Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung The organization may have to use a copy of this return to satisfy state reporting requirements.

benefit trust or private foundation)

OMB No. 1545-0047 Open to Public Inspection

and ending A For the 2009 calendar year, or tax year beginning Check if C Name of organization D Employer identification number Please use IRS OAHU RESOURCE CONSERVATION & Address change DEVELOPMENT COUNCIL print or Name change type. 94-3279682 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Specific 99-193 AIEA HEIGHTS DR Termin-483-8600 111 (808)Instruc-Amended return tions. 605,986. City or town, state or country, and ZIP + 4 **G** Gross receipts \$ Applica-96701 AIEA, HI H(a) Is this a group return pendina F Name and address of principal officer: KAREN AH MAI for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes I Tax-exempt status: X 501(c) (3) (insert no.) 4947(a)(1) or If "No." attach a list. (see instructions) J Website: ► NONE **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -L Year of formation: 1997 M State of legal domicile: HI Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE ACTIVITIES WHICH Activities & Governance CONSERVE AND SUSTAIN OUR NATURAL, HUMAN, CULTURAL AND ECONOMIC Check this box I 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) 12 <u>12</u> Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of employees (Part V, line 2a) 5 <u>40</u> Total number of volunteers (estimate if necessary) 6 Ō. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 0. Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 599,470. 728,871. Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) <u>6.</u> 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,510. 728,871. 605,986. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 39,297. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 603,773. 741,482. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 741,482. 643,070. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -12,611.-37,084. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 46,733. 147,022. 20 Total assets (Part X, line 16) 24,000. 79,729. 21 Total liabilities (Part X. line 26) Net 22,733. 67,293. 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Part II 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 Signature of officer Date Here KAREN AH MAI, TREASURER Type or print name and title Date Check if Preparer's identifying number (see instructions) Preparer's Paid self-11/09/10 employed ▶ signature TERENCE AKAMINE Preparer's Firm's name (or AKAMINE, OYADOMARI & KOSAKI, CPA'S, Use Only self-employed). 1440 KAPIOLANI BLVD, SUITE 900 address, and HONOLULU, HI 96814-3612 Phone no. \triangleright (808)941-0500 X 」No May the IRS discuss this return with the preparer shown above? (see instructions)

OAHU RESOURCE CONSERVATION & DEVELOPMENT COUNCIL

Pai	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: TO PROMOTE ACTIVITIES WHICH CONSERVE AND SUSTAIN OUR NATURAL, HUMAN,
	CULTURAL AND ECONOMIC RESOURCES.
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? Yes No If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 112,063. including grants of \$)(Revenue \$) CONSERVATION - INITIATED WORK TO PROMOTE ADOPTION OF CONSERVATION PRACTICES BY FARMERS IN WAIMANALO TO MINIMIZE SOIL LOSS FROM THE LAND, AND REDUCE UNWANTED SEDIMENTS AND NUTRIENTS IN STREAMS AND WATERWAYS. CONTINUED WORK WITH THE SOIL AND WATER CONSERVATION DISTRICTS TO DEVELOP, APPROVE, AND IMPLEMENT CONSERVATION PLANS ON FARMS, NURSERIES, DAIRIES, AND RANCHES ISLAND-WIDE.
4b	(Code:)(Expenses\$ 72,277. including grants of\$ 39,297.)(Revenue\$) ECONOMIC DEVELOPMENT - PROVIDED FINANCIAL SUPPORT TO SMALL QAHU FARMERS AND AGRICULTURAL BUSINESS OWNERS TO ALLOW THEM TO EXPAND THEIR OPERATIONS AND HIRE ADDITIONAL STAFF.
4c	(Code:)(Expenses\$ 394,699. including grants of\$)(Revenue\$) RESEARCH AND EDUCATION - COORDINATED DEVELOPMENT OF THE HAWAII AGRIBUSINESS GUIDEBOOK AND CONDUCTED WORKSHOPS ON AGRICULTURAL BUSINESS, FINANCIAL RECORDS, MARKETING, ETC. CONTINUED WORK ON A PROGRAM TO PROMOTE COVER CROP USE THROUGH FIELD DAYS, BROCHURES, PRODUCTION OF A VIDEO, AND TRANSLATION OF NON-TECHNICAL GUIDELINES INTO FIVE (5) FOREIGN LANGUAGES. IMPLEMENTED A PROGRAM TO EDUCATE LAND MANAGERS ABOUT THE BENEFITS OF USING VETIVER GRASS AS A LIVING WALL TO CAPTURE SOIL AND WATER, ESPECIALLY ON SLOPES AND DEGRADED LANDS. PRODUCED AN EDUCATIONAL VIDEO AND HELD NUMEROUS WORKSHOPS AND FIELD DAYS. WORKED WITH PARTNERS TO CONDUCT EDUCATIONAL WORKSHOPS CONCERNING THE DEVELOPMENT OF RURAL COOPERATIVES.
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 6,644 • including grants of \$) (Revenue \$) Total program services expenses \$ 585,683.
40	Total program convice expenses • \$ 585, 683.

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(S) or 4947(c)(1) (other than a private foundation)? If "Yes," complete Schedule or Complete Schedule (Is Schedule of Contributions? 1 Is the organization organization organization organization and industry of the organization organization organization. In direct or indirect organization organization and industry of the organization organization and the organization organization. So the organization is the organization subject to the section 6033(s) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(6), 401(c)(6), 401(c				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributions? 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 601(c)(5), and 501(c)(6) and 501(c)(6), and 501	1		1	х	
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 II	2		2	Х	
Section 501(c/3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c/4), 501(c/16), and 501(c/16) organizations. Is the organization subject to the section 603(e) notice and reporting requirement and provy tax? If "Yes," complete Schedule C, Part II S N/A 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "yes," complete Schedule D, Part II T Ves, "complete Schedule D, Part II Yes," complete Schedule D, Part IV Part II Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 15 It hat is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X, line 15 It hat is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X, line 15 It hat is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X, line 15 It hat is 5% or more of its total asse	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		Х
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the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	6		6		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 9 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. 9 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 XIII. 9 Did the organization report an amount for other liabilities 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 X. 10 Did the organization's separate or consolidated financial statements for the tax year include a tootnote that addresses the organization's isability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 12 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X, IX, and XIII. 12A Was the organization in as chool described in section 170(b)(1)(A)(ii) If "Yes," complete Schedule E	7		7		Х
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Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. 12 A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 6 and 11e? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines and 8a? If "Yes," complete Schedule G, Part II 18 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 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	•				
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1c and 8a? If "Yes," complete Schedule G, Part II 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 18 X 19 X	46		17		^
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 X	18	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		Х
	20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Page 4

OAHU RESOURCE CONSERVATION & DEVELOPMENT COUNCIL

Form 990 (2009)

Part IV Checklist of Required Schedules (continued)

 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 	21 22 23 24a 24b	X	x
 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 	22 23 24a	X	
column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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	23 24a		
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? <i>If</i> "Yes," <i>complete</i>	23 24a		
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	24a		Х
	24a		Х
Schedule J	24a		<u> </u>
· ·			
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			37
Schedule K. If "No", go to line 25	24b		Х
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ایما		
any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		Х
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		Х
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		
person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
Schedule L, Part III	27		Х
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
contributions? If "Yes," complete Schedule M	30		Х
31 Did the organization liquidate, terminate, or dissolve and cease operations?			
If "Yes," complete Schedule N, Part I	31		Х
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
Schedule N, Part II	32		Х
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
Was the organization related to any tax-exempt or taxable entity?			v
If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?			Х
If "Yes," complete Schedule R, Part V, line 2	35		
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		Х
If "Yes," complete Schedule R, Part V, line 237 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	31		
Note. All Form 990 filers are required to complete Schedule O.	38	Х	

94-3279682

Form 990 (2009) DEVELOPMENT COUNCIL
Part V Statements Regarding Other IRS Filings and Tax Compliance

						Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of						
	U.S. Information Returns. Enter -0- if not applicable	1a		15			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and						
	(gambling) winnings to prize winners?		 I	<u>1</u>	С		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2 a		0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2	b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see						77
	Did the organization have unrelated business gross income of \$1,000 or more during the year cover	ed by	this return?		\neg		X
	•			3	b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other						37
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4	а		Х
b	If "Yes," enter the name of the foreign country: ►	<u> </u>					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	and				
	Financial Accounts.			_			Х
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.		 າ		\neg		X
D	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg.				b		<u> </u>
C		aruirig	Frombled	5	ړ		
62	Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he ord	anization so				
ou	any contributions that were not tax deductible?			_	<u> </u>		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu						
-	were not tax deductible?			6	ь		
7	Organizations that may receive deductible contributions under section 170(c).				_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	good	s and service	es			
	provided to the payor?				a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas red	quired				
	to file Form 8282?			7	С		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	$\label{eq:discrete_problem} \mbox{Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a}$	perso	nal				
	benefit contract?			7	-		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7	'f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required				_		<u> </u>
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-				h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or						
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc		10.7	7/3			
0	at any time during the year?		1/	I/A E	3		
9	Sponsoring organizations maintaining donor advised funds.		N	I/A 9	_		
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?			I/A 9 I/A 9	\neg		\vdash
10				·/. 	D		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	1				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a					
11	Section 501(c)(12) organizations. Enter:	100	1				
''	Gross income from members or shareholders N/A	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
_	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12	2a		
	If "Yes " enter the amount of tax-exempt interest received or accrued during the year	12b	1				

OAHU RESOURCE CONSERVATION & DEVELOPMENT COUNCIL

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

Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body	1a	12		
b	Enter the number of voting members that are independent		12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with any other			
	officer, director, trustee, or key employee?		2	↓	X
3	Did the organization delegate control over management duties customarily performed by or under the				l
	of officers, directors or trustees, or key employees to a management company or other person?				X
4	Did the organization make any significant changes to its organizational documents since the prior Fo			┷	X
5	Did the organization become aware during the year of a material diversion of the organization's asse			+	X
6	Does the organization have members or stockholders?		6	X	
7a				١,,	
	governing body?				-
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year			
	by the following:			- V	
	The governing body?				
b	Each committee with authority to act on behalf of the governing body?		8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real				
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	—	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	revenue Code.)		Tv	T NI a
100	Does the evacuitation have lead chapters, branches, or offiliates?		104	Yes	No X
	Does the organization have local chapters, branches, or affiliates?		10a	+	+
D		•	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	filing the form?		77	+
11A		illing the form:		+	
12a			12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that co			' 	+
~	to conflicts?	-	12b	, x	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If			+	1
Ī	in Schedule O how this is done		120	,	Х
13	Does the organization have a written whistleblower policy?				
14	Does the organization have a written document retention and destruction policy?			\top	Х
15	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	,	Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-	aluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganization's			
	exempt status with respect to such arrangements?		16b	,	
<u>Sec</u>	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501(c)(3)s only) ava	ilable for		
	public inspection. Indicate how you make these available. Check all that apply.				
	Own website				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflict of interest pol	cy, and fir	nancial	
	statements available to the public.			_	
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the org	anization:	▶	
	SANDRA MITANI - (808) 483-8600				
	99-193 AIEA HEIGHTS DR. #111, AIEA, HI 96701				

Form **990** (2009)

Form 990 (2009)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

LA Check this box if the organization did not c	ompensate any curren	it officer, director, or trustee.

(A)	(B)			((,		(D)	(E)	(F)
Name and Title	Average	(6)	Position (check all that a				Reportable	Reportable	Estimated amount of	
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount or other compensation from the organization and related organizations
ROYCE JONES CHAIR (UNTIL 06/09)	10.00	х		Х				0.	0.	0.
STEPHANIE WHALEN								_	_	
CHAIR (FROM 06/09-12/09)	8.00	Х		Х				0.	0.	0.
JO ANNA NAKATA DIRECTOR	2 00	х						0.	0.	0
KAREN AH MAI	2.00	Λ						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
TOM BERG	1,00								•	
DIRECTOR	1.00	х						0.	0.	0.
ANN CHUNG										
DIRECTOR	1.00	Х						0.	0.	0.
ALAN GOTLIEB										
DIRECTOR	1.00	Х						0.	0.	0.
SUNNY GREER	1 00									•
DIRECTOR	1.00	Х						0.	0.	0.
KENNARD HICKS DIRECTOR	1.00	х						0.	0.	0.
TRAVIS HYLTON	1.00	Δ						0.	0.	<u> </u>
SECRETARY	1.00	x		х				0.	0.	0.
RICHARD MCCORMACK										
CHAIR	1.00	х		х				0.	0.	0.
BLAKE MCELHENEY										
DIRECTOR	1.00	Х						0.	0.	0.
DAVID MORGAN										
DIRECTOR	1.00	Х						0.	0.	0.
ROBERT OSGOOD	1 00								_	0
VICE-CHAIR	1.00	X		Х				0.	0.	0.
LARRY HILL TREASURER	2.00	v		х				0.	0.	0.
JOHN MCHUGH	4.00	^		_				0.	0.	<u></u>
DIRECTOR	1.00	$ \mathbf{x} $						0.	0.	0.
MIKE CONWAY		† 								
DIRECTOR	1.00	х						0.	0.	0.
932007 02-04-10						_				Form 990 (2009)

DEVELOPMENT COUNCIL

Part VII Section A. Officers, Directors, Tru		mplo	yee			High	est				
(A)	(B)			•	C)			(D)	(E)	(F)	
Name and title	Name and title Average Position hours (check all that app			ılv)	Reportable compensation	Reportable compensation	Estimated amount of				
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensati from the organization and related organization	on on d
											—
1b Total								0.	0		0.
Total Total number of individuals (including but n compensation from the organization							no re				0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si			, key	y em	plo	yee,	or h	nighest compensated er	nployee on		No X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual		4	Х
Did any person listed on line 1a receive or a the organization? If "Yes," complete Schede Section B. Independent Contractors	-				-			-	ices rendered to	5	X
Complete this table for your five highest contact the organization. NONE	mpensated ind	depe	ende	nt c	onti	racto	ors t		\$100,000 of compe		
(A) Name and business	address							(B) Description of s	services	(C) Compensation	
2 Total number of independent contractors (ii	ncluding but n	ot lir	mite	d to	tho	se lis	sted	d above) who received n	nore than		
\$100,000 in compensation from the organiz	ation >				(0				Form 990 (20	200,

Page 9

Pa	rt VII	II Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
th st	1 a	Federated campaigns	1a					
lg Ja	b	Membership dues	1b					
S, g		Fundraising events						
agin and a		Related organizations						
II,		Government grants (contributi		566,068.				
isi	f	A 11 11 12 12 12 12		-				
를	•	similar amounts not included above		33,402.				
d d	a	Noncash contributions included in lines		,				
Contributions, gifts, grants and other similar amounts	_	Total. Add lines 1a-1f			599,470.			
\neg		Total / Nad III/60 Ta 11		Business Code				
o	2 a	r <u></u>		Edoli 1000 COde				
Program Service Revenue	b		-					
Ser	c							
E S	d							
P. S.	e							
٦ <u>- ۳</u>	_	All other program service reve	nue					
		Total. Add lines 2a-2f						
\dashv	3	Investment income (including						
	•	other similar amounts)			6.			6.
	4	Income from investment of tax						
	5	Royalties	•	1				
	•	noyames	(i) Real	(ii) Personal				
	6 a	Gross Rents	— ·	6,000.				
		Less: rental expenses		,				
		Rental income or (loss)		6,000.				
		Net rental income or (loss)			6,000.			6,000.
		Gross amount from sales of	(i) Securities	(ii) Other	, , , , , , , , , , , , , , , , , , , ,			
		assets other than inventory	(i) Coccinico	(ii) Garioi				
	b	Less: cost or other basis						
	-	and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)						
اہ	8 a	Gross income from fundraising	n events (not					
Other Revenue	0 4	including \$						
š		contributions reported on line						
Ę.		Part IV, line 18	-					
E	b	Less: direct expenses						
0		: Net income or (loss) from fund						
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
		and allowances						
	b	Less: cost of goods sold						
		: Net income or (loss) from sale						
İ		Miscellaneous Revenu		Business Code				
Ī	11 a	MISCELLANEOUS		900099	510.	510.		
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d			510.			
	12	Total revenue. See instructions.		>	605,986.	510.	0.	6,006.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl	ete column (A) but are	-		d (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	39,297.	39,297.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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 contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a b	Management				
	Accounting	1,963.		1,963.	
		,		,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	335,075.	328,286.	6,789.	
12	Advertising and promotion	572.		572.	
13	Office expenses	7,782.	7,376.	406.	
14	Information technology	3,536.	3,536.		
15	Royalties				
16	Occupancy				
17	Travel	4,444.	4,307.	137.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	880.		880.	
21	Payments to affiliates	11 556	11 000	201	
22	Depreciation, depletion, and amortization	11,556.	11,265.	291.	
23	Insurance	1,/50.		1,756.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	LEASED EMPLOYEES	228,245.	184,218.	44,027.	
b	MISCELLANEOUS	6,739.	6,923.	-184.	
С	TRAINING	1,225.	475.	750.	
d					
е					
f	All other expenses	642 252	<u> </u>		
25	Total functional expenses. Add lines 1 through 24f	643,070.	585,683.	57,387.	0.
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			46,713.	1	7,845.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		20.	3	97,783.	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, di	ees, key				
		employees, and highest compensated employe	es. Complete	Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined unde	r section			
		4958(f)(1)) and persons described in section 49	58(c)(3)(B). Co	mplete			
		Part II of Schedule L				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	1,600.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		65,635. 25,841.			
	b	Less: accumulated depreciation	10b	25,841.	0.	10c	39,794.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			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 equ	al line 34)		46,733.	16	147,022.
	17	Accounts payable and accrued expenses				17	49,154.
	18	Grants payable				18	17,075.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete	Part IV of Sch	edule D		21	
Liabilities	22	Payables to current and former officers, directo					
jab		highest compensated employees, and disqualif	ied persons. (Complete Part II			
_		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated third part	ties		23	
	24	Unsecured notes and loans payable to unrelate			0.4.000	24	12 500
	25	Other liabilities. Complete Part X of Schedule D			24,000.	25	13,500.
	26	Total liabilities. Add lines 17 through 25			24,000.	26	79,729.
		Organizations that follow SFAS 117, check he	ere 🕨 🔼	and complete			
Ses		lines 27 through 29, and lines 33 and 34.			22 722		22.200
au	27	Unrestricted net assets		22,733.	27	23,308.	
Bal	28	Temporarily restricted net assets			28	43,985.	
nd I	29					29	
ŕ		Organizations that do not follow SFAS 117, c	►				
S		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			22 722	32	67 202
_	33	Total net assets or fund balances			22,733. 46,733.	33	67,293.
	34	Total liabilities and net assets/fund balances			40,/33.	34	147,022.

Form **990** (2009)

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

Form **990** (2009)

SCHEDULE A

Department of the Treasury Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

OAHU RESOURCE CONSERVATION & DEVELOPMENT COUNCIL

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Employer identification number 94-3279682

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated **b** Type II ∃ Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization in col. organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 aovernina document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

Total

Schedule A (Form 990 or 990-EZ) 2009 D:	ANU KESUU. FVFI.ODMFN		RVATION &		91-327	9682 Page 2			
Part II Support Schedule for 0	Organizations	Described in	Sections 170	(h)(1)(Δ)(iy) an	- 3 Δ / Δ / Δ / Δ / Δ / Δ / Δ / Δ / Δ / Δ	il Page 2			
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)									
Section A. Public Support	2 4110 12071 011 11110 0	, , , , , , , , , , , , , , , , , , , ,							
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1 Gifts, grants, contributions, and	(a) 2003	(b) 2000	(6) 2001	(u) 2008	(e) 2009	(I) Total			
membership fees received. (Do not									
include any "unusual grants.")	100,884.	94,032.	447,262.	728,871.	599,470.	1970519.			
2 Tax revenues levied for the organ-	, , , , , ,		, -	. ,	,				
ization's benefit and either paid to									
or expended on its behalf									
3 The value of services or facilities									
furnished by a governmental unit to									
the organization without charge	2,000.	2,000.	2,000.	2,000.	62,633.	70,633.			
4 Total. Add lines 1 through 3	102,884.	96,032.	2,000. 449,262.	730,871.	662,103.	2041152.			
5 The portion of total contributions									
by each person (other than a									
governmental unit or publicly									
supported organization) included									
on line 1 that exceeds 2% of the									
amount shown on line 11,									
column (f)									
6 Public support. Subtract line 5 from line 4.						2041152.			
Section B. Total Support									
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009 662,103.	(f) Total			
7 Amounts from line 4	102,884.	96,032.	449,262.	730,871.	662,103.	2041152.			
8 Gross income from interest,									
dividends, payments received on									
securities loans, rents, royalties									
and income from similar sources					6,000.	6,000.			
9 Net income from unrelated business									
activities, whether or not the									
business is regularly carried on									
10 Other income. Do not include gain									
or loss from the sale of capital									
assets (Explain in Part IV.)					510.	510.			
11 Total support. Add lines 7 through 10						2047662.			
12 Gross receipts from related activities	etc (see instruction	nne)			19				

13	First five years. If the Form 990 is for the organization		th tax year as a section	
	organization, check this box and stop here			

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))

Section C. Computation of Public Support Percentage

15 Public support percentage from 2008 Schedule A, Part II, line 14	15	88.73 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or n	nore, check	
stop here. The organization qualifies as a publicly supported organization		<u>▶</u> X
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or more, cl	heck this box
and stop here. The organization qualifies as a publicly supported organization		▶□
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, a	and line 14 i	s 10% or more,
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Pa	rt IV how th	e organization
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		▶□
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or	17a, and line	e 15 is 10% or
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain	n in Part IV I	how the
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported org	anization .	▶∐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

14

Schedule A (Form 990 or 990-EZ) 2009)raoni-otiono	Described in	Section FOO/s	.\ <u>\(\(\(\)\)</u>		Page 3
Part III Support Schedule for (nganizations	Described in	Section 509(a	(Complete only	if you checked the b	ox on line 9 of Part I.)
Section A. Public Support		1	1	1		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	I					
membership fees received. (Do not	I					
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-	I					
inone under coetien E10	I					
iness under section 513						
4 Tax revenues levied for the organ-	I					
ization's benefit and either paid to	I					
or expended on its behalf	<u> </u>					
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5	<u> </u>					
7a Amounts included on lines 1, 2, and	I					
3 received from disqualified persons	<u> </u>					
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that	I					
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	I					
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(h) 2006	(a) 2007	(4) 2000	(a) 2000	(f) Total
	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	I					
acquired after June 30, 1975	I					
c Add lines 10a and 10b						
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital	Ì					
assets (Explain in Part IV.)						
	the examination	l 'a firat accord thi	l rd fourth or fifth t	l		l
14 First five years. If the Form 990 is for	•		•	•	. , . ,	
check this box and stop here Section C. Computation of Publ	io Support De	roontogo				P
•			l (C)		lar I	
15 Public support percentage for 2009 (15	<u>%</u>
Public support percentage from 2008					16	<u>%</u>
Section D. Computation of Inve					1 1	
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from:	2008 Schedule A,	Part III, line 17			18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

OAHU RESOURCE CONSERVATION & DEVELOPMENT COUNCIL

Employer identification number

94-3279682

Organization type (check one):									
Filers of: Section:									
Form 990 or 990-E	Z X 501(c)(3) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
Check if your orga	nization is covered by the General Rule or a Special Rule.								
	on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.								
General Rule									
•	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one or. Complete Parts I and II.								
Special Rules									
509(a)(1)	tion 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% ount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
aggregate	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.									
Caution. An organ	nization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),								

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Schedule B (For

but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

Name of organization
OAHU RESOURCE CONSERVATION &
DEVELOPMENT COUNCIL

Employer identification number

94-3279682

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CITY & COUNTY OF HONOLULU 530 SOUTH KING STREET, RM 306 HONOLULU, HI 96813	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	HAWAII FARM BUREAU 1136 UNION MALL ST. 403 HONOLULU, HI 96813	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	USDA-NRCS P.O. BOX 2890 RM 5239 SOUTH BUILDING WASHINGTON, DC 200132890	\$360,017.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	USDA-RURAL DEVELOPMENT 99-193 AIEA HEIGHTS DRIVE, RM 156 AIEA, HI 96701	\$89,308.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	STATE OF HAWAII DEPARTMENT OF HEALTH P.O. BOX 3378 HONOLULU, HI 96801-3378	\$58,027.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization OAHU RESOURCE CONSERVATION & DEVELOPMENT COUNCIL

Employer identification number 94-3279682

Pai	rt I	Organizations Maintaining Donor Advised		s or Accounts. Complete if the	
		organization answered "Yes" to Form 990, Part IV, line (6. (a) Donor advised funds	(b) Funds and other accounts	_
	.	 	(a) Donor advised funds	(b) Funds and other accounts	_
1		number at end of year			_
2		gate contributions to (during year)			_
3		gate grants from (during year)			_
4		gate value at end of year			_
5		e organization inform all donors and donor advisors in w	_		
		e organization's property, subject to the organization's e			0
6		e organization inform all grantees, donors, and donor ad			
		aritable purposes and not for the benefit of the donor or			
Da		missible private benefit?			0
Pai		Conservation Easements. Complete if the orga		Part IV, line 7.	_
1		se(s) of conservation easements held by the organization			
		Preservation of land for public use (e.g., recreation or ple		istorically important land area	
		Protection of natural habitat	Preservation of a cer	rtified historic structure	
		Preservation of open space			
2		lete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a conservation easement on the last	
	day of	f the tax year.			_
				Held at the End of the Tax Ye	<u> 1</u>
а		number of conservation easements			_
b		acreage restricted by conservation easements			_
С		er of conservation easements on a certified historic struc			_
d		er of conservation easements included in (c) acquired af		•	_
3		er of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	ne organization during the tax	
	year 🕨				
4		er of states where property subject to conservation ease			
5		the organization have a written policy regarding the perio	- · · · · · · · · · · · · · · · · · · ·		
		ons, and enforcement of the conservation easements it h			0
6		and volunteer hours devoted to monitoring, inspecting, a			
7		nt of expenses incurred in monitoring, inspecting, and er			
8		each conservation easement reported on line 2(d) above	satisfy the requirements of section 170		
					0
9		t XIV, describe how the organization reports conservation			
		e, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the organization's accounting for	
Dai		rvation easements.	Art Historical Tracerras or C	Other Circiles Assets	_
Pai	rt III	Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 9		other Similar Assets.	
		Complete if the organization answered Tes to Form 9	90, Part IV, lifle 8.		_
	16.11				
та		organization elected, as permitted under SFAS 116, not			,
		ires, or other similar assets held for public exhibition, edu		ublic service, provide, in Part XIV, the text	OŤ
		otnote to its financial statements that describes these ite			
b		organization elected, as permitted under SFAS 116, to re			
		er similar assets held for public exhibition, education, or	research in furtherance of public service	ce, provide the following amounts relating	to
		items:		. Φ	
		evenues included in Form 990, Part VIII, line 1		L .	_
_	٠,				_
2		organization received or held works of art, historical treas		ıaı gaın, provide	
		llowing amounts required to be reported under SFAS 116		. Φ	
a		nues included in Form 990, Part VIII, line 1		. .	_
b	Asset	s included in Form 990, Part X			_

	t III Organizations Maintaining C	collections of A		torical Tr	easures.	or Othe		ar Asse			
3	Using the organization's acquisition, accessi										
J	(check all that apply):	on, and other record	, crico	it arry or the	Tollowing the	at arc a s	grimoarit	use of its	CONCOLIC	II ILCIII	3
а	Public exhibition	d		l oan or evo	change progr	ame					
b	Scholarly research	e			mange progr						
	Preservation for future generations	e	;	Other							
C	•	-114:	الدينية والمنا	4		:		aaa in Daw	+ VIV		
4	Provide a description of the organization's co							ose in Par	t XIV.		
5	During the year, did the organization solicit o								٦,,		٦
Do	to be sold to raise funds rather than to be ma								<u></u> Yes		<u> No</u>
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if org	ganization a	nswerea "Ye	s" to For	m 990, Pa	art IV, line	9, or		
			d: 				ام ماد داد ما				
ıa	Is the organization an agent, trustee, custodi								٦٧		٦.,.
	on Form 990, Part X?								∐ Yes		J No
р	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance						1 f		1		_
	Did the organization include an amount on Fe		21?						Yes		J No
	If "Yes," explain the arrangement in Part XIV.						_				
Pai	t V Endowment Funds. Complete i				1						
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three <u>y</u>	years back	(e) Fou	r years	back
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year		as:			•					
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_								
С	Term endowment	 %									
	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for t	he organi	zation			
	by:	J					Ü			Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R?							
4	Describe in Part XIV the intended uses of the										
Pai	t VI Investments - Land, Building). Part X. line	10.					
	Description of investment	(a) Cost or o			t or other		ccumulate	ed le	(d) Boo	k valu	
	2000.past. or invocation	basis (investr			(other)		preciation		(-, 500	valu	-
	Land	,			. ,	'					
	Buildings										
	Leasehold improvements										
				6	55,635.		25,8	41.	3	9,7	94
	Equipment Other	l l			2,000.					- , ,	
	. Add lines 1a through 1e. (Column (d) must e		X colur	nn (R) line 1	10(c))	l .			3	9,7	94.
· Jua	., idd iiiloo Ta iiiloagii To. (ooiaiiii (a) Mast o	-, a	, 50101	···· (=/, /////	· - (~/·/	 				- , .	

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

94-3279682 Page 3

Part VII Investments - Other Securities. Se	e Form 990, Part X, I	ine 12.		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua est or end-of-year mar	
Financial derivatives				
Closely-held equity interests				
Other_				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. S	ee Form 990, Part X,	line 13.		
(a) Description of investment type	(b) Book value	Co	(c) Method of valua est or end-of-year man	
-				
Total (Cal /h) manat agreed Forms COO Port V and /D) line 10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	<u> </u>			
Part IX Other Assets. See Form 990, Part X, line				(In) De alessales
(a)	Description			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15.)			
Part X Other Liabilities. See Form 990, Part X,			Í	
1. (a) Description of liability		(b) Amount		
Federal income taxes				
FHB BUSINESS FIRTLINE		13,500.		
			1	
			-	
			-	
		12		
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25.)	13,500.		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	dule D (Form 990) 2009 DEVELOPMENT COUNCIL	0.1- 4	F::		2/9682 Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 99	o to Audited		atements	COF 00C
1	Total revenue (Form 990, Part VIII, column (A), line 12)				605,986.
2	Total expenses (Form 990, Part IX, column (A), line 25)				643,070.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				-37,084.
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities		5		62,633.
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)				19,011.
9	Total adjustments (net). Add lines 4 through 8		9		81,644.
10	Excess or (deficit) for the year per audited financial statements. Combine lines				44,560.
Pai	t XII Reconciliation of Revenue per Audited Financial Stat				
1	Total revenue, gains, and other support per audited financial statements			1	668,619.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains on investments				
b	Donated services and use of facilities	2b	62,63	3.	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	62,633.
3	Subtract line 2e from line 1				605,986.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	605,986.
Pa	t XIII Reconciliation of Expenses per Audited Financial Sta	tements With	n Expenses p	er Return	
1	Total expenses and losses per audited financial statements			1	705,703.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	62,63	3.	
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIV.)				
	Add lines 2a through 2d			2e	62,633.
3	Subtract line 2e from line 1				643,070.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.			5	643,070.
	t XIV Supplemental Information	,		5	•
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; F	Part III lines 1a ar	nd 4: Part IV line	s 1h and 2h	· Part V line 4· Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also				
Λ,	5 2, 1 art Ar, line 6, 1 art Ar, lines 2d and 4b, and 1 art Arr, lines 2d and 4b. Also	complete triis pai	it to provide arry	additionaliii	iorriation.
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:				
	ti iii, iiii o oiiiiit iiboobiiiiitib.				
DOI	NATED USE OF FACILITIES \$-62,633				
NE	T ADJUSTMENT - CASH TO ACCRUAL METHOD \$8	31,644			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization OAHU RESC DEVELOPME	Employer identification number 94-3279682						
Part I General Information on Grants a	and Assistance					'	
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro 	stance?						
Part II Grants and Other Assistance to recipient that received more than		=					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAIIAN TURFGRASS, LLC PO BOX 89-3340 MILILANI, HI 96789	27-0999894		17,000.	0.			IRRIGATION AND EXPANSION PROJECT TO INCLUDE RE-USED WATER FROM A NEARBY FISH FARM
KK POULTRY FARM, INC. 41-656 KAKAINA STREET WAIMANALO, HI 96795	99-0156142		17,200.	0.			ESTABLISH ON-SITE EGG PROCESSING PLANT IN WAIMANALO
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 		ganizations				<u> </u>	>

(a) T	ype of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemen	ntal Information. Complete this part to p	orovide the information	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I,	PART I, LINE 2: ONCE	GRANT FUN	DS ARE AWA	ARDED, CONT	RACTS ARE	
SIGNED WITH	GRANTEES, WHICH INCI	LUDE PROVIS	IONS TO SU	JPPLY REGUL	AR REPORTS	
AND SUBMIT R	REQUEST FOR REIMBURSE	EMENT TO IN	CLUDE PROC	OF OF PAYME	NT. THE	
FINAL 20% OF	F EACH AWARD IS HELD	BACK UNTIL	THE PROJE	ECT IS COMP	LETE, AS	
	A SITE VISIT, AND A					
ACCEPTED.						
ACCELTED.						

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization OAHU RESOURCE CONSERVATION & **Employer identification number** DEVELOPMENT COUNCIL 94-3279682 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved (b) Loan to or from (a) Name of interested (c) Original principal (d) Balance due (e) In (g) Written by board or person and purpose the organization? amount default? agreement? committee? Yes То From No Yes No Yes No Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of the organization assistance a **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No CROP CARE HAWAII LLC ENTITY MORE THAN 121,693.AGGREGATE

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O

Supplemental Information to Form 990

(Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

OAHU RESOURCE CONSERVATION & DEVELOPMENT COUNCIL

Employer identification number 94-3279682

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESOURCES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER - PROVIDED ADMINISTRATIVE SUPPORT TO AN IRRIGATION PROJECT AT THE MILILANI AGRICULTURAL PARK.

EXPENSES \$ 6644. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: THERE ARE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B: THE CHANGES TO THE BYLAWS MUST BE APPROVED & RATIFIED BY THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: THE FULL BOARD HAS HAD THE OPPORTUNITY TO REVIEW THE COMPLETED FORM PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S SALARY IS

BASED ON A REVIEW OF COMPARABLE ORGANIZATIONS, ADJUSTED TO BE APPROPRIATE

TO THE SIZE OF THIS ORGANIZATION'S OVERALL BUDGET.

FORM 990, PART VI, SECTION C, LINE 19: THE BYLAWS, ARTICLES OF

INCORPORATION, AND POLICIES AND PROCEDURES ARE AVAILABLE UPON REQUEST.

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

OAHU RESOURCE CONSERVATION & DEVELOPMENT COUNCIL

ORGANIZATION PREPARED THE 2008 FORM 990-EZ ON THE CASH METHOD.

Employer identification number 94-3279682

THE NET

FORM 990, PART XI, LINE 1:

THE ORGANIZATION CHANGED ITS METHOD OF ACCOUNTING FROM CASH TO ACCRUAL

IN 2009. THE ORGANIZATION WAS REQUIRED TO PREPARE AUDITED FINANCIAL

STATEMENTS BECAUSE THEY HAD OVER \$500,000 IN FEDERAL GRANTS.

THEREFORE, FORM 990 IS BEING PREPARED ON THE ACCRUAL METHOD. THE

FORM 990, PART XI, LINE 2C:

ADJUSTMENT IS \$81,644.

THE FINANCE & EXECUTIVE COMMITTEE REVIEW THE FINANCIAL STATEMENTS AND

THE AUDIT. THE FINANCE COMMITTEE SELECTS THE CPA FIRM TO CONDUCT THE

AUDIT. THIS IS THE FIRST YEAR OF A FINANCIAL STATEMENT AUDIT.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

- (A) NAME OF PERSON: CROP CARE HAWAII LLC
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ENTITY MORE THAN 35% OWNED UNTIL 07/09 BY J. MCHUGH, DIRECTOR AS OF 12/09

- (C) AMOUNT OF TRANSACTION \$ 121693.
- (D) DESCRIPTION OF TRANSACTION: AGGREGATE CONTRACTUAL PAYMENTS FOR COVER

CROP AND PESTICIDE MANAGEMENT SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO