENT, TERRI R. MARKOVICH SECRETARY, AND GAIL E. MADIE - TREASURER. PART VI, SECTION A, 7a - THE INDIVIDUAL MEMBERS ELECT THE BOARD OF DIRECTORS. PART VI, SECTION A, 7b - BYLAW CHANGES ARE APPROVED BY THE INDIVIDUAL MEMBERS. PART VI, SECTION B, 11A - THE INTERNAL AFFAIRS COMMITTEE REVIEWS THE 990 BEFORE AN OFFICER IS AUTHORIZED TO SIGN. THE FULL BOARD WILL ALSO HAVE THE OPORTUNITY TO SEE A COPY OF THE 990 BEFORE IT IS FILED. PART VI, SECTION B, 12c - EACH BOARD MEMBER WILL SIGN THEIR AGREEMENT WITH THE POLICY AT THE ANNUAL MEETING. PART VI, SECTION B, 15a - THE PRESIDENT OF THE BOARD OVERSEES THE EVALUATION OF THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS. COMPENSATION IS BASED ON PERFORMANCE, ACHIEVEMENTS AND BUDGET. PART VI, SECTION C, 19 - THE ORGANIZATION'S GOVERNING DOCUMENTS, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE ON A CASE BY CASE BASIS UPON REQUEST.