## (Rev. January 2020) Department of the Treasury

A For the 2019 calendar year, or tax year beginning

**Return of Organization Exempt From Income Tax** 

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. and ending

Open to Public Inspection

OMB No. 1545-0047

Check if applicable: C Name of organization D Employer identification number OAHU RESOURCE CONSERVATION AND Address change DEVELOPMENT COUNCIL Name change 94-3279682 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ PO BOX 209 (808) 622-9026 termin-ated 786,693**.** City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return KUNIA, HI 96759 H(a) Is this a group return Applica-F Name and address of principal officer: TAYLOR KELLERMAN for subordinates? ..... Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) L 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.OAHURCD.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation 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 if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 22 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 16 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 575,540. 653,771.Contributions and grants (Part VIII, line 1h) Revenue 54,434. 132,160. Program service revenue (Part VIII, line 2g) 26. 762. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 630,000. 786,693. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 64,156. 85,422. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 453,921. 464,754. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 113,370. 165,111. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 642,280. 704,454. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 82,239. -12,280. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 450,438. 253,914. 20 Total assets (Part X, line 16) 59,338. 173,622. 21 Total liabilities (Part X, line 26) 276,816. 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign MARK PHILLIPSON, TREASURER Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed VICKI NAKAGAKI 10/09/20 P00227391 Paid Firm's EIN > 99-0284479 Firm's name CHOO, OSADA & LEE CPAS INC. Preparer Firm's address 1136 12TH AVENUE SUITE 240 Use Only Phone no. (808) 734-1921 HONOLULU, HI 96816 X Yes No

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

Form	1 990 (2019) DEVELOPMENT COUNCIL	94-3279682	Page 2
	rt III   Statement of Program Service Accomplishments		, age
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		<u> — </u>
	TO PROMOTE ACTIVITIES WHICH CONSERVE AND SUSTAIN OUR NA	ATURAL, HUMAN	Γ.
	CULTURAL AND ECONOMIC RESOURCES		. ,
2	Did the organization undertake any significant program services during the year which were not listed on the		X No
	prior Form 990 or 990-EZ?	Yes	L <u>A</u> ∟No
	If "Yes," describe these new services on Schedule O.		77
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	?Yes	X 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, a	is measured by expense:	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 396,925 • including grants of \$ 85,421 • ) (Reve	nue \$ 109,	800.
	LAND STEWARDSHIP: SUPPORT THE PLANNING, IMPLEMENTATION		ON
	OF SUSTAINABLE AGRICULTURAL PRACTICES		
4b	(Code:) (Expenses \$	·	683.
	FISCAL SPONSORSHIP: PROVIDE ADMINISTRATIVE SUPPORT FOR		
	PROJECTS THAT PROMOTE ACTIVITIES WHICH CONSERVE AND SUS	TAIN NATURAL	١,
	HUMAN, CULTURAL AND ECONOMIC RESOURCES		
	FC 000		725
4c	(Code: ) (Expenses \$ 56,082. including grants of \$ ) (Reve		735.
	WOMEN FARMERS: BUILD CAPACITY THROUGH TECHNICAL AND FI	.NANCIAL	
	ASSISTANCE TO WOMEN ENGAGED IN AGRICULTURE.		
	9		
	-		
	Other many many continues (December on Cate at the Cate		
4d	Other program services (Describe on Schedule O.)	1 012 ·	
	(Expenses \$ 33,288 • including grants of \$ ) (Revenue \$	4,942.	
4e	Total program service expenses ► 638,151.		

Form **990** (2019)

# Form 990 (2019) DEVELOPMENT Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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 I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	21	
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		X
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	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		х
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		х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			Х
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
19	complete Schedule G, Part III	19		х
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	X	

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### OAHU RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL

Form 990 (2019) DEVELOPMENT COUNCI
Part IV Checklist of Required Schedules (continued)

		_	Yes	No
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	<b> </b>		Х
	Schedule K. If "No," go to line 25a	24a		Λ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
А	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		Х
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
·	"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		Х
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		X
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		X
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
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			х
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	Х	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	

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# Form 990 (2019) DEVELOPMENT COUNCIL Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Γ			
	filed for the calendar year ending with or within the year covered by this return 2a	22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	L	3а		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	L	4a		Х
b	If "Yes," enter the name of the foreign country ▶	I			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	[	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solici	it			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the p		7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_			77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required		7g 		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098	8-07	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	·····-	å		
			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	·····			
	Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	$\neg$			
11	Section 501(c)(12) organizations. Enter:	$\neg$			
а	Gross income from members or shareholders				
	Gross income from other sources (Do not net amounts due or paid to other sources against	$\neg$			
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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 the				
	organization is licensed to issue qualified health plans 13b				
	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?	г	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				,,
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 5 **b** Enter the number of voting members included on line 1a, above, who are independent \_\_\_\_\_ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 14 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? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►HI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request X Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records DAVE ELLIOTT - (808) 622-9026 PO BOX 209, KUNIA, HI

#### OAHU RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL

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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and 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.

See instructions for the order in which to list the persons above.

Form 990 (2019)

Check this box if neither the organization n	or any related	orga	aniza	ation	COI	npei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	officer and a director/trustee)		from	from related	other			
	(list any	irecto						the	organizations	compensation
	hours for related	or d	99			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	nstee.	trust		ee	nben		(W-2/1099-WISC)		and related
	below	lual tr	tional		nploy	yee yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TAYLOR KELLERMAN	5.00	_	Ι-		×	1 0	ш			
PRESIDENT		Х		Х				0.	0.	0.
(2) MARK PHILLIPSON	2.00									
VP/TREASURER		Х		Х				0.	0.	0.
(3) YARROW FLOWER	2.00									
DIRECTOR		Х						0.	0.	0.
(4) MELISSA Z. RHODEN	2.00							_	_	_
SECRETARY		Х		Х				0.	0.	0.
(5) ETHAN WEST	2.00									
DIRECTOR		Х						0.	0.	0.
(6) JEAN A. BROKISH	37.00									
EXECUTIVE DIRECTOR				Х				83,916.	0.	0.
(7) DAVE ELLIOTT	40.00									
EXECUTIVE DIRECTOR				Х				67,850.	0.	0.
		1								
										_
		-								
		-								
		-								
		ł								
		1								
		1								

	990 (2019) DEVELOPMI									94-32	<u> 179</u>	<u>682</u>	Pa	ige <b>E</b>
Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ghe	st C	ompensated Employe	es (continued)				
	<b>(A)</b> Name and title	(B) Average hours per week	(do box	not c	Pos heck ss pe	ition more rson		one h an	( <b>D</b> ) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate ount o	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	3	comp fro orga and	pensa om the anizati I relate nizatio	e on ed
16	Subtotal								151,766.		0.			0.
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 151,766.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportable	e 		Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual										3		Х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		Х
	rendered to the organization? If "Yes," com tion B. Independent Contractors	=				-						5		Х
1	Complete this table for your five highest co the organization. Report compensation for		-						n the organization's tax		pens			
	(A) Name and business	address	NO	INC	3				(B) Description of s	services		(C comper		1
	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				

\$100,000 of compensation from the organization

Га					response	or note to any lin	e in this Part VIII			
			Check if Schedule O			,	(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
nts	1	а	Federated campaigns		1a					
gra lour		b	Membership dues		1b					
ts, (			Fundraising events		1c					
Gif			Related organizations		1d	454 400				
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (cont		1e	454,422.				
utio		f	All other contributions, gifts,			100 240				
Q.F.			similar amounts not included		1f	199,349.				
no.		_	Noncash contributions included in		1g  \$		653,771.			
9		n	Total. Add lines 1a-1f			Business Code	055,771.			
	^	_	OTHER			541900	132,160.	132,160.		
vice	2		OTHER			341700	132,100.	152,100.		<del> </del>
Program Service Revenue		b								-
y e		c d								
Page		e								
Pro			All other program service	revenue						
			Total. Add lines 2a-2f				132,160.			
	3		Investment income (inclu							
			other similar amounts)			▶	762.			762.
	4		Income from investment	of tax-exer	npt bond	proceeds <b>&gt;</b>				
	5		Royalties							
					i) Real	(ii) Personal				
	6		Gross rents							
			Less: rental expenses							
			Rental income or (loss)	6c						
	_		Net rental income or (loss			(ii) Other:				
	7	а	Gross amount from sales of	<del>                                   </del>	Securities	(ii) Other				
		<b>L</b>	assets other than inventory Less: cost or other basis	7a		+				
e e		D		76						
Revenue		_	and sales expenses							
Rev			Net gain or (loss)			<u> </u>				
ē	8		Gross income from fundraisi							
₹	_		including \$	5 (	of					
			contributions reported or	n line 1c). S	See					
			Part IV, line 18		8a	1				
		b	Less: direct expenses							
		С	Net income or (loss) from	fundraisin	g even <u>ts</u>	<b></b>				
	9	а	Gross income from gamir		<b>I</b>					
			Part IV, line 19			+				
			Less: direct expenses							
			Net income or (loss) from			<b>&gt;</b>				
	10	а	Gross sales of inventory,							
			and allowances							
			Less: cost of goods sold			·				
_		Ü	Net income or (loss) from	sales UI II	iveniory .	Business Code				
Miscellaneous Revenue	11	а								
nue	• •	b							1	
eve eve		c							1	
Aisc			All other revenue							
_			Total. Add lines 11a-11d							
	12		Total revenue. See instruction				786,693.	132,160.	0.	762.

## OAHU RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL

Form 990 (2019) DEVELOPMENT Compart IX Statement of Functional Expenses

	Check if Schedule O contains a response tinclude amounts reported on lines 6b.	se or note to any line in	this Part IX	, 2.m y y.	
	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 domestic organizations	17 100	17 100		
	and domestic governments. See Part IV, line 21	17,189.	17,189.		
2	Grants and other assistance to domestic	60 222	60 222		
	individuals. See Part IV, line 22	68,233.	68,233.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	151,766.	126,330.	25,436.	
6	trustees, and key employees	131,700.	120,330.	23,430.	
6	persons (as defined under section 4958(f)(1)) and				
	narrana described in section 40E0(a)(D)				
7	persons described in section 4958(c)(3)(B)	279,371.	261,269.	18,102.	
8	Other salaries and wages  Pension plan accruals and contributions (include	217,3110	201,2000	10,1020	
5	section 401(k) and 403(b) employer contributions)	8,490.	7.791	699.	
9	Other employee benefits	14,294.	7,791. 13,391.	903.	
10	Payroll taxes		20,0021		
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting	8,726.		8,726.	
	Lobbying	.,		,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	70,348.	66,574.	3,774.	
12	Advertising and promotion	70,348.	2,265.	3,774.	
13	Office expenses	24,282.	22,652.	1,630.	
14	Information technology	805.	647.	158.	
15	Royalties				
16	Occupancy	12,658.	12,497.	161.	
17	Travel	20,420.	19,470.	950.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,481.	5,340.	2,141.	
20	Interest	70.		70.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,468.	828.	1,640.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	HONORARIA	12,012.	11,862.	150.	
b	DUES	2,972.	1,489.	1,483.	
C	MISCELLANEOUS	471.	324.	147.	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	704,454.	638,151.	66,303.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)
Part X Balance Sheet

Га	IL A	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this I	Part X	
			(A) Beginning of year	<b>(B)</b> End of year
	1	Cash - non-interest-bearing	135,216. 1	417,234
	2	Savings and temporary cash investments	2	
	3	Pledges and grants receivable, net		33,204
	4	Accounts receivable, net		
	5	Loans and other receivables from any current or former officer, direct		
		trustee, key employee, creator or founder, substantial contributor, o		
ę,		controlled entity or family member of any of these persons		
	6	Loans and other receivables from other disqualified persons (as def		
		under section 4958(f)(1)), and persons described in section 4958(c)(		
	7	Notes and loans receivable, net		
Assets	8	Inventories for sale or use		
ğ	9	Prepaid expenses and deferred charges		0
	10a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a		
	b	Less: accumulated depreciation 10b	10c	
	11	Investments - publicly traded securities	11	
	12	Investments - other securities. See Part IV, line 11		
	13	Investments - program-related. See Part IV, line 11		
	14	Intangible assets		
	15	Other assets. See Part IV, line 11		
	16	Total assets. Add lines 1 through 15 (must equal line 33)		450,438
	17	Accounts payable and accrued expenses	10 11	71,313
	18	Grants payable		
	19	Deferred revenue		102,309
	20	Tax-exempt bond liabilities		
	21	Escrow or custodial account liability. Complete Part IV of Schedule		
ç	22	Loans and other payables to any current or former officer, director,		
<u> </u>		trustee, key employee, creator or founder, substantial contributor, o	r 35%	
Liabilities			22	
5	23	Secured mortgages and notes payable to unrelated third parties		
	24	Unsecured notes and loans payable to unrelated third parties		
	25	Other liabilities (including federal income tax, payables to related thi		
		parties, and other liabilities not included on lines 17-24). Complete F		
		of Schedule D	25	
	26	Total liabilities. Add lines 17 through 25	59,338. 26	173,622
		Organizations that follow FASB ASC 958, check here		
Ses		and complete lines 27, 28, 32, and 33.		
<u>a</u>	27	Net assets without donor restrictions	150,088. 27	247,773
g	28	Net assets with donor restrictions		29,043
<u> </u>		Organizations that do not follow FASB ASC 958, check here		
ヹ		and complete lines 29 through 33.		
ō s	29	Capital stock or trust principal, or current funds	29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		
As	31	Retained earnings, endowment, accumulated income, or other fund		
Net Assets or Fund Balances	32	Total net assets or fund balances	101 == 1	276,816
_	33	Total liabilities and net assets/fund balances		450,438

Pa	Tt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,4	
3	Revenue less expenses. Subtract line 2 from line 1	3		2,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19	4,5	76.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	27	6,8	16.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	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 requi	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

## **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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

OAHU RESOURCE CONSERVATION AND Employer identification number Name of the organization DEVELOPMENT COUNCIL 94-3279682 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 494,682 598,565 575,540. 653,770. 2610517. include any "unusual grants.") 287,960. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 287,960. 494,682. 598,565. 575,540. 653,770. 2610517. 4 Total. Add lines 1 through 3 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) 12,977. 2597540. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (b) 2016 494,682. (a) 2015 287, 960. Calendar year (or fiscal year beginning in) (d) 2018 (c) 2017 (e) 2019 (f) Total 598,565. 2610517. 575,540. 653,770 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 31. 25 19. 26. 762. 863. and income from similar sources 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 50,672. 20,810. 63,713. 54,434. 132,160. 321,789 assets (Explain in Part VI.) ..... 2933169. 11 Total support. Add lines 7 through 10 328,855. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 88.56 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 88.07 15 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons Xstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

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) 2019

and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	ion A. Public Support	siow, picase com	piete i urt ii.j				
	lar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> G	aifts, grants, contributions, and		, ,			, ,	,,
m	nembership fees received. (Do not						
ir	nclude any "unusual grants.")						
	Gross receipts from admissions,						
	nerchandise sold or services per-						
	ormed, or facilities furnished in ny activity that is related to the						
	rganization's tax-exempt purpose						
<b>3</b> G	Gross receipts from activities that						
а	re not an unrelated trade or bus-						
ir	ness under section 513						
4 T	ax revenues levied for the organ-						
iz	ation's benefit and either paid to						
0	r expended on its behalf	1					
<b>5</b> T	he value of services or facilities						
fu	urnished by a governmental unit to						
tł	ne organization without charge						
6 T	otal. Add lines 1 through 5						
<b>7</b> a A	mounts included on lines 1, 2, and						
3	received from disqualified persons						
	mounts included on lines 2 and 3 received						
	om other than disqualified persons that xceed the greater of \$5,000 or 1% of the						
ar	mount on line 13 for the year						
сА	dd lines 7a and 7b						
8 P	ublic support. (Subtract line 7c from line 6.)						
	ion B. Total Support					i	
	lar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	mounts from line 6						
	Gross income from interest, ividends, payments received on						
S	ecurities loans, rents, royalties,						
	nd income from similar sources						
	Inrelated business taxable income						
,	ess section 511 taxes) from businesses						
	cquired after June 30, 1975						
	dd lines 10a and 10b						
	let income from unrelated business ctivities not included in line 10b,						
W	hether or not the business is						
	egularly carried on						
	Other income. Do not include gain r loss from the sale of capital						
	ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u> </u>	504( )(0) :	<u></u>
	irst five years. If the Form 990 is for	J			•	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·
	heck this box and stop hereion C. Computation of Publi						<b>P</b>
	Public support percentage for 2019 (li			column (fl)		15	
	Public support percentage for 2019 (ii)					16	<u>%</u> %
	ion D. Computation of Inves					1 10 1	70
	nvestment income percentage for 20					17	%
	nvestment income percentage from 2					18	<del></del>
	3 1/3% support tests - 2019. If the					$\overline{}$	
	nore than 33 1/3%, check this box ar						▶□
	3 1/3% support tests - 2018. If the						and
	ne 18 is not more than 33 1/3%, che	•			*		
	rivate foundation. If the organization			•		•	

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	0.0		
	9с		
	10a		
	- 3		
	10b		
m 9	90 or 99	90-EZ)	2019

Pa	rt IV	Supporting Organizations (continued)			
		··· · · · · · · · · · · · · · · · · ·		Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а		on who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_		the governing body of a supported organization?	11a		
h		ly member of a person described in (a) above?	11b		
		controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		B. Type I Supporting Organizations	110		
000	tion D	r. Type i oupporting organizations		Yes	No
4	Did the	divertors, twistens, or membership of one or more supported organizations have the newer to		162	NO
1		e directors, trustees, or membership of one or more supported organizations have the power to			
		rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		lled the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		zations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
	organi	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	superv	rised, or controlled the supporting organization.	2		
<u>Sec</u>	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	oported organization(s).	1		
Sec	tion D	D. All Type III Supporting Organizations			
				Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3					
3		son of the relationship described in (2), did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
<u> </u>		rted organizations played in this regard.	3		
		. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see inst	ructions		
2	Activiti	ies Test. Answer (a) and (b) below.		Yes	No
а	Did su	bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	ese activities constituted substantially all of its activities.	2a		
b	Did the	e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		is for the organization's position that its supported organization(s) would have engaged in these			
		es but for the organization's involvement.	2b		
3		of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

## OAHU RESOURCE CONSERVATION AND

Schedule A (Form 990 or 990-EZ) 2019 DEVELOPMENT COUNCIL

94-3279682 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	е	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	T	Т	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
	From 2017			
	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u>i</u>				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in <b>Part VI.</b> See instructions.  Remaining underdistributions for 2019. Subtract lines 3h			
O	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3			
'	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

## OAHU RESOURCE CONSERVATION AND

Schedule A (Form 990 or 990-EZ) 2019 DEVELOPMENT COUNCIL 94-3279682 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (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, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

2010

OMB No. 1545-0047

Name of the organization

Organization type (check one):

OAHU RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL

Employer identification number

94-3279682

Filers of:	Section:
Form 990 or 990	D-EZ X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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
•	ganization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . ction 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
section any on	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under as 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from e contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h orm 990-EZ, line 1. Complete Parts I and II.
year, to	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the otal contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the tion of cruelty to children or animals. Complete Parts I, II, and III.
year, c is chec purpos	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ontributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box cked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., see. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively us, charitable, etc., contributions totaling \$5,000 or more during the year \bigsim \big
but it must answ	ganization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), wer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to esn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	- Nume, address, and En 1 1	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Parti	Contributors (see instructions). Use duplicate copies of Part I if addit	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contri	bution
7		Person Payroll Noncash (Complete Part II noncash contribution	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contri	bution
8		Person Payroll Noncash (Complete Part II noncash contribution	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contri	bution
9		Person Payroll Noncash (Complete Part II noncash contribu	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contri	bution
10		Person Payroll Noncash (Complete Part II noncash contribu	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contri	bution
11		Person Payroll Noncash (Complete Part II noncash contribution	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contri	bution
12		Person Payroll Noncash (Complete Part II noncash contribu	

Employer identification number

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

	Use duplicate copies of Part III if additional	space is needed.	
No. m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of git	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
D. 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	
	Transferee's name, address, an		Relationship of transferor to transferee
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	
	Transferee's name, address, an		Relationship of transferor to transferee
lo.			T
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gif	ft
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee

#### **SCHEDULE C**

(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

-	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
		SOURCE CONSERVAT	ION AND	En	nployer identification number
		MENT COUNCIL			94-3279682
Pa	rt I-A   Complete if the org	janization is exempt und	er section 501(c)	or is a section 527	
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		<b>&gt;</b>	*\$
Pa	rt I-B Complete if the org	anization is exempt und	er section 501(c)	(3).	
	Enter the amount of any excise tax				· \$
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the org	janization is exempt und	er section 501(c)	, except section 50	)1(c)(3).
3	Enter the amount of the filing organ exempt function activities  Total exempt function expenditures line 17b  Did the filing organization file Form Enter the names, addresses and er made payments. For each organiza contributions received that were propolitical action committee (PAC). If	s. Add lines 1 and 2. Enter here a  1120-POL for this year?  Inployer identification number (El tion listed, enter the amount pair omptly and directly delivered to a	nd on Form 1120-POL  N) of all section 527 pod from the filing organia separate political org	political organizations to w zation's funds. Also ente panization, such as a sep-	hich the filing organization r the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2019

#### OAHU RESOURCE CONSERVATION AND

Schedule C (Form 990 or 990-EZ) 2019 DEVELOPMENT COUNCIL

94-3279682 Page 2

Part	II-A Complete if the org section 501(h)).	anization	ı is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under
A Chec		_		- · ·	n Part IV each affiliated	group member's nam	ne, address, EIN,
B Chec	Limi	ts on Lobby	ing Expe	nd "limited control" pro nditures unts paid or incurred.		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
<b>b</b> To	otal lobbying expenditures to influotal lobbying expenditures to influotal lobbying expenditures (add libther exempt purpose expenditures)	uence a legi nes 1a and	slative boo	dy (direct lobbying)			
	otal exempt purpose expenditure obbying nontaxable amount. Ente						
	the amount on line 1e, column (a) o			bying nontaxable am			
	lot over \$500,000			the amount on line 1e.			
_	over \$500,000 but not over \$1,000	0.000		00 plus 15% of the exc			
	over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
	over \$1,500,000 but not over \$17,			0 plus 5% of the exce			
	over \$17,000,000	,000,000	\$1,000,	•	33 37 GT \(\psi\) 1,333,333.		
Ľ	vei \$17,000,000		Ψ1,000,	500.			
h S i S j If	irassroots nontaxable amount (encubtract line 1g from line 1a. If zeroubtract line 1f from line 1c. If zeroubtract line 1f from line 1c. If zeroubtract line an amount other than ze eporting section 4911 tax for this  (Some organizations the section of the section is the section in the section in the section in the section is the section in the section in the section in the section is the section in the section is the section in the secti	o or less, ento or less, ento on either year?	ter -0- ter -0- line 1h or -Year Ave	eraging Period Under	ation file Form 4720 Section 501(h)		Yes No
		See t	the separ	ate instructions for li	nes 2a through 2f.)		
		Lobby	ing Expe	nditures During 4-Yea	ar Averaging Period		
((	Calendar year or fiscal year beginning in)	<b>(a)</b> 20	)16	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) Total
	obbying nontaxable amount						
	obbying ceiling amount 150% of line 2a, column(e))						
c T	otal lobbying expenditures						
4 0	tracaracta nontavable amount						
	arassroots nontaxable amount						
	irassroots ceiling amount 150% of line 2d, column (e))						
(1	15070 Of liftle 2d, Coldifilit (e))						
<u>f</u> G	rassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(k	p)
of the	e lobbying activity.	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? $\dots$	X	37		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X X		
e	Publications, or published or broadcast statements?		X		
Ť	Grants to other organizations for lobbying purposes?	X	Λ		900.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	_ A	Х		900.
n :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
':	Other activities?		21		900.
J I	Total. Add lines 1c through 1i		Х		<u> </u>
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A   Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), secti				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	l "No" OF	R (b) Part	III-A, lin	e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	p list); Part I	I-A, lines 1 a	and 2 (see	
	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	RT II-B, LINE 1G				
STI	AFF TIME SPENT LOBBYING FOR FUNDING AND PROVIDING T	ESTIMO	DNY.		

#### 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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2019

Open to Public Inspection

OAHU RESOURCE CONSERVATION AND Name of the organization Employer identification number 94-3279682 DEVELOPMENT COUNCIL Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) ALTERNATIVE STRUCTURES INSTALL BMPS FOR INTERNATIONAL - 86-660 LUALUALEI WATERSHED RESTORATION HOMESTEAD ROAD - WAIANAE, HI 96792 99-0196090 6,965 0 MA'O ORGANIC FARMS P.O. BOX 441 INSTALL BMPS FOR WAIANAE, HI 96792 99-0350803 WATERSHED RESTORATION 5,945 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

Page 2

OAHU RESOURCE CONSERVATION AND 94-3279682 DEVELOPMENT COUNCIL Schedule I (Form 990) (2019) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance INSTALL BMPS FOR WATERSHED RESTORATION 13 68,233 0. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: ONCE GRANT FUNDS ARE AWARDED, CONTRACTS ARE SIGNED WITH GRANTEES, WHICH INCLUDE PROVISIONS TO SUPPLY REGULAR REPORTS AND SUBMIT REQUEST FOR REIMBURSEMENT TO INCLUDE PROOF OF PAYMENT. THE FINAL PAYMENT IS HELD UNTIL

THE PROJECT IS COMPLETE, AS VERIFIED BY A SITE VISIT, AND A FINAL REPORT HAS BEEN SUBMITTED AND ACCEPTED.

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

OAHU RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL

Employer identification number 94-3279682

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RESOURCES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FULL BOARD HAS HAD THE OPPORTUNITY TO REVIEW THE COMPLETED FORM PRIOR
TO SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE ASKED ANNUALLY TO SIGN A CONFLICT OF INTEREST STATEMENT
AND BOARD MEMBERS ARE ASKED TO IDENTIFY ANY CONFLICTS OF INTEREST WHEN
TOPICS ARE DISCUSSED/VOTED ON AT MEETINGS.
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, POLICIES AND PROCEDURES AND
APPLICATION FOR RECOGNITION OF EXEMPTION ARE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
ROUNDING 1.