

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047
2012
 Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the **2012** calendar year, or tax year beginning **OCT 1, 2012** and ending **SEP 30, 2013**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
HAWAII ISLAND ECONOMIC DEVELOPMENT BOARD
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
117 KEAWE ST 107
 City, town, or post office, state, and ZIP code
HILO, HI 96720

D Employer identification number
99-0227270

E Telephone number
8089352180

F Name and address of principal officer **JACQUI L HOOVER**
117 KEAWE ST STE 107, HILO, HI 96720

G Gross receipts \$ **204,950.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.HIEDB.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1984** **M** State of legal domicile: **HI**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE AND PROMOTE PRIVATE SECTOR SUPPORT AND EXPERTISE FOR BALANCED GROWTH IN HAWAII COUNTY IN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	83,690.	74,210.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	360,442.	101,735.
	11 Other revenue (Part VIII, column (A), lines 5, 6a, 8, 9, 10, and 11a)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,193.	15,003.
	13 Grants and similar amounts paid (Part IX, column (A), line 1)	449,325.	190,948.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	59,473.	57,895.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	372,362.	156,068.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	431,835.	213,963.	
19 Revenue less expenses Subtract line 18 from line 12	17,490.	-23,015.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	102,876.	168,132.
	22 Net assets or fund balances Subtract line 21 from line 20	50,722.	138,993.
		52,154.	29,139.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *[Signature]* Date: **9-08-2014**
DAVID HONMA, TREASURER
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **NANCY JEAN KRAMER CPA** Preparer's signature: *[Signature]* Date: **09/05/14** Check if self-employed: PTIN: **P00744889**
 Firm's name: **NANCY J. KRAMER, CPA** Firm's EIN: **27-2785810**
 Firm's address: **P.O. BOX 1519 PAHOA, HI 96778** Phone no.: **(808) 965-2729**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

90-16

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

[X]

1 Briefly describe the organization's mission
TO PROVIDE AND PROMOTE PRIVATE SECTOR SUPPORT AND EXPERTISE FOR
BALANCED GROWTH IN HAWAII COUNTY IN PARTNERSHIP WITH FEDERAL, STATE,
COUNTY AND PRIVATE 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? [] Yes [X] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 5,338. including grants of \$) (Revenue \$ 12,473.)
THIRTY METER TELESCOPE: COLLABORATING AND COORDINATING WITH CALIFORNIA
INSTITUTE OF TECHNOLOGY TMT OBSERVATORY CORPORATION, THESE FUNDS WERE
USED FOR: 1)PUBLIC OUTREACH AND EDUCATION INCLUDING NUMEROUS PUBLIC
INFORMATION, STAKEHOLDER AND FOCUS GROUP MEETINGS IN AN EFFORT TO
PROVIDE ACCURATE INFORMATION WHILE SIMULTANEOUSLY SECURING INFORMATION
FROM A BROAD CROSS SECTION OF STAKEHOLDERS AND RESIDENTS TO ENSURE THAT
COMMUNITY INTERESTS, CONCERNS AND EXPECTATIONS ARE INTEGRATED INTO BOTH
SHORT AND LONG-TERM OBJECTIVES OF TMT; 2) PRESENTATIONS IN K-12
CLASSROOMS IN COLLABORATION WITH TEACHERS IN SUPPOERT OF SCIENCE,
TECHNOLOGY, ENGINEERING AND MATHEMATICS (STEM) RELATED SUTDIES,
INCLUDING SUPPORT OF SCIENCE AND ENGINEERING FAIR; 3) PRESENTATIONS TO
COMMUNITY COLLEGE AND UNIVERSITY STEM CLASSES; 4) PLANNING AND

4b (Code) (Expenses \$ 22,620. including grants of \$) (Revenue \$ 27,750.)
DANIEL K. INOUE HIGHWAY: PLANNING, COORDINATION, AND FACILITATION
SUPPORT: ROAD OPENING DEDICATION AND RENAMING CEREMONY OF NEW HIGHWAY
EXTENSION FROM SADDLE ROAD TO THE DANIEL K. INOUE HIGHWAY. DATE OF
CEREMONY: SEPTEMBER 7, 2013.

4c (Code) (Expenses \$ 12,098. including grants of \$) (Revenue \$ 12,065.)
ASTRONOMY WORKFORCE INITIATIVE: FUNDING PROVIDED BY THE COUNTY OF
HAWAII AND THE TMT CORPORATION WITH IN-KIND CONTRIBUTION FROM HIEDB FOR
THE DEVELOPMENT OF A COMMUNITY SCIENCE AND TECHNOLOGY WORKFORCE
PIPELINE TO EXPAND THE NUMBER OF LOCAL WORKERS QUALIFIED TO FILL FUTURE
JOB OPENINGS IN THIS AREA.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 31,623. including grants of \$) (Revenue \$ 49,447.)

4e Total program service expenses 71,679.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
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 any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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		X
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		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, foreign accounts, and charitable contributions.

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.

Check if Schedule O contains a response to any question 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 in Schedule O.		
	15		
1b	Enter the number of voting members included in line 1a, above, who are independent.		
	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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.	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **HI**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in 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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **JENNIFER HAMILTON - (808)935-2180**
117 KEAWE STREET SUITE 107, HILO, HI 96720

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES TAKAMINE CHAIRMAN	5.00	X		X				0.	0.	0.
(2) GREG CHUN IMMEDIATE PAST CHAIR	5.00	X		X				0.	0.	0.
(3) MIKE KALEIKINI SECRETARY	5.00	X		X				0.	0.	0.
(4) DAVE HONMA TREASURER	5.00	X		X				0.	0.	0.
(5) ROBERTA CHU DIRECTOR	5.00	X						0.	0.	0.
(6) LEE ANN CRABBE DIRECTOR	5.00	X						0.	0.	0.
(7) NAHUA GUILLOZ DIRECTOR	5.00	X						0.	0.	0.
(8) RICHARD HA DIRECTOR	5.00	X						0.	0.	0.
(9) RICHARD HENDERSON DIRECTOR	5.00	X						0.	0.	0.
(10) JAY IGNACIO DIRECTOR	5.00	X						0.	0.	0.
(11) ASHLEY KIERKIEWICZ DIRECTOR	5.00	X						0.	0.	0.
(12) MARVIN MIN DIRECTOR	5.00	X						0.	0.	0.
(13) MIKE SAYAMA DIRECTOR	5.00	X						0.	0.	0.
(14) BARRY TANIGUCHI DIRECTOR	5.00	X						0.	0.	0.
(15) BILL WALTER DIRECTOR	5.00	X						0.	0.	0.
(16) JACQUI HOOVER EXEC DIR/CHIEF OPERATIONS	20.00			X				45,000.	0.	7,327.

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	74,210.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		74,210.			
Program Service Revenue	2 a ECONOMIC PROGRAMS	Business Code	101,735.	101,735.		
		541900				
	b					
	c					
	d					
	e					
	g Total. Add lines 2a-2f		101,735.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	29,005.			
		b Less direct expenses	b	14,002.		
c Net income or (loss) from fundraising events			15,003.		15,003.	
9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11	a					
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		190,948.	101,735.	0.	15,003.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	45,000.	2,371.	42,629.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	7,328.	364.	6,964.	
10 Payroll taxes	5,567.	276.	5,291.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	28,684.		28,684.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,303.	2,367.	1,936.	
12 Advertising and promotion				
13 Office expenses	2,857.		2,857.	
14 Information technology				
15 Royalties				
16 Occupancy	12,943.		12,943.	
17 Travel	25,883.	6,040.	19,843.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,586.	830.	4,756.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,601.		1,601.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY OUTREACH & ED	60,586.	57,420.	3,166.	
b COMMUNICATION & TELEPHO	5,498.	88.	5,410.	
c EQUIPMENT RENTAL	2,463.		2,463.	
d MATERIALS & SUPPLIES	2,086.	1,700.	386.	
e All other expenses	3,578.	223.	3,355.	
25 Total functional expenses. Add lines 1 through 24e	213,963.	71,679.	142,284.	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)

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	60,917.	1	117,281.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	39,928.	4	48,569.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,031.	9	2,282.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 19,668.		
	b Less accumulated depreciation	10b 19,668.	10c 0.	0.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	102,876.	16	168,132.	
Liabilities	17 Accounts payable and accrued expenses	26,039.	17	15,037.
	18 Grants payable		18	
	19 Deferred revenue	13,338.	19	105,897.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	11,345.	21	18,059.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	50,722.	26	138,993.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	51,594.	27	29,139.
	28 Temporarily restricted net assets	560.	28	0.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	52,154.	33	29,139.	
34 Total liabilities and net assets/fund balances	102,876.	34	168,132.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	190,948.
2	Total expenses (must equal Part IX, column (A), line 25)	2	213,963.
3	Revenue less expenses. Subtract line 2 from line 1	3	-23,015.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,154.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	29,139.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a 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?
- 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

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2012

Open to Public
Inspection

Name of the organization

HAWAII ISLAND ECONOMIC DEVELOPMENT BOARD

Employer identification number

99-0227270

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 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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 _____
- 5 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)**.
- 7 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)
- 9 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:
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e 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).
- f 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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 33 1/3% support test - 2011. 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 and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
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 ► <input type="checkbox"/>			

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	477,881.	81,750.	86,000.	83,690.	74,210.	803,531.
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		190,764.	192,292.	360,442.	101,735.	845,233.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	477,881.	272,514.	278,292.	444,132.	175,945.	1,648,764.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						1,648,764.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	477,881.	272,514.	278,292.	444,132.	175,945.	1,648,764.
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 acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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 assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	477,881.	272,514.	278,292.	444,132.	175,945.	1,648,764.

14 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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	.00 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

HAWAII ISLAND ECONOMIC DEVELOPMENT BOARD

Employer identification number

99-0227270

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	11,345.
d Additions during the year	26,000.
e Distributions during the year	19,286.
f Ending balance	18,059.

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	19,668.		19,668.	0.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 0.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	

2. FIN 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART IV, LINE 1B: PASS THRU: JOURNEY THROUGH THE UNIVERSE

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF TOURNAMENT (event type)	GOLF TOURNAMENT S (event type)	NONE (total number)	(add col (a) through col. (c))
Revenue	1	Gross receipts	14,005.	15,000.	29,005.
	2	Less Contributions			
	3	Gross income (line 1 minus line 2)	14,005.	15,000.	29,005.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	1,063.	642.	1,705.
	6	Rent/facility costs	1,228.	1,317.	2,545.
	7	Food and beverages	600.	550.	1,150.
	8	Entertainment	1,522.	1,316.	2,838.
	9	Other direct expenses	2,459.	3,305.	5,764.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(14,002)
	11	Net income summary. Combine line 3, column (d), and line 10			15,003.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

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.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

HAWAII ISLAND ECONOMIC DEVELOPMENT BOARD

Employer identification number

99-0227270

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

PARTNERSHIP WITH FEDERAL, STATE, COUNTY AND PRIVATE RESOURCES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IMPLEMENTATION OF AN ENERGY ROUNDTABLE TO DISCUSS ENERGY NEEDS,
CHALLENGES AND OPPORTUNITIES FOR INTEGRATING RENEWABLE ENERGY INTO TMT
OPERATIONS.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERS OF THE ORGANIZATION ARE
BUSINESS AND COMMUNITY LEADERS ON HAWAII ISLAND.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF THE ORGANIZATION FORM A
NOMINATING COMMITTEE TO PROPOSE OFFICERS FROM THE ACTIVE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 TAX RETURNS IS
PROVIDED TO ALL OF THE BOARD MEMBERS AND IS REVIEWED BY THE TREASURER PRIOR
TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD, OFFICERS AND MANAGEMENT
EMPLOYEES RECONGIZE THE AREAS OF CONFLICTING INTEREST AND ARE COMMITTED TO
DISCLOSE ANY SUCH INSTANCES BEFORE ANY TRANSACTION IS CONSUMMATED.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF THE EXECUTIVE
DIRECTOR IS DETERMINED BY THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR
PERFORMS YEARLY PERFORMANCE APPRAISALS OF EMPLOYEES.

Name of the organization

HAWAII ISLAND ECONOMIC DEVELOPMENT BOARD

Employer identification number

99-0227270

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, TAX RETURNS AND FINANCIAL STATEMENTS OF THE ORGANIZATION ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Enter filer's identifying number, see instructions		
Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	HAWAII ISLAND ECONOMIC DEVELOPMENT BOARD	99-0227270
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions.	Social security number (SSN)
	117 KEAWE ST, NO. 107	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	HILO, HI 96720	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JENNIFER HAMILTON

- The books are in the care of **117 KEAWE STREET SUITE 107 - HILO, HI 96720**
Telephone No. **(808) 935-2180** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until **AUGUST 15, 2014**
- For calendar year _____, or other tax year beginning **OCT 1, 2012**, and ending **SEP 30, 2013**
- If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return
 Change in accounting period
- State in detail why you need the extension

ADDITIONAL TIME IS REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN AND PROVIDE FOR REVIEW BY THE BOARD OF DIRECTORS.

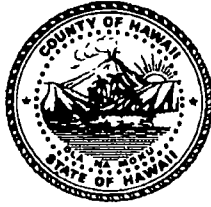
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

William P. Kenoi
Mayor



Walter K.M. Lau
Managing Director

Randall M. Kurohara
Deputy Managing Director

County of Hawai'i
Office of the Mayor

25 Aupuni Street, Suite 2603 • Hilo, Hawai'i 96720 • (808) 961-8211 • Fax (808) 961-6553
KONA 74-5044 Ane Keohokalole Hwy, Bldg C • Kailua-Kona, Hawai'i 96740
(808) 323-4444 • Fax (808) 323-4440

WHEREAS, Act 111 of the 2014 Hawai'i State Legislature, provides for the establishment of County organizations for emergency management and disaster relief with the Mayor having direct responsibility and authority over emergency management within the County; and

WHEREAS, Act 111 of the 2014 Hawai'i State Legislature and Chapter 7, Articles 1 and 2 of the Hawai'i County Code, establishes a Civil Defense Agency within the County of Hawai'i, and prescribes its powers, duties, and responsibilities, and Section 13-23 of the Hawai'i County Charter empowers the Mayor of the County to declare emergencies; and

WHEREAS, the National Weather Service at 11:00 a.m. on August 6, 2014, issued a Hurricane Warning in Advisory Number 27 advising that Hurricane Iselle had entered Hawaiian waters and was located at 17.2 North Latitude/145.9 West Longitude or 625 miles east of Hilo, Hawai'i as a Category 1 hurricane with maximum sustained winds of 90 mph and higher gusts; and

WHEREAS, a Warning means that hurricane conditions can occur any time within the next 36 hours; and

WHEREAS, conditions associated with hurricanes and tropical storms include but are not limited to storm surge, high surf, high wind, flash flooding and heavy rain; and

WHEREAS, due to the possibility of property damage and/or bodily injury to residents of Hawai'i Island, and the need for government agencies and representatives from the private sector to mobilize and provide immediate services to our island residents, a state of emergency is authorized pursuant to Act 111 of the 2014 Hawai'i State Legislature, and Chapter 7 of the Hawai'i County Code.

NOW, THEREFORE, I, WILLIAM P. KENOI, Mayor of the County of Hawai'i, do hereby proclaim and declare that a state of emergency exists on the Hawai'i Island, effective ~~6:00 pm~~ August 7, 2014, and continuing thereon for 60 days or until further act by this office.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Seal of the County of Hawai'i to be affixed. Done this 7th day of August, 2014, in Hilo, Hawai'i.

WILLIAM P. KENOI
Mayor, County of Hawai'i



Hurricane and storm update Power restoration update on Hawaii Island and official statement from president Jay Ignacio. [Read more >](#)

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Power restoration update for Hawaii Island

FOR IMMEDIATE RELEASE
August 10, 2014, 11 00 AM

[Download printable version \(pdf\)](#)

Contact
(808) 969-0273

HILO, Aug. 10, 2014 (11 00 a.m.) – Hawaii Electric Light crews continue to work on restoring power as quickly as possible to customers who lost electricity as a result of Tropical Storm Iselle. About 8,100 customers (approximately 10 percent of total Hawaii Island customers) remained without power, mostly in the Puna District but also in smaller pockets on the east side of the island. Power was restored to a portion of Hawaiian Paradise Park late Saturday afternoon.

Crews have made significant progress repairing the main transmission lines that serve as the backbone of the island's electric grid, making the overall system more stable. Now crews can focus their attention on restoring power to individual neighborhoods.

Customers who have not yet reported their outage should call 969-6666 to report it.

Customers who are still without power at this time should expect an extended outage into next week and, in some cases, much longer.

Hawaii Electric Light will continue to prioritize work that will bring service back to the largest number of customers while keeping the grid stable. This systematic approach will help ensure that power will stay on once restored. For example, on Saturday, crews restored power to major roads in Hawaiian Paradise Park. This work brought the power back on for customers on Kaloli, Beach Road, and parts of Paradise Drive. By fixing the lines that bring power into the neighborhood, crews can now focus on individual streets in Hawaiian Paradise Park.

Hawaii Electric Light urges customers to remember downed power lines should be considered dangerous. Do not approach a downed line or attempt to move it. If you see someone injured by a downed line, call 9-1-1 for assistance.

Customers are asked to check that stoves and other appliances are turned off or unplugged to avoid safety hazards or damage to their appliances as power is restored.

Hawaiian Electric and Maui Electric are sending crews, vehicles and other equipment to assist with the restoration. In addition, contracted construction and tree-trimming companies are also participating. Collectively, this will nearly triple the number of crews in the field conducting damage assessment and working to restore power to customers.

All workers participating with the restoration process will be wearing badges identifying them as employees of Hawaii Electric Light, Hawaiian Electric, Maui Electric, or an approved utility contractor. Customers should feel free to ask for proper identification if approached by someone who says they are from Hawaii Electric Light or any other organization. Utility company vehicles are clearly marked. Approved contractors have signs for their vehicles indicating they are working on behalf of the company.

Hawaii Electric Light's business offices will reopen for normal business on Monday. Some services, such as new service requests, may be delayed as work crews focus on the restoration effort. Statement from Jay Ignacio, president of Hawaii Electric Light.

We understand the frustration of our customers who are still without power and sincerely apologize to them. We understand that customers want estimated restoration times so they can plan. Unfortunately, the extent of damage is worse than anything we've ever seen here. We're working on providing more specific, reliable estimates and hope to do so by tomorrow (Monday) morning. Customers without power should expect to remain without it well into next week, if not longer. Again, we apologize and ask for their continued patience.

"Our first priority was to repair our high-voltage transmission lines. With the backbone of the island's electric system restored, and our grid more stable, crews can start working on restoring neighborhood circuits for customers who are still without power."

When Iselle hit Hawaii Island, the wind and rain caused trees to topple and fly into power lines, breaking lines and poles. We were in a very precarious situation at the end of last week. As Iselle hit our island, we started losing our transmission lines – the backbone of our electric grid – and came very close to losing the whole island. Of the 35 transmission lines on the island, we lost more than half during the storm. Both the north and south transmission lines were lost as well as the transmission lines serving Puna Geothermal Venture.

As soon as Iselle passed, crews began working to repair the high voltage transmission lines. Some of these lines could be restored through automatic switching.

But others, like the line that runs from Papaikou to Kalopa Mauka/Makai, have to be partially rebuilt. Some of the broken poles were on very high embankments. Crews worked around the clock to rebuild this section of the line, only to have another tree fall onto lines in another area.

The transmission line serving Puna Geothermal Venture goes through a forested area near Nanawale Estates, and our crews cannot reach this line because of the many fallen trees. That area has at least 19 broken poles and will take a very long time to rebuild, starting with bulldozers to clear a path for trucks and crews. We were working on an alternate transmission line in an effort to get PGV back into service, but changed our focus early Sunday to restore customers as soon as we safely can.

We thank our customers for their efforts to reduce energy use on Friday so we could meet the energy demands of the whole island."



WILLIAM P. KENOI
MAYOR



NEIL ABERCROMBIE
GOVERNOR

FOR IMMEDIATE RELEASE

Aug. 12, 2014

JOINT COUNTY & STATE ISELLE RECOVERY EFFORT CONTINUES

HILO, Hawaii – The County of Hawaii and the State of Hawaii are continuing to work together to assist those recovering from damage caused by Tropical Storm Iselle. Joint teams of Hawaii County employees, National Guard soldiers, volunteers, and private contractors have been visiting homes to do wellness checks in the hardest hit areas, providing essential items to residents, and conducting on the ground and aerial damage assessments.

“We would like to give a big mahalo to everyone—county, state, private, and volunteers—working tirelessly to get relief to our families in Puna who have been suffering since Iselle hit last Thursday,” said Mayor Billy Kenoi. “We will continue to work together to get our community members back on their feet.”

Gov. Neil Abercrombie shared that he will issue a supplemental state proclamation to extend the state of emergency. The supplemental proclamation will continue to provide authorities and protections to support the County of Hawaii in disaster recovery efforts. “The state is looking at all options to support Mayor Kenoi and the Hawaii people affected by Iselle,” said Gov. Abercrombie.

The Hawaii Emergency Management Agency is working with Hawaii County Civil Defense to expedite a request for supplemental federal aid. While the county, with state support, is responsible for on-the-ground emergency response efforts, programs made available through supplemental federal aid include funds to rebuild damaged public infrastructure (e.g., roads and bridges) and federal aid to households and businesses that qualify.

###

MEDIA CONTACT:

Shelly Kunishige
Public Information Officer
808-733-4300 or 808-620-5408
askcivildefense@scd.hawaii.gov



Governor of the State of Hawaii
Neil Abercrombie (<http://governor.hawaii.gov>)

(<http://governor.hawaii.gov>)

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([http //governor.hawaii.gov/blog/category/newsroom/press-releases/](http://governor.hawaii.gov/blog/category/newsroom/press-releases/)) » [Governor Sends Request for Presidential Disaster Declaration in Response to Tropical Storm Iselle](#)

GOVERNOR SENDS REQUEST FOR PRESIDENTIAL DISASTER DECLARATION IN RESPONSE TO TROPICAL STORM ISELLE

Posted on Aug 21, 2014 in [Latest News](#)

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(<http://governor.hawaii.gov/blog/category/newsroom/press-releases/>)

HONOLULU – Gov. Neil Abercrombie today signed a request for a Presidential Disaster Declaration asking for federal assistance to help pay for damage caused by Tropical Storm Iselle, which impacted Hawaii from Aug. 7 to 9, 2014.

The request seeks Individual Assistance for Hawaii County. Individual Assistance would make additional funding, loans and services available to affected residents.

For updates on Iselle recovery efforts, visit the Hawaii Emergency Management Agency website at: scd.hawaii.gov (<http://scd.hawaii.gov>)

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