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990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2016

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service

SCANNED JUN 0 8 201

For Paperwork Reduction Act Notice, see the separate instructions.

Inspection ► Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning 20 2016, and ending D Employer identification number C Name of organization Hawaii Business Roundtable Check if applicable Address change 99-0236405 Doing business as Number and street (or P O. box if mail is not delivered to street address) E Telephone number Name change Initial return 1003 Bishop Street 2630 808-532-2244 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ Amended return F Name and address of principal officer H(a) Is this a group return for subordinates? Yes No Application pending H(b) Are all subordinates included? Tes INo If "No," attach a list (see instructions) **☑** 501(c) (6_) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 501(c)(3) Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization Corporation Trust __ Association ___ Other ▶ L Year of formation M State of legal domicile. Part I Briefly describe the organization's mission or most significant activities. Activities & Governance To promote the overall economic activity and social health of Hawaii Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 53 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 53 Total number of volunteers (estimate if necessary) 6 <u> 10</u> Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990 → line 34 0 Current Year 8 Contributions and grants (Part VIII, line 1h). 412,000 378,000 Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7,d) 134 139 11 Other revenue (Part VIII, column (A), lines 5,/6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column A) 12 412,134 378,139 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A); lines 5 171,132 189,979 Professional fundraising fees (Part IX, column (A), line 11e) 16a b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 200,906 204,107 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 390,885 375,239 19 Revenue less expenses. Subtract line 18 from line 12 2,900 End of Year Beainning of Current Year 20 Total assets (Part X, line 16) **255,331** 258,231 Total liabilities (Part X, line 26) . 21 22 Net assets or fund balances. Subtract line 21 from line 20 258,231 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here vint Type preparer's name Date Preparer's signature Paid Check I If self-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Cat No. 11282Y

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		age Z
art		r
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	ioc
	The Hawaii Business Roundtable is a statewide public policy organization made up of the CEOs and senior executives of compani headquartered or maintaining significant operations in Hawaii. The mission of the Roundtable is to promote the economic vitality social health of Hawaii resulting in better future for the people of Hawaii. Education and economy are the Roundtable major conce	and
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 81,250 including grants of \$) (Revenue \$)	
	University of Hawaii Economic Research Organization (UHERO)	iild
	The Hawaii Business Roundtable has become UHERO's top (Kaweil'u) sponsor. The goal of the sponsorship is to help UHERO but on its existing strengths to 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.	<u> </u>
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
42	(Code	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
		. -
4d	Other program services (Describe in Schedule O)	
~	(Expenses \$ including grants of \$) (Revenue \$)	
4-	Tatal second sec	

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No ✓
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	✓	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		
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,			√
6	Part III	5 6		<u>·</u>
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		<u>·</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		√
9	Did the organization report an amount in Part X, line 21, 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		1
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		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		43 5	
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		1
	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		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ĺ	1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48'(ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		√
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	= = 100 mg. and an arrange of the ar	14a		1
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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19_		1
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Part	Checklist of Required Schedules (continued)			
20 -	Did the organization operate one or more bosoital facilities? If "Ves " complete Schodule U	20-	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		V
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
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	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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		1
	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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
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		1
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		1
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):	100		13
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	 	1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b	-	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
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	38	1	Ė
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Part	-			
	Check if Schedule O contains a response or note to any line in this Part V	<u>· · ·</u>		
10	Fater the number recented in Day 2 of Farm 1000 Fater 0, fact and leaking		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1 1	المتريز م		
b			6.	٠٠٠ (
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1	-30.0	
Λ-	reportable gaming (gambling) winnings to prize winners?	1c	ļ	<u> </u>
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	100	3
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		S 2.00
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	√	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	100	3	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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	1	ļ	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a	<u></u>	V
b	If "Yes," enter the name of the foreign country: ▶		100	1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	\#\$\$	13.30	J., ** J.
	(FBAR).	Z, ,		130
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_5c	<u> </u>	✓_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		ì
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1:1		
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		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
	required to file Form 8282?	7c		<u> </u>
ď	If "Yes," indicate the number of Forms 8282 filed during the year	- 6		'.
е	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? .	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<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	<u> </u>	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- State	المرابعة الم	
	sponsoring organization have excess business holdings at any time during the year?	8	ļ	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			1.3%
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	<u> </u>
10	Section 501(c)(7) organizations. Enter:	1	15,	30,3
а	Initiation fees and capital contributions included on Part VIII, line 12		15.	1 2 %
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	J &	• *	
11	Section 501(c)(12) organizations. Enter:	375	10	· .
a	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources	13 :	4.5	1.5
	against amounts due or received from them.)			: نــ بـا
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	13.00	<u> </u>	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			.·
b	Enter the amount of reserves the organization is required to maintain by the states in which	1: :	1.	1
	the organization is licensed to issue qualified health plans	. نتد .		
С	Enter the amount of reserves on hand	1	<u> </u>	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	1
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	1

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ions.
Secti	on A. Governing Body and Management			1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 53) ,		
	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.			[]
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 53			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		V
6	Did the organization have members or stockholders?	6	1	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	 		
_	stockholders, or persons other than the governing body?	7ь		J
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	the year by the following:			
_	• •	0-	1	
a	The governing body?	8a		├
b	Each committee with authority to act on behalf of the governing body?	8b		ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	<u> </u>
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		~
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	l:		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b]
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		İ
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review 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	~	
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			t
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	Į		1
	with a taxable entity during the year?	16a		1
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	Ì		
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100	L	
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501	C)(3)	e only
	available for public inspection. Indicate how you made these available. Check all that apply.	, 5011	UNUIS	o orny
10	Own website Another's website Upon request Other (explain in Schedule O)	1	mal	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	holic,	y, and
00	financial statements available to the public during the tax year.	_	_	
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶	

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Form 990 (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	a orga	arıız			ompe	nsa	ted any curren	t onicer, director	, or trustee.
				(0	C)					
(A)	(B)	(00.0	at ah		ition	than c		(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, office	unles er and	s pe	rson	is both or/trust	an tee)	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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Gary Kaı	40									
Executive Director	<u> </u>		_	<u>_</u>	✓	✓		127,888	0	8,682
(2) Steven Ai Director	.1							o	0	(
(3) Scott Barber Director	.1							0	0	
(4) Mary Ann Barnes	.1									
Director	ļ	 	ļ	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0	0	
(5) Chis Benjamin Director	.1	-						0	0	(
(6) Timothy Brauer Director	.1							0	0	
(7) David Carey Director	.1							0	0	
(8) Stanford Carr	.1									
Director (9) Harris Chan	.1		<u> </u>					0	0	
Director (10) Matthew Cox	.1	-	-				-	0	0	
Director		1	ŀ		l			o	o	
(11) Mark Dunkerley	.1									
Director	<u> </u>		L_	<u> </u>			L	0	0	
(12) Dennis Francis Director	1	}						,	0	
(13) Mark Fukunaga	.1	!								
Director	 	Ļ	↓_	<u> </u>	 _	<u> </u>	Ļ	0	0	
(14) Terrance George	.11	1					1			

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					(0	C)								
	(A)	(B)	l ,			rtion			(D)	(E)	ì	(F)		
	Name and title	Average	١,				than one of the second		Reportable	Reportable	1	Estimate	ed	
		hours per					or/trust		compensation	compensation from) ;	amount	of	
		week (list any	25	=	0	ᆽ	φт	77	from	related	1	other		
		hours for related	호호	l St.	Officer	e e	물호.	Former	the organization	organizations (W-2/1099-MISC)		mpensa from th		
		organizations	6 E	돛	욕	🚆	oye st	₫	(W-2/1099-MISC)	(** -2 1099-WIGO)	1	rganızat		
		below dotted	Individual trustee or director	nal		Key employee	မည်		ľ			nd relat		
		(Ine)	i i	[쿭		(&	Per		Ì		or	ganızatı	ions	
-			ď	nstitutional trustee			Highest compensated employee				1			
							<u> </u>	<u> </u>			L			
(15) De	nnis Gibson	.1									1			
	ector					<u> </u>	-	<u> </u>	0	0	<u> </u>			_0
	njamin Godsey	.1	ļ								1			
	ector			-		<u> </u>	 	<u> </u>	0	0	 			_0
·	ke Gold	.1									1			
	ector		<u> </u>				<u> </u>	<u> </u>	0	0	'			0
(18) Jo	hn Gotanda	.1			ŀ						1			
	ector		<u> </u>			L	<u> </u>	<u> </u>	0	0	<u> </u>			_0
(19) Ro	bert Harrison	.1									-			
Di	ector					L		_	0	0				0
(20) Ri	ssell Hata	.1]								1			
	ector				L	<u>L</u>		_	0	0	<u> </u>			0
(21) Se	an Hehir	.1	}											
Dir	ector							_	0	0	<u> </u>			0
(22) Pe	ter Ho	.1	İ											
Dij	ector	<u> </u>						_	0	0	<u> </u>			0
(23) GI	enn Hong	.1												
Dir	ector								о .	o			_	_0
(24) Cr	ad Karasaki	.1												
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	rt Kobayashi	.1												_
	ector		1						0	l	,			0
1b	Sub-total								† — — <u> </u>					<u> </u>
C	Total from continuation sheets to Part	VII. Section	n A					•			 			—
d	Total (add lines 1b and 1c)	•			•	•	•	•			+			
2	Total number of individuals (including but						-	2	the received m					—
-	reportable compensation from the organi		וו טו ג	1056	, IIO	cu	above	<i>5)</i> VV	1	ore man \$100,0	00 01			
	rependent compensation from the organi			_		_			<u>-</u>		_	Ye	- N	—— 10
3	Did the organization list any former of	ficer direc	tor c	ar tr	uste	AA.	kev e	emr	olovee or high	est compensat	ed [- ''º	3 1	<u>''</u>
•	employee on line 1a? If "Yes," complete										 	3		
4	For any individual listed on line 1a, is the										<u> </u>	<u>'</u> —	——▼	
~	organization and related organizations													
	individual	-							•	leaule J for Su				<u>,</u> _
_												4		, — - -
5	Did any person listed on line 1a receive of for services rendered to the organization													لب
0		en res, c	Jonnpi	ere	301	ieut	ile J i	0/ 3	such person	· · · · · · · · · · · · · · · · · · · 	;	5		
	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Rep	oort compe	nsatio	on fo	or th	ne c	alend	lar y	year ending wit	th or within the o	organiz	ation's	s tax	
	year.							_						
	(A) Name and business add	iress							(B) Description of s	ervices		(C) ensatio	ın	
	, taino ano basiness auc				-			-						
								1						
							<u> </u>	\vdash		- +				
								+-		- -				
							_	t^-						
2	Total number of independent contractor	ors (includi	ng bi	ut n	ot	lımı	ed to	th c	nose listed ab	ove) who				
	received more than \$100,000 of compens									-				

	(2016)	

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Form **990** (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	n nor any relate	d org	anız	atio	n c	ompe	nsa	ited any curren	it officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(do n box, office	ot ch	Pos neck ss pe d a d	c) ition more rson lirect	e than one that the that the that the that the that the that the the that the the that the that the that the that the that the that the that the the that the the that the the that the the that the the the the the the the the the th	one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated
·	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
(26) Constance Lau								0	o	C
(27) Warren Luke Director	<u>.1</u>							0	0	(
(28) Ian MacNaughton Director	1							0	0	
(29) Colbert Matsumoto Director	.1							0		
(30) Sarah Morihara Director	.1									
(31) Alicia Moy	.1							0		<u> </u>
Director (32) Glenn Muranaka	.1		-					0	_	
Director (8) (33) Catherine Ngo	.1		-					0		
Director (34) Alan Oshima	.1					-		0		
Director (35) Mike Osorio	.1							0	0	
Director (36) Michael Pietsch	.1			_			-	0	0	(
Director (37) (37) Kathryn Raethel	.1							0	0	
Director (38) Michele Saito	.1		_	_	_		-	0	0	
Director (34) (39) Keith Sakamoto	.1							0	0	
Director								0	0	

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated	Form 99	00 (2016)				_								F	age 8
(A) Name and title Average	Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	_		lighes	st C	ompensated E	mployees (cor	ntinue	ed)		
Week field any bours for plated organizations Week field any bours for plated organizations Week field any bours for plated organizations Week field any bours for plated organizations Week field any bours for plated organizations Week field and plate field any bours for plated organizations Week field and plate field organizations Week field and plate field organizations Week field and plate field organizations Week field organization Week field			Average	(B) Position (do not check more to box, unless person is					an	Reportable	Reportable	nm	Estimat		
Director			week (list any hours for related organizations below dotted		1	_			<u> </u>	from the organization	related organizations		ot compe fror organ and r	ther ensatio n the nization related	1
\$\insert \frac{\(\pmathcal{\\pmathcal{\\\\\\\\\\\\\\\\)}\)}}}}}}}}}}}}}}}}}}	(35) (4														
Director	136 14		1							0		0			0
M(42) David Striph 1	¥.97.13		: '-							0		0			0
Director Di	(21) (4	a) David Chrish	.1										_		
Director Dir										0		0			0
Director 0 0 0 20 (45) Arthur Ushijima 1	(18) (4		.1							0		0			0
200 (45) Arthur Ushijima 1	(19) (4	4) Mark Tilker	.1												
Director Director Director Director Director Director Director Director Director Directo	126 (4				 		-			0		<u> </u>			0
Process Proc	J20) (4		<u></u>							0		0			0
Director Dir	(21) (4	A. B	.1												
Director Doublet individuals including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization in the organization but not vindividual Director D		Director		<u> </u>	<u> </u>		ļ			0		0			_0
Material Director Director	(22) (4		1												_
Director 24 (49) William Wilson 1	100				⊢	_			├	0		<u> </u>			0
26 (49) William Wilson .1	(4 CZ)		1	1						0		ما			0
Director Do D Do	(24) (4		.1				1					1	-		
Director 1b Sub-total					L					0		0			0
1b Sub-total	(25) (5	0) Robert Wo, Jr.	.1												
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	-46	0.1.1.1					L	<u> </u>	Ļ	0		<u> </u>			0
d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			 VII Sectio	 n Δ	•	•	•	•				+			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	_		-						•			+			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2	Total number of individuals (including but	t not limited					above	e) w	no received m	ore than \$100	,000	of		
employee on line 1a? If "Yes," complete Schedule J for such individual		, op-												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 individual	3											ated			
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		• •										•	3	<u> </u>	✓_
individual	4														
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		=	-										4	ļ	1
for services rendered to the organization? If "Yes," complete Schedule J for such person	5										zation or ındıvı	dual			
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)		for services rendered to the organization	? If "Yes," c	comp	lete	Scl	hedi	ule J f	for s	such person _	<u></u>		5		1
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	Section														
(A) Name and business address (B) Description of services (C) Compensation	1	compensation from the organization. Rep													ax
	(A) (B) (C) Name and business address Description of services Compensation														
			<u> </u>						\vdash						
									+						•
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶	2								th	nose listed ab	ove) who		-		

Form	$\alpha \alpha \alpha$	1201	C \
голп	990	1201	D1

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

compensated employees; and former such persCheck this box if neither the organization no		d ora	ลกเร	atın	n c	omne	nsa	ited any curren	t officer director	r or trustee
(A) Name and Title	(B) Average hours per week (list any hours for	(do n	(C) Position to not check more ox, unless person i fficer and a directo			e than o is both or/trust	ne an	(D) Reportable compensation	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(51) Livingston Wong	.1									
Director	<u> </u>	<u> </u>		_				0	0	
(52) Mark Yamakawa	.11	}								c
Director (53) (53) Jim Yates	.1	 	 	-		 		0	0	
Director		1				ĺ		0	o	ď
M										
K										
J (8)										
M					_					
(8)										
(A)										
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<u>urs</u>										
<u>()/2</u> (
()13)										
[J4]										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
		(C)												
	(A)	(B) Position (do not check more than on			ne	(D)	(E)		(F					
	Name and title	Average hours per	age box, unless person is both				Reportable compensation				Estimated Imount of			
		week (list any		$\overline{}$	_			<u> </u>	from	related		oth	ner	
		hours for related	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former	the organization	organizatio (W-2/1099-M		comper from		
		organizations	ecto	tion	1	mp!	st co	.	(W-2/1099-MISC)	(=	,	organı	zation	
		below dotted	ੇ ੜੂ	ıal tr		oyee	duc	ŀ	}		- }	and re organiz		
		"	itee	trustee		"	ensa	ł	ł		- 1	J		
]		ď			ted							
(15)														
								<u> </u>		 				
(16)									}		}			
1426		 	 	-	-			-						
(M)		ļ	1					1	į		j			
(36)				-	-	-		-	 	 				
<i>E.</i> 21		†	1		ľ				1		1			
(19)														
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(20)			ļ		j			1]		j			
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(21)			ł		ŀ		ľ		1		l l			
(22)				-	-	-		-						
Y==!			1				}		ł	}	ł			
(23)		<u> </u>			_									
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(24)				1		1								
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(25)			1		ł			1		1				
1b	Sub-total	L	<u> </u>	<u> </u>	<u>-</u>	L	<u> </u>		 	 				
C	Total from continuation sheets to Part	VII. Section	n A	•				•		 				
d	Total (add lines 1b and 1c)							•	127,888		0			3,682
2	Total number of individuals (including bu						abov	e) w			00,000	of		
	reportable compensation from the organ	ızatıon ►							1_					
_												,	Yes	No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i>								oloyee, or high 		nsated	1		
4	For any individual listed on line 1a, is the										, . om the	3		<u>√</u>
-	organization and related organizations											1 1	- 1	ļ
												4		1
5	Did any person listed on line 1a receive of									zation or inc	lividual			
	for services rendered to the organization	? If "Yes," (comp	lete	Scl	hedi	ule J	for s	such person	<u></u>	· ·	5		✓_
	on B. Independent Contractors									-,,-				
1	Complete this table for your five highest												n'a ta	v
	compensation from the organization. Re year.	роп сотре	nsau	on i	or t	ne c	alenc	ıar :	year ending wi	in or within	the orga	arnzano	ii S ta.	х
								1	(B)	 -		(C)		
	(A) (B) (C) Name and business address Description of services Compensation													
					_									
								1						
								╁-						
2	Total number of independent contract	ore (include	na b	ut r	not	limi	ted t	<u></u>	nose listed ab	ove) who	 -			
4	2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►													

Par	VIII	Statement of Reve Check if Schedule O		a resi	oonse or note t	n any line in this	Part VIII		
	· .	CHOCKEN CONSCIENCE	: :		Solida di Nota i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns		1a		` `		3	
Grants	b	Membership dues .		1b	368,000		()		
s, C Am	С	Fundraising events .		1c					
Gifts, (ilar Am	ď	Related organizations		1d					13,040
s, (imi	е	Government grants (cont		1e		1		1	
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gri				1. 1. 1			
E E	l	and similar amounts not incli		1f	10,000				
i di	g	Noncash contributions include	ed in lines 1a		10,000				The second of the
Cont	h	Total. Add lines 1a-1f				378,000	·		
			<u> </u>	<u> </u>	Business Code	\$10,000 \$41	7 - 24 - 7 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	William Co	34, 27 38 27 3
Program Service Revenue	2a							120 CC 11 1 1 484 K	L COLOMAND NOTES
æ	b								
9	C								
eZ	d								
S	-					<u> </u>		 	
gra	f	All other program serv	ice reveni						
Pro	g	Total. Add lines 2a-2f					17,501		tagan i res
	3	Investment income (divid				I STATE OF THE STA	T T
		and other similar amou		CIVIC		120			
	4	Income from investment	· · ·	nnt he	and proceeds	139			
	5		· · · ·		bita proceeds				
		rioyanios	(i) Real		(ii) Personal	- 40 2 - 10 3	· , ,		, , , , , , , , , , , , , , , , , , , ,
	6a	Gross rents			()				
	b	Less. rental expenses						13	
	C	Rental income or (loss)							, , , , , , , , , , , , , , , , , , , ,
	d	Net rental income or (I				الأكار بشعيطينا	المستستسيسة	-3	
	7a	Gross amount from sales of	(i) Securit		(ii) Other	\ <u></u>			, , , , , , , , , , , , , , , , , , ,
	,,	assets other than inventory	(i) Gecund		(ii) Other				
	ь	Less. cost or other basis					S 117 47 8 8 3	86	
		and sales expenses .				S. A. C. 1885		1 1	· .
1	_	Gain or (loss)					`.		·· · · ·
	d	Net gain or (loss) [*******		
1	u	iver gain or (loss) .			<i>.</i> -	F. A	- \	- 200	
Revenue	8a	Gross income from fur events (not including \$	ndraising						
è		of contributions reported	d on line 1	-7-	,				
		See Part IV, line 18		-	!	اري الله الله الله الله الله الله الله الل			
Other	b	Less: direct expenses		· а . Ы					
0		Net income or (loss) from			events . ►	الماداء أحسنشه تأ			
İ		Gross income from gar			events .				
}							· · · , , , , , , , , , , , , , , , , ,		
	ь	Less: direct expenses		-			,	•	
1	c	Net income or (loss) from	om gamin	n acti	vities ▶				
]		Gross sales of inv			VIII.00 P	, , , , , , , , , , , , , , , , , , , ,			
ŀ		returns and allowance		a					
	b	Less: cost of goods so						1, 144	
		Net income or (loss) from			enton/		"		~ 1
ŀ	_ _ _	Miscellaneous Re			Business Code		, -,,		
ŀ	11a				243111030 0000				
ĺ	b					 		 	
{	c					 	 		
	d	All other revenue .	·						
ļ	e	Total. Add lines 11a-1		•		 			
Ì	12	Total revenue. See in:					<u>'</u>	<u> </u>	
		Total revenue. See Ins	SU UCUONS.	<u> </u>	<u> P</u>	378,139		L	- 000
									Form 990 (2016)

	Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must con	molete all columns /	Il other organization	es must complete es	Jump (A)
Secilo	Check if Schedule O contains a respon				
Do no	t include amounts reported on lines 6b, 7b,		(B)		<u> </u>
	, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	136,570			
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)	23,597			
9 10 11	Other employee benefits	10,965			
a b c	Management	1,571			
d e f g	Lobbying		STANK NEW		
12	(A) amount, list line 11g expenses on Schedule O.)	2,486			
13	Advertising and promotion	12,161			
14 15	Information technology				
16 17	Occupancy	18,206			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest	39,262			
21 22	Payments to affiliates				
23 24	Insurance	2,473	Kan Madaka, Mala	- 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Marks with a sign of the
24	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.)				
a b	Funded Projects Gifts/Donation	119,392 837			
c	Recruitment Fee	6,000	 		
q	Entertainment	1,719	T		
e	All other expenses	1,719			
25	Total functional expenses. Add lines 1 through 24e	375,239		 	-
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)	373,233			

_	n 990 (2				Page 11
E	art X				
		Check if Schedule O contains a response or note to any line in this Pa	art X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	255,331	1	258,231
	2	Savings and temporary cash investments		2	
	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	
its	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	
ĕ	8	Inventones for sale or use		8	
	9	Prepaid expenses and deferred charges		9	~
	10a	Land, buildings, and equipment cost or	B* 66% (35 48)	5.38	
		other basis. Complete Part VI of Schedule D 10a		385	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	_
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	255,331	16	258,231
	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 .	745.52	21	
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			
Ţ.	23			22	
_	24	Secured mortgages and notes payable to unrelated third parties		23	
	25	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		25	
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.		20	
ũ	27	Unrestricted net assets	And a december of the first		أستطاه المستشاد المستفاد لمستفد المستفد المستفد المستفد المستفد المستفد المستفد المستفد المستفد المستفد المستفد
als	28	Temporarily restricted net assets	255,331	27 28	258,231
O E	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.		29	N. Salaran
ts (30	Capital stock or trust principal, or current funds	ALLEY TO SALV	30	المناج والمستنفذ والمستنفظ والمستنفظ والمستنفذ والمستنفذ والمستنفذ والمستنفذ والمستنفذ والمستنفذ والمستنفذ
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Net Assets	33	Total net assets or fund balances	255,331		258,231
	34	Total liabilities and net assets/fund balances	255,331		258,231
				_	Form 990 (2016)

Form 9	90 (2016)		P	age 12
Par				
	Check if Schedule O contains a response or note to any line in this Part XI			<u>. </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	<u> </u>	3	78,139
2	Total expenses (must equal Part IX, column (A), line 25)	<u> </u>	3	75,23 <u>9</u>
3	Revenue less expenses. Subtract line 2 from line 1			2,900
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		2	55,331
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		2	58,231
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<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," explain	in 🔯		
	Schedule O.			17.47
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		a	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or 😅	31.50	14
	reviewed on a separate basis, consolidated basis, or both:	2 m		1
	Separate basis Consolidated basis Both consolidated and separate basis	4.3		· .
b	Were the organization's financial statements audited by an independent accountant?	. 2	b	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	a 🏥		
	separate basis, consolidated basis, or both:	13		1.53
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1 332.
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversignment of the committee of the committ]
	of the audit, review, or compilation of its financial statements and selection of an independent accountant		c	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain	in [
	Schedule O.	2.		·
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth			
	the Single Audit Act and OMB Circular A-133?	. 3	a	1
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo t		_	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			<u>L.</u>
		F	orm 99) (2016)

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.

20**16**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Name of the organization	Employer identification number
Hawaii Business Roundtable	99-0236405
Part VI Section B 11b	
Executive Director reviews the Form 990 and signs	
Executive Director reviews the Form 330 and Signs	
Part VI Section B 15a	
Compensation for organization's Executive Director is determined by t	he board members.
Part VI Section C19	
The governing documents and financial statements are available upon	request at the organization's office.