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Form	JJU

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

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

D		th a T	Do not enter social security numbers	on this form as	it may be n	nade pub	iic.		Open to rubic
inter	nai Revenu	the Treasury ie Service	▶ Information about Form 990 and its	nstructions is at	www.irs.ac	ov/form9	90.		Inspection
$\overline{A}$			ndar year, or tax year beginning		nd ending				, 20
В		applicable.	C Name of organization Hawaii Business Roundtable	1-2.01			D Em	ployer	identification number
Ď.			Doing business as						99-0236405
H	Address	-	Number and street (or P.O box if mail is not delivered to s	treet address)	Room/suite		F Tels		number
	Name ch	_		ilieet audress)			1	•	
님	Initial retu		1003 Bishop Street		263	30	╂	8	08-532-2244
브		n/terminated	City or town, state or province, country, and ZIP or foreign	postal code			Í.,		
$\sqsubseteq$	Amended	l return	Honolulu, HI 96813-6472					oss rece	
Ш	Application	on pending	F Name and address of principal officer						oordinates? Ves Vo
			Gary K. Kai, 1003 Bishop St., Ste. 2630, Honolulu,			J ''			ncluded? Yes No
<u> </u>	Tax-exen	npt status		4947(a)(1) or	527	] It,	'No," atta	ach a lu	st. (see instructions)
J	Website:	<b>&gt;</b>				H(c) Grou	ıp exemp	ption nu	ımber ▶
ĸ	Form of o	rganization	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Yea	r of formation	ì.	MS	State of	legal domicile:
Р	art I	Summ	ary						
	1	Briefly de	escribe the organization's mission or most significant	ficant activities:					
Ö	1		te the overall economic activity and social health						
Activities & Governance	ļ :	, o p. o	to allo ovoldi ocollomo dodatily dilo Joola iloalai	<u> </u>					
Ë	2	Check th	is box ▶☐ if the organization discontinued its	nerations or dis	sposed of	more tha	an 25%	of its	s net assets.
Š			of voting members of the governing body (Part		oposed or		1	3	53
g	1		<del>-</del> _ <del>-</del> _ <del>-</del> .		line 1h)			4	
ş	1		of independent voting members of the governing				· -	5	53
ij	1		nber of individuals employed in calendar year 2				· -	6	53
냚	1		nber of volunteers (estimate if necessary)				· -		10
⋖	i		elated business revenue from Part VIII, column ated business taxable income from Form 990-1	• •			-	7a	
	b	Net unre		7b	0				
		_			<b>⊢</b>	Prior	Year		Current Year
ø			tions and grants (Part VIII, line 1h)		· ·		433,	000	412,000
Revenue	,	•	service revenue (Part VIII, line 2g)		· ·  _				
<u>Ş</u>			nt income (Part VIII, column (A), lines 3, 4, and		· ·			85	134
	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1	Oc, and 11e) .					
	12	Total rev	enue-add lines 8 through 11 (must equal Part VI	II, column (A), Iir	ne 12)		433,	085	412,134
	13	Grants a	nd sımılar amounts paid (Part IX, column (A), lın	es 1-3)					
	14	Benefits	paid to or for members (Part IX, column (A), line	4)	[				
Ø	15	Salaries,	other compensation, employee benefits (Part IX, o	olumn (A), lines	5–10)		191,	068	189,979
nse	16a	Profession	onal fundraising fees (Part IX, column (A), line 1	1e)	–				
Expenses	b		draising expenses (Part IX, column (D), line 25)				de go Car	4	<b>亚洲</b>
Ω	17		penses (Part IX, column (A), lines 1สุล-าเสด, 11f	(C) /, ==========			172,	088	200,906
	18	Total ex	penses. Add lines 13-17 (must equal Part IX, co	lumn (A), line 25	a . <del>  -</del>		363,		390,885
	1	-	less expenses. Subtract line 18 from line 12	(4) / · ·	· -			929	21,249
- ×			OGDEN, UT		Be	ginning of			End of Year
ssets or	20	Total acc	ets (Part X, line 16)		<del>  -</del>	<u></u>	234,	-+	255,331
Ass	21		ilities (Part X, line 26)		· ·		234,	-	
Net As Fund B	22		ts or fund balances. Subtract line 21 from line 2		· ·		224	002	255 224
_	art II		ture Block	<u> </u>			234,	002]	255,331
-							the bee	+ of m	e breaudada — and balist du
			ry, I declare that I have examined this return, including accorder. Declaration of preparer (other than officer) is based on a					st Of Hig	rknowledge and belief, it is
		\ \ <u>\</u>	Ema K No						
ei,	~~	X	ature of officer				Date		
Sig		1 39		1: 5.	+ .	, '	Date	(	6/1/16
пе	re	2.		utive Du	rechor	1			- 17
		4	or print name and title	· · · · · · · · · · · · · · · · · · ·	<del></del>				- Intro
Pa	nid	Print/Ty	pe preparer's name Preparer's signature		Date			eck 🗌	
	epare	r	<u>LL</u>				sel	f-emplo	oyed
	se Onl		ame ►			F	ım's ElN	<b>I</b>	
_			address ►			P	hone no		

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

☐ Yes ☐ No

Form 990 (2015)

	Fage 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  The Hawaii Business Roundtable is a statewide public policy organization made up of the CEOs and senior executives of companies
	headquartered or maintianing significant operations in Hawaii.
	The mission of the Roundtable is to promote the overall economic vitality and social health of Hawaii resulting in better future for the
	people of Hawaii. Education and economy are the Roundtable's major concerns.
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 by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 45,866 including grants of \$ ) (Revenue \$ )  CONNECT - This project is to develop a regional innovation Assets Report for the State of Hawaii that will help policymakers, organizations and the community plan and advocate effectively for our innovation economy. Needs that this report will help guide include workforce trainingin high growth clusters, building an attractive environment for capital investment, and effective allocation of grant funding. This report will also highlight Hawaii as a leader in the United States and across the Pacific in Innovation, research, leadership and management talent. It will also provide the data needed to make factually-based, data-driven strategic decisions that will suppose the state's emerging innovation economy.
	The work on the report was begun in the fall of 2013 and the report was completed in March 2015.
	\$49.5000000000000000000000000000000000000
4b	(Code:) (Expenses \$ 65,000 including grants of \$) (Revenue \$) University of Hawaii Economic Research Organization (UniERO) The Hawaii Business Roundtable has become UHERO's top (Kaweki'u) sponsor. The goal of the sponsorship is to help UHERO build on its existing strengthsto conduct more independent economic analysis of the Hawaii economy and economic policy.  Research reports are provided on a regular basis and shared with the community at large.
	######################################
	***************************************
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	4
<b>4</b> d	Other program services (Describe in Schedule O.)
A =	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses

Part	V Checklist of Required Schedules			<u></u>
_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yec	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		,
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	/	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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		v
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		v
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		V
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		٧
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		V
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		٧
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.	7.	1	-
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		v
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 167 if "Yes," complete Schedule D, Part VII	11b		٧
	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	110		V
	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		1
f	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		V
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		V
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		V
	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		v
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		v
	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		ン
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		~
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		~
			000	700 F

Part	Checklist of Required Schedules (continued)			
-			Yes	No
20 a		20a 20b		-
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			~
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		<u> </u>
-	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 25a	24a		V
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		~
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		٧
25a	Section 501(o)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	'	
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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		,
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):	37.7. 37.7.	15. 20.3	. 50, ± . '40, ¹
	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		<u>v</u>
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		~
	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		<u>v</u>
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		· ·
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
	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		·
	Was the organization related to any tex-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		_
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		7
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			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	37	,	
	,	Form	890	(2015)

FORTH SE				Page 3
Part	· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part V	···	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	C.		
b	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	<b>美国</b>		1
	reportable garning (gambling) winnings to prize winners?	10	ľ.	Ī
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	·	32.23	
	Statements, filed for the calendar year ending with or within the year covered by this return   2a		بُورْدہ ی <del>دی</del> در	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	Ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	L_	
4a			ĺ	1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		<b>,</b>	.,
	account)?	4a		-
р	If "Yes," enter the name of the foreign country: ▶	緣。		) <del>.</del>
	See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	Pies.	350	
e -	(FBAR).	5a	15475.5	· '
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	1
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5 <sub>G</sub>		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<del></del>		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	经经	1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	2. 2. 1. 2.	14 TV (	, 7
	and services provided to the payor?	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1	<del>                                     </del>	<del></del>
·	required to file Form 8282?	7c	1	1
d	If "Yes," indicate the number of Forms 8282 filed during the year	CHAP LECTOR	1.00	1, 1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	18.5 m 3	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	2.5	14E	-
	sponsoring organization have excess business holdings at any time during the year?	8	-	-
9	Sponsoring organizations maintaining donor advised funds.	9a	'-`` ·	
a b	Did the sponsoring organization make any taxable distributions under section 4966?	96		├─
10	Section 501(c)(7) organizations. Enter:	37.5	3. ju	7
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter.		1000	
8	Gross income from members or shareholders		1	y
þ	Gross income from other sources (Do not net amounts due or paid to other sources			5-
	against amounts due or received from them.)	F 223	٠. ا	F '
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1.50.5	
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	代数	197	
13	Section 501 (c)(29) qualified nonprofit health insurance issuers.	100		-
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	l <sub>16</sub> 2	<del> </del>
L	Note. 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	36	10 miles	i in
ь	Abordon de Baranda de Como de	S. 1. 1		-
C	the organization is licensed to issue qualified health plans			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<u> </u>
		Fon	n 990	(2015)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes										
Secti	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management	<u> </u>	<del></del>								
Occi	on A. Governing Body and Management			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	1a 53									
ь 2											
3	Did the organization delegate control over management duties customarily performed by or 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		4		1						
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	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 one or more members of the governing body?		7a	1							
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b	ma	1						
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	idertaken during									
a	The governing body?		8a 8b	/	├						
9 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9	<b>V</b>	1						
Secti	on B. Policies (This Section B requests information about policies not required by the			ode.)	<u></u>						
				Yes	No						
10a b	Did the organization have local chapters, branches, or affiliates?		10a		1						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	<u> </u>	1						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	e rise to conflicts?	12a 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,"	12c								
13	Did the organization have a written whistleblower policy?		13		1						
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review andependent persons, comparability data, and contemporaneous substantiation of the deliberation	and approval by and decision?	14		\   						
a b	The organization's CEO, Executive Director, or top management official		15a 15b	✓	£25277-7						
	Did the organization invest in, contribute assets to, or participate in a joint venture or simulation at the during the year?		16a		<b>✓</b>						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeguard the	16b								
Secti	on C. Disclosure										
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	ind 990-T (Sectio	n 501(	(c)(3)s	only						
19	Own website Another's website Upon request Other (explain in Sc Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	•	terest	polic	y, and						
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	:▶							

				٠	_
2	_	_	_		7

Form 990	1/2016

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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	r any relate	d orga	aniz	atic	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Trtle	(B) Average hours per week (list any	(do n	ot ch	Pos neck ss pe d a d	c) intion more	than o	one an :ee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		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) Gary Kai	40									
Executive Director	1			L	1	✓_		125,000	0	8,193
(2) Robert Harrison Director	.1							0	0	0
(3) Steven Ai	.1				1					
Director	·			ļ	}			0	0	0
(4) Geoffrey Bannister	.1		Г							
Director				}		)	}	0	o	0
(5) Scott Barber	.1									
Director		1	ĺ	1	[		[	0	o	0
(6) Mary Anne Barnes	.1		Г							
Director		ì	İ	1				o	0	0
(7) David Carey	.1			Г						
Director	1	1			]		ļ	0	οο	0
(8) Harris Chan	.1				Π					
Director		l		L	l_		l	0	lo	0
(9) David Charles	.1		П		Г					
Director		l			<u> </u>		L	0	0	0
(10) Steven Colon	.1			Γ	Γ					
Director	1						1	0	o	0
(11) Matthew Cox	.1						Γ			
Director		1						0	o	. 0
(12) Robert Dahl	.1									
Director		L	11	L				0	0	0
(13) John Dean	.1									
Director	T	1				_		0	lo	0
(14) Mark Dunkerley	.1			[			Π			
Director			<u></u>	L				0	0	0

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A) (B) (C) Position (D) (E) (F)											
	Name and title	Average hours per week (list any	box, office	unles er and	s pe d a d	rson irect	is both or/trust	an ee)	Reportable compensation from	Reportable compensation from related		Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mi		compensation from the organization and related organizations
(15) D	ennis Francis	.1									 	<del></del>
	irector			-	-			-	0	<u> </u>	_0	0
	ark Fukunaga irector	1							ĺ	1	o	0
(17) T	errance George irector	.1							0		0	0
(18) B	en Godsey	.1										
	irector		<u> </u>	_	_	-		<u> </u>	0		0	0
	like Gold irector	1	}				1				0	0
	ussell Hata	.1		1								
D	irector				_	_		<b> </b>	0		0	0
	ean Hahir irector	1							0		0	0
	ason Higa	.1		-	-	-		-			٦	<u>-</u>
D	irector			ļ_	_				0		0	0
	eter Ho	<u>.1</u>							o		0	0
	irector Ienn Hong	.1		-	<u> </u>		<u> </u>	-	<u>-</u>		٦	
	irector			<u> </u>				L	0		0	0
	hason Ishii	.1								}		
<u>D</u>	Sub-total	<u> </u>	<u> </u>		<u>.                                    </u>	<u> </u>	L	<u> </u>	0		0	0
C	Total from continuation sheets to Part							<b>•</b>	125,000		0	8,193
	Total (add lines 1b and 1c)							<b>&gt;</b>	125,000		_0	8,193
2	Total number of individuals (including bureportable compensation from the organi		to th	ose	e list	ted	above	e) w	ho received m	ore than \$10	00,00	0 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, c	or tr	ust	ee,	key e	emp	oloyee, or high	nest comper	nsate	THE REAL PROPERTY OF THE PERSON OF
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	porta	ble	con	npei	nsatio	n a	nd other comp	ensation fro	m th	
5	individual	r accrue co	ompe	nsa	tion	froi						والمعادية والمناف والمناف والمناف والمنافقة
Conti	for services rendered to the organization	? If "Yes," c	ompi	ete	Scr	edi	ile J 1	or s	such person	· · · · ·	• •	5 /
Secu 1	on B. Independent Contractors  Complete this table for your five highest	compensat	ed in	den	end	ent	contr	acto	ors that receive	ed more that	\$10	0.000 of
	compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of s	services	_	(C) Compensation
						_						
				_								
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed ab	ove) who		

rom y	90 (2015)											raye
Pari	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	yees			lighe	st C	ompensated E	mployees (	contin	ued)
	(A) Name and title	(B) Average hours per week (list any	box, office	Position (do not check more than or cox, unless person is both a prificer and a director/truste				tee)	(D) Reportable compensation from	(E)  Reportation compensation related	n from	(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatı (W-2/1099-N		compensation from the organization and related organizations
<del>(15)</del> (2	6) Chad Karasaki Director	.1							0		O	
(15) (2	7) Bert A. Kobayashi Director	.1				-	<del>-</del>		0		0	
<del>(17)</del> (2	8) Stan Kuriyama Director	1		 			<del> </del>		0		0	
<del>(18)</del> (2	9) Constance Lau Director	.1		<u>-</u>		-	<u> </u>		0		0	
<del>(19)</del> (3	iii) Warren Luke Director	.1							, 0		0	
<del>(20)</del> (3	1) Ian MacNaughton Director	.1				-			0		0	
<del>(21)</del> (3	2) Colbert Matsumoto Director	.1							0		0	(
<del>(22)</del> (3	3) Sarah Morihara Director	.1							0		0	
<del>(23)</del> (3	4) Alicia Moy Director	.1							0		0	(
<del>(24)</del> (3	5) Glenn Muranaka Director	.1							0		0	
<del>(25)</del> (3	6) Alan Oshima Director	.1						L	0		0	
1b c d	Total from continuation sheets to Part						 	<b>A A A</b>				
2	Total number of individuals (including but reportable compensation from the organization)	t not limited	d to th	nose	!IS	ted	abov	e) w	rho received m	ore than \$1	00,00	90 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete								oloyee, or high		ensate	d Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble	con	npe	nsatio					не 💮 💮
5	Did any person listed on line 1a receive of for services rendered to the organization											<u> </u>
Secti	on B. Independent Contractors				_							
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation
											·	
2	Total number of independent contractor received more than \$100,000 of compens	ors (includir ation from	ng bu	it n gan	ot l	imit ion	ad to	th	ose listed ab	ove) who		

Pari	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd F	lighes	st C	ompensated E	mployees	contin	ued)
	(A) Name and title	Average box, unless person is hours per officer and a director		Position (do not check more than or box, unless person is both officer and a director/truste			an tee)	(D) Reportable compensation from		Reportable ompensation from	(F) Estimated amount of other	
		week (list any hours for related organizations below dotted line)	nd:vidua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-N	ons	compensation from the organization and related organizations
<del>(15)</del> (3	7) Mike Osorio	.1										_
/4 C\ re	Director	<u> </u>				_		$\vdash$	0	<del> </del>	0	0
(10) (3	8) Michael Pietsch Director	<u> :1</u>				}			0		0	0
<del>(17)</del> (3	9) Kathryn Raethel	.1	<u> </u>	$\vdash$	$\vdash$	<del> </del>		-	ļ			
Millan	Director	ļ <u>:</u>						-	0	<u> </u>	0	0
(18) (4	0) Keith Sakamoto	.1				Π	ĺ					
	Director		L	_	_	_	<u> </u>	ļ_	0	ļ	0	0
<del>(19)</del> (4	1) Harry Sanders	.11							-		0	0
1207 (	Director  2) Jeffrey Shonka	.1	<u> </u>	-		-	<del> </del>	$\vdash$	0			
1207	Director	<del> </del>	1	}	ļ	•					0	0
<del>(21)</del> (4	3) Barry Taniguchi	.1		_				Г				
	Director			<u> </u>	<u> </u>	↓	ļ	<b> </b>	0	ļ	0	0
<del>(22)</del> (4	4) Marc Tilker	.11	ŀ			l	1	İ				C
(22)	Director	.1	├	<del></del>	<del> </del>	⊢	├	╁╌			0	
12071	5) Arthur Ushijima  Director	<del> </del>	1		Į			ĺ		1	0	0
(24) (4	66) Ray Vara	.1	<del>                                     </del>	Г	1		$\vdash$		<u> </u>			
erandub.	Director		1		_	L	<u> </u>	L	0		0	
<del>(25)</del> (4	7) Richard Wacker	1								1		
	Director	İ	<u> </u>		L	<u></u>	<u> </u>	Ļ	0	<del> </del>	0	
16 C	Sub-total					•	• •	<b>►</b>		<del> </del>		
d	Total (add lines 1b and 1c)					•		<b>&gt;</b>	<del>                                     </del>	<del> </del>		
2	Total number of individuals (including bur reportable compensation from the organi	t not limited	d to th	1086	is	ted	abov		vho received m	ore than \$1	00,00	0 of
3	Did the organization list any former of								oloyee, or high		ensate	Yes No
4	For any Individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such											
5	12.50 C. 15.50											
Secti	for services rendered to the organization? If "Yes," complete Schedule J for such person											
1												
	(A) (B)					(C) Compensation						
2					th	nose listed ab	ove) who					
	received more than \$100,000 of compensation from the organization ▶											

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	office or directo	unles	Pos leck	reon	than both Highest compensated employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportat compensatio related organizati (W-2/1099-I	n from ons	(F) Estimated amount of other compensation from the organization and related organizations
			66	stee			rsated					
<del>(15)</del> (4	8) Roger Wall	.1					İ				ا	
(46)	Director	<u> </u>		<u> </u>	-	-			0	ļ <del></del>	0	
7.97.(4	9) Jon Wallenstorm Director	<u>1</u>							٥		o	
(17) (5	0) William Wilson	.1	-		<del> </del>	┢╌	<del>                                     </del>	<del> </del>				
7	Director	·							0		0	
<del>(18)</del> (5	1) Robert Wo	.1			$\overline{}$			1				
	Director		1	<u> </u>				_	0	<u> </u>	0	
<del>(19)</del> (5	2) Livingston Wong	.1										
<del></del>	Director	<u> </u>	ļ	<u> </u>	_	<u> </u>	<del> </del>	-	0		0	<del></del>
<del>(20)</del> (5	3) Mark Yamakawa	.11					Ī		٥	İ	a	
<del>(21)</del>	Director		-	-	-	├	<del> </del>					
3		† <del></del>	ĺ	Ì.		ĺ	ļ	ĺ		İ		
<del>(22)</del>												
<del>(23)</del>		<b></b>										
(24)					-							
<del>(25)</del>		-	<u> </u>	-	<del> </del>	$\vdash$		$\vdash$		<del></del>		
3			•									
1b c	Total from continuation sheets to Part	VII, Sectio						<b>&gt; &gt; &gt;</b>				
2	Total number of individuals (including but reportable compensation from the organi	t not limited						_	ho received m	ore than \$	00,00	0 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	ficer, direc	tor, c	of tr	ust indi	ee. widi	key e		oloyee, or high		ensate	3
4	to resident to the control of the co											
5	and the second s											
Section	on B. Independent Contractors											
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.												
	(A) (B) (C) Name and business address Description of services Compensation											
						_		L				
								$\vdash$				
2	2 Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization ➤				ed to	th	ose listed abo					

Part	VIII	Statement of Reve		•					_
		Check if Schedule O	contains a	a res	ponse or note to	any line in this	Part VIII	<u> </u>	· · · · · ·
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
22 29	1a	Federated campaigns		1a	(3002 <u>)</u>		200		
ts, Grants Amounts	ь			1b	412,000	44.5	AL ELECTRICAL STATES		TO THE STATE OF TH
B, G	С	Fundraising events .		1c		<b>表发生主要</b>	STATE OF THE STATE		<b>完建</b> 源等57%
Contributions, Giffs, and Other Similar Am	d	·					THE PERSON		
3, E	e	Government grants (con	tributions)	1e			4.36		
i is	f	All other contributions, gi							
the sta		and similar amounts not inc	luded above	11					
털	9	Noncash contributions include						the Cartes of the Cartes	
	h	Total. Add lines 1a-1	f	<u> </u>	<u> ▶</u>	412,000	A CONTRACTOR OF THE		Control of the second of the s
Program Service Revenue					Business Code		2 manual		
9.6	2a	4							
e e	b					ļ			ļ
Š	C								
S	d							ļ	<del> </del>
ram	e	All other program sen			<del></del>			<del> </del>	
ğ	l f	Total. Add lines 2a-2				<del></del>	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AND CONTROL OF	高本人表示。
	3	Investment income	(including				3,24 H F C 10,14 F H		
		and other similar amo	•			134			
	4	Income from investmen	t of tax-exer	npt b	ond proceeds >				ļ
	5	Royalties		• •	<b>&gt;</b>	1000	A Constant Contract to the con-	Sept ASPESSOR 2	der State of the State
		0	(I) Real		(ii) Personsi			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	6a	Gross rents		•		是""			位为12000000000000000000000000000000000000
	b	Less: rental expenses Rental income or (loss)							D. Carrier States
	ď	Net rental income or (	l loss)		<u> </u>	55973354756755555	HARMAGE THE M	AND THE POPULATION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	7a	Gross amount from sales of	(i) Securiti	<del>66</del>	(ii) Other			<b>第一个人的</b>	Market St.
	1	assets other than inventory						<b>"我们"</b>	
	ь	Less: cost or other basis							
		and sales expenses .			·				
	C	Gain or (loss)						<b>是是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>	
	d	Net gain or (loss) .			<u> ▶</u>		uni anciona lo trassita	#4 × 2/1 % . 7" 1'0143 'O	THOMAS OF THE STREET
0	١.								
Ĭ	8a	Gross income from fu events (not including \$	inoralsing						\$1555 - 466 \$1 \ \tau \)
her Revenue		of contributions reporte	on line 1	<u></u>		<b>正可能是不是</b>			
E.	1	See Part IV, line 18 .		<i>小</i> ∙ a				<b>建</b>	
	h	Less: direct expenses							
Ó	c	Net income or (loss) fi						ł	[6] [1] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
į	_	Gross income from ga						<b>"我们这些是可以</b>	77 / 12 / 12 / 12 - 1
		See Part iV, line 19 .		· a	<b></b>		water to a company	100 CAN 100 L	
	b	Less: direct expenses		. b				<b>建筑是是其一</b>	[10] [10] [10] [10] [10] [10] [10] [10]
	С	Net income or (loss) fi			vities 🕨				
	10a	Gross sales of in					MALE TO SERVICE AND ADDRESS OF THE PARTY OF		
		returns and allowance		· a					
		Less: cost of goods s				是可能的問題		<b>新疆影響</b> 7.	
	<u> </u>	Net income or (loss) for Miscellaneous R		or inve	Business Code	A THE THE CAMBON A		14-14-14-17-17-17-17-17-17-17-17-17-17-17-17-17-	hereighte at it.
	11a	(Haromanioods A			Dualitas Code	47.18年6.18年6.18	HERES EL BOUET	四年 经产品 经产品	はいいかできる。
	b							<del></del>	<del></del>
	C								
	d	All other revenue .	• • •						
	ē	Total. Add lines 11a-	11d		▶			<b>作的情况是通</b>	Marie Marie
	12	Total revenue. See in	structions.		<u> ▶</u>	412,134			
									Form <b>990</b> (2015)

Part	0 (2015)  IX Statement of Functional Expenses				Page 10
Sectio	n 501(c)(3) and 501(c)(4) organizations must co				
	Check if Schedule O contains a respor				<u> </u>
	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 expanses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				<b>одрагае</b>
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			general expenses	
<b>4</b> 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	103,193			( Section 1
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  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,415			
9	Other employee benefits	2,880			
10 11	Payroll taxes	12,491			
a	Management	<u></u>			
b	Legal				
C	Accounting	1,990	<b> </b>		
d	Lobbying			Total and more than a contract	
е	Professional fundraising services, See Part IV, line 17		The state of the s	ELECTRICAL SECTION	
f	Investment management fees				<del></del>
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2 640	J -		
40	• •	2,648	<del></del>		<del></del>
12	Advertising and promotion	11,237			
13 14	Office expenses	105			
15	Royalties	100	1		<del></del>
16	Occupancy	18,250		<del> </del>	<u>                                     </u>
17	Travel		<del>}</del>		<del> </del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		ļ		
19	Conferences, conventions, and meetings .	49,527	1		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	2,807			
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.)		7 7 7 7 7 7		A Control of the Cont
_	Funded Projects	113,263	PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF	中国主義を表現を行う	用的数据的表示。 1000年11月1日 1000年11月1日 00年11月1日 1000年11月 10
a h	Gifts/Donations	1,079			
b	#11 44 - A184 A14				<del></del>
d		<del></del>	<del> </del>		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	390,885			
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)				

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par		•	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments	234,082	2	255,331
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ts.	6	Loans and other 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). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net [		7	
ğ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			Strategy by the strain of the
	ь	Less: accumulated depreciation 10b	2 % 02 2.0 Date - 1.1 Date - 1.1	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	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	224 220	15	055 224
	16	Total assets. Add lines 1 through 15 (must equal line 34)	234,082	16	255,331
	17	Accounts payable and accrued expenses		17	
	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.	The Tail of Services (St. ) Page	21	2,5544 <b>2</b> 7
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	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		25	
	26	Total liabilities. Add lines 17 through 25		26	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	心理學的學術學	1	The second of the second
98		complete lines 27 through 29, and lines 33 and 34.			A STATE OF THE STA
E E	27	Unrestricted net assets	234,082	27	255,331
3al	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
23	30	Capital stock or trust principal, or current funds	- Win Committee eifende. 15. Str. 191. gebreiten.	30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ş	33	Total net assets or fund balances	234,082	33	255,331
_	34	Total liabilities and net assets/fund balances	234,082	34	255,331
		,			Form <b>990</b> (2015)

rom 99	0 (2015)			Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u>.</u> .	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		41	2,000
2	Total expenses (must equal Part IX, column (A), line 25)	2		39	0,885
3	Revenue less expenses. Subtract line 2 from line 1	3		2	1,249
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	_	23	4,082
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		25	<u>5,331</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.			3.00	
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1-70 X -4 PG	<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
Þ	Were the organization's financial statements audited by an independent accountant?		2b	2000	SAME TO SAME
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	o on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			34	
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	/ersight			ON SH
·	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex		70.00		na politica
	Schedule O.	•			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	A STATE OF S	-34 <b>E</b> EEE	Eresta de de la constitución de la constitución de la constitución de la constitución de la constitución de la
	the Single Audit Act and OMB Circular A-133?		3a		1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
			For	990	(2015)

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

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

OMB No. 1545-0047

Department of the Treasury

▶ Attach to Form 990 or 990-EZ.

Open to Public

internal Revenue Service	Minormation about Scrieddie O (Form 990 of 990-EZ) and its instructions is at www	mapeonon
Name of the organization		Employer identification number
Hawaii Business Roun	dtable	99-0236405
Part VI Section B 11b		
Executive Director rev	iews the Form 990 and signs.	
Dort VII Coming D 450		
Part VI Section B 15a		
Compensation for orga	anization's Executive Director is determined by the board members.	
	The state of the s	
Part VI Section C 19	•	
		·
The governing docume	ents and financial statements are available upon reuest at the organization's offic	ce
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·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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