Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

A F	or th	e 2023 cale	endar year, or tax year beginning	and endi	ing					
_			C Name of organization				D Employe	er identification nu	umber	
3 c	heck if a	pplicable:	HAWAII EXECUTIVE COLLABOR	ATIVE						
	Addre	ss change	Doing business as				84-40	41099		
	Name	change	Number and street (or P.O. box if mail is not of	elivered to street address)	Ro	om/suite	E Telephone number			
	Initial	return	827 FORT STREET MALL, 2ND	FLOOR			(808)	523-5644		
	Final r	eturn/terminated	City or town, state or province, country, and z	IP or foreign postal code			G Gross re	eceipts \$		
	Amend	ded return	HONOLULU, HI 96813					2,966,3	57.	
	Applic	ation pending	F Name and address of principal officer: DU	ANE KURISU			s a group return		X No	
	_		827 FORT STREET MALL, 2ND	FLOO, HONOLULU, HI	96813		rdinates? all subordinates i	ncluded? Yes	No	
ı	Tax-ex	empt status:	<u> </u>	(insert no.) 4947(a)(1) or	527			t. See instructions.		
J	Webs	ite: WW	W.HEC.ORG			H(c) Grou	up exemption i	number		
<u> </u>	Form	of organization		on Other	L Year of			of legal domicile:	HI	
	art I	Summ				202	0			
	1		scribe the organization's mission or most si	onificant activities: WE MORTI	LTZE I	.EADERS TO	COMMI	T TOWARD T	THE.	
Φ	•	•	, WELLNESS, AND PROSPERITY					1 TOWARD .		
Governance		THE WO		OF HAWAT I AND 115	CENTI	CALL FLACE	TIN			
ž	2			und its energions or dispose	ad of m	ore then 250	/ of ito	ant popula		
Š	2	Check this		ued its operations or dispose			1 1	iei asseis.	1	
ა გ	3		voting members of the governing body (Pi						4	
	4		independent voting members of the gove						4	
Activities	5		ber of individuals employed in calendar yea						2	
ć	6		ber of volunteers (estimate if necessary)						4	
٩			lated business revenue from Part VIII, colun	* *					NONE	
	b	Net unrela	ted business taxable income from Form 99	0-T, Part I, line 11					NONE	
						Prior Y	'ear	Current Y	ear	
e	8		ons and grants (Part VIII, line 1h)			2,75	3,825.	2,435	<u>,143.</u>	
enr	9	Program s	ervice revenue (Part VIII, line 2g)			64	3,497.	530	<u>,950.</u>	
Revenue	10	Investmen	t income (Part VIII, column (A), lines 3, 4, a	nd 7d)			56.		264.	
	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)	[NONE		NONE	
	12	Total reve	nue - add lines 8 through 11 (must equal P	art VIII, column (A), line 12)		3,39	7,378.	2,966	,357.	
	13	Grants an	d similar amounts paid (Part IX, column (A),	lines 1-3)		26	8,868.	206	,204.	
	14	Benefits p	aid to or for members (Part IX, column (A),	ine 4)	[NONE		NONE	
ç	15		other compensation, employee benefits (Par		Г	26	3,533.	301	,662.	
Expenses	16 a		nal fundraising fees (Part IX, column (A), line				NONE		NONE	
é			raising expenses (Part IX, column (D), line 2							
ω	17	Other expe	enses (Part IX, column (A), lines 11a-11d, 1	· —		3,28	0,102.	2,209	,660.	
	18		nses. Add lines 13-17 (must equal Part IX,		Г		2,503.	2,717		
	19		ess expenses. Subtract line 18 from line 12				5,125.		,831.	
e o					• • • • •	Beginning of Cu		End of Yea		
Net Assets or Fund Balances	20	Total asse	ts (Part X, line 16)		ŀ		1,649.	1,023		
Ass Bal	21		ities (Part X, line 26)				8,744.		,714.	
E E	22		s or fund balances. Subtract line 21 from lin		Г		2,905.		,736.	
	rt II		ure Block			0 1	2,000.	071	, , , , , ,	
			jury, I declare that I have examined this return,	including accompanying schedules a	and statem	ents and to the	hest of my	knowledge and be	elief it is	
true	e, corre	ect, and comp	plete. Declaration of preparer (other than officer)	s based on all information of which pr	reparer has	any knowledge.				
							11/12/	2024		
Sig	n	Signature o	f officer			l Da		2024		
Hei		•								
	}	DUANE Type or prin	KURISU It name and title	PRESIDENT	Τ.					
				r's signature E	Date			PTIN		
aid	ı	1		i o signature L	Jaie	Chec	"			
	oarer	STEVEN	T RUTTI					P00775456		
•	Only	Firm's nam	e ERNST & YOUNG U.S. LL	P		Firm's Ell		4-6565596		
_		Firm's addr				Phone no		02-322-300	00	
			ss this return with the preparer showr						No	
-or	Pane	rwork Rad	uction Act Notice, see the separate instru-	rtions				Form 990	(2023)	

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Pa	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	·
	SEE SCHEDULE O
_	Did the experimetion undertake any significant program contines during the year which were not listed on the
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
2	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?
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 \$ 1,113,095. including grants of \$ NONE) (Revenue \$ 12,650.)
	SEE SCHEDULE O
4b	(Code:) (Expenses \$ 790,579. including grants of \$ NONE) (Revenue \$ 518,300.)
	HAWAII EXECUTIVE CONFERENCE
	HAWAII EXECUTIVE CONFERENCE EXPLORES INNOVATIVE IDEAS AND
	SOLUTIONS TO STRENGTHEN HAWAII'S FUTURE BY BRINGING TOGETHER
	THOUGHT LEADERS AND DECISION MAKERS FROM THE ISLANDS AND BEYOND.
	THE CONFERENCE AND POST-CONFERENCE COLLABORATION THAT FOLLOWS ADDRESSES A RANGE OF TOPICS THAT HAVE REVELANCE IN HAWAII,
	INCLUDING COMMUNITY AND ECONOMY, HEALTH AND WELFARE, ARTS AND
	CULTURE, NATURAL ENVIRONMENT AND ENERGY, GOVERNMENT AND POLICY,
	LEADERSHIP AND EDUCATION.
_	(0.1
4C	(Code:) (Expenses \$143,619. including grants of \$143,619.) (Revenue \$)
	SEE SCHEDULE O
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O
	(Expenses \$ 254,923. including grants of \$ 62,585.) (Revenue \$ NONE)
4e	Total program service expenses 2.302.216.

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Part IV Checklist of Required Schedules

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	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		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? If "Yes," complete Schedule C, Part II	4		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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? If			
	"Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV	9		X
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		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.			
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	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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	X	
	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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?	14a		X
D	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	446		37
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
13	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		X
10	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	10		
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	'		
.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	''		22
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		X
	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	-55		
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Part IV Checklist of Required Schedules (continued)

rail	Checklist of Required Schedules (Continued)		V	N1-
	Pild		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		_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	23	X	
24 a	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	l		
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	l		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		_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?	051		3.7
00	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%	26		v
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	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	27		v
20	persons? If "Yes," complete Schedule L, Part III	27		X
28				
_	Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	<u> </u>		
-	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 32			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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Par	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, filed for the calendar year ending with or within the year covered by this return 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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 solicit 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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	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?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		Х
•	sponsoring organization have excess business holdings at any time during the year?	0		Λ
	Sponsoring organizations maintaining donor advised funds. Did the opposition make any tayable distributions under costion 40662	9a		Х
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		X
	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			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against 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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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			
	Enter the amount of reserves on hand	44-		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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	15		v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		21
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
• •	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes " complete Form 6069			

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84-4041099 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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

Sect	ion 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	1a	4			
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	4	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela		ip with			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or un					3.7
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file			5		X
5	Did the organization become aware during the year of a significant diversion of the organization's a			6		<u>X</u>
6	Did the organization have members or stockholders?					
7a	Did the organization have members, stockholders, or other persons who had the power to ele			7a		Х
L	one or more members of the governing body?			- "		
b	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions unde					
Ū	the year by the following:	itaken	during			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?.			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	rnal R	evenue	Code	_	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of s	such ch	napters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes	?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil	ing the	form? .	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			40.		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests the	hat cou	ıld give	12b	Х	
	rise to conflicts?			120	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the po	-		12c	Х	
4.0	describe on Schedule O how this was done			13	- 1	X
13 14	Did the organization have a written whistleblower policy?			14		X
1 4 15	Did the process for determining compensation of the following persons include a review and					
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	rarran	gement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization t	o eval	uate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),		nd 990-1	(sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that app		O)			
	Own website Another's website X Upon request Other (explain on Sch		•			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docum	ents, c	conflict o	t inter	est p	olicy,
20	and financial statements available to the public during the tax year.	، مامم	ا معالمه	_		
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	nd record	S.		

LYNELLE MARBLE 827 FORT STREET MALL, 2ND FLOOR HONOLULU, HI 96813 808-523-5644

Form **990** (2023)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

	<u> </u>	Ť								
(A) Name and title	(B) Average hours per week	box,	unle	Pos heck ss pe	erson	e than o is both tor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) LYNELLE MARBLE	45.00									
EXECUTIVE DIRECTOR	NONE			Х				154,313.	NONE	NONE
(2) DUANE KURISU	3.00			21				131,313.	NONE	NONE
PRESIDENT/SECRETARY	NONE	X		Х				NONE	NONE	NONE
(3) MICAH KANE	1.00							110112	1,01,2	110112
VICE PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(4) RAY VARA	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(5) ANN TERANISHI	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)		-								

Form **990** (2023)

	orm 990 (2023) Page 8											
Pa	art VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and F	Higl	hest Compensat	ed Employees (c	ontinued)	
	(A) Name and title			not check more than one compensation compe			Reportable Reportable compensation compensation compensation				ited	
		hours for related organizations below dotted line)	1				or/tru Highest compensated		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	othe compens from to organize and rel organize	sation he ation ated
	Sub-total							>	154,313.	NONE		NON:
	Total from continuation sheets to Part VII, S	-							NONE			NON
	Total (add lines 1b and 1c)	limited to t					e) who	o re	154,313. ceived more than	NONE \$100,000 of		NON
	Toportable compensation from the organization										Ve	s No
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Sched										3	X
4	For any individual listed on line 1a, is the organization and related organizations grandividual	sum of repeater than	oortab \$15	ole o 50,0	com 00?	pen If	satio	n aı s,"	nd other compens	sation from the le J for such		ζ.
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on f	from	n any	un	related organization	on or individual	5	X
Se	ection B. Independent Contractors	oo, comple	.0 001	iout	110 0	101	Julii	μσι	00//			
1	•											

(A) SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 1

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84-4041099

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to an	y line in this Part V	/111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
عَ ق	С	Fundraising events 1c					
fts ar	d	Related organizations 1d					
ig igi	е	Government grants (contributions) 1e					
ns, Sin	f	All other contributions, gifts, grants,					
atio er.		and similar amounts not included above . 1f	2,435,143.				
j H	g	Noncash contributions included in					
d tr		lines 1a-1f 1g	\$				
a C	h	Total. Add lines 1a-1f		2,435,143.			
			Business Code				
e	2a	REGISTRATION FEES	900099	530,950.	530,950.		
Program Service Revenue	b						
Se	c						
am eve	d						
Reg	u						
Pro	,	All other program service revenue					
	f g	Total. Add lines 2a-2f		530,950.			
	3	Investment income (including dividends,		·			
	"	other similar amounts)		264.			264.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal	-			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c NON	E NONE				
	d	Net rental income or (loss)	1	NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
	/ u	sales of assets	() = 1				
		other than inventory 7a					
ø	b	Less: cost or other basis					
evenue	"	and sales expenses 7b					
ève	_	Gain or (loss) 7c					
~	d	Net gain or (loss)		NONE			
Other		• ' '					
ŏ	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line 1c). See Part IV. line 18 8a	NONE				
		,	NONE				
	b	Less: direct expenses Net income or (loss) from fundraising events	-	NONE			
		` ,		1,01(1)			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
		Less: direct expenses 9b	NONE				
	b C	Net income or (loss) from gaming activities	-	NONE			
		. , , , , , , , , , , , , , , , , , , ,		1,01(1)			
	10a	Gross sales of inventory, less returns and allowances	NONE				
	b	Less: cost of goods sold		NONE			
		2. (1000) 11011 03100 01 1110110191	Business Code	HOME			
Miscellaneous Revenue			245,1000 0000				
ne	11a						
ella Vel	b						
Sce	C C	All other revenue					
Ξ	a			NONE			
	<u>е</u> 12	Total. Add lines 11a-11d		2,966,357.	530,950.	NONE	264.
JSA				2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	330,330.		Form 990 (2023)
	1 2.000 61) 32RV 1018	V23-7.10				14
	ΟŢ	521.7 1010	V25 /.IU				7.7

84-4041099

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 or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 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 and domestic governments. See Part IV, line 21	206,204.	206,204.		·				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE							
4	Benefits paid to or for members	NONE							
5	Compensation of current officers, directors, trustees, and key employees	178,610.	75,000.	103,610.	NONE				
	Compensation not included above to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	NONE							
7	Other salaries and wages	88,947.	19,000.	69,947.					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	NONE							
9	Other employee benefits	NONE							
10	Payroll taxes	34,105.		34,105.					
11	Fees for services (nonemployees):								
а	Management	NONE							
	Legal	738.		738.					
	Accounting	22,039.		22,039.					
	Lobbying	NONE							
	Professional fundraising services. See Part IV, line 17	NONE							
	Investment management fees	NONE							
		SEE SCHE O							
9	Other. (If line 11g amount exceeds 10% of line 25, column	364,169.	301,995.	62,174.					
42	(A), amount, list line 11g expenses on Schedule O.)	28,992.	26,785.	2,207.					
	Advertising and promotion	10,991.	264.	10,727.					
13	Office expenses								
14	Information technology	6,827.	300.	6,527.					
15	Royalties	NONE		F1 F00					
16	Occupancy	51,522.		51,522.					
17	Travel	177,177.	175,691.	1,486.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE							
19	Conferences, conventions, and meetings	8,791.	8,791.						
20	Interest	431.	431.						
21	Payments to affiliates	NONE							
22	Depreciation, depletion, and amortization	12,755.		12,755.					
23	Insurance	533.		533.					
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 O.)								
а	EVENT EXPENSES	799,546.	799,546.						
b	011111111111111111111111111111111111111	624,582.	599,005.	25,577.					
c	PROGRAM SUPPLIES	56,737.	56,737.						
4	BANK CHARGES	17,762.	17,758.	4.					
	All other expenses	26,068.	14,709.	11,359.					
	Total functional expenses. Add lines 1 through 24e	2,717,526.	2,302,216.	415,310.	NONE				
	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)	2,,11,320.	2,302,210.	113,310.	INOINE				
_					- 000 (2222)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in thi	s Part X						
			(A) Beginning of year		(B) End of year				
	1	Cash - non-interest-bearing	415,707.	1	353,187.				
	2	Savings and temporary cash investments	130,073.	2	250,111.				
	3	Pledges and grants receivable, net	. NONE	3	NONE				
	4	Accounts receivable, net		4	280,017.				
	5	Loans and other receivables from any current or former officer, directo							
		trustee, key employee, creator or founder, substantial contributor, or 350							
		controlled entity or family member of any of these persons	. NONE	5	NONE				
	6	Loans and other receivables from other disqualified persons (as define							
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) NONE 6							
S	7	Notes and loans receivable, net			NONE				
Assets	8	Inventories for sale or use			NONE				
As	9	Prepaid expenses and deferred charges		_	18,935.				
	_	Land, buildings, and equipment: cost or other	10112		10,733.				
		basis. Complete Part VI of Schedule D 10a 56,12	05						
	h	Less: accumulated depreciation		100	39,983.				
	11	Investments - publicly traded securities			NONE				
	12	Investments - other securities. See Part IV, line 11			NONE				
	13	Investments - program-related. See Part IV, line 11.			NONE				
	14			14	14,833.				
	15	Intangible assets							
		Other assets. See Part IV, line 11		15	66,384.				
_	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,023,450.				
	17	Accounts payable and accrued expenses	•	17	40,142.				
	18	Grants payable			NONE				
	19	Deferred revenue	1		50,000.				
	20	Tax-exempt bond liabilities			NONE				
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	NONE				
Liabilities	22	Loans and other payables to any current or former officer, directo							
Ĕ		trustee, key employee, creator or founder, substantial contributor, or 35							
<u>ia</u>		controlled entity or family member of any of these persons			NONE				
_	23	Secured mortgages and notes payable to unrelated third parties			NONE				
	24	Unsecured notes and loans payable to unrelated third parties.		24	NONE				
	25	Other liabilities (including federal income tax, payables to related thin							
		parties, and other liabilities not included on lines 17-24). Complete Part							
		of Schedule D		25	41,572.				
	26	Total liabilities. Add lines 17 through 25	. 118,744.	26	131,714.				
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.							
alar	27	Net assets without donor restrictions		27					
ä	28	Net assets with donor restrictions		28					
Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.							
ō	29	Capital stock or trust principal, or current funds	NONE	29	NONE				
ets	30	Paid-in or capital surplus, or land, building, or equipment fund			NONE				
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	891,736.				
Net A	32	Total net assets or fund balances	-	32	891,736.				
ž	33	Total liabilities and net assets/fund balances		33	1,023,450.				
_					Form 990 (2023)				

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Part	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	2,9	66,	<u> 357</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	2			<u>526</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		2	48,	<u>831</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		6	42,	<u>905</u>
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		8	91,	<u>736</u>
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u>			
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	крlain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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?		L	2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted or	ı a			
	separate 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 over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	nt?	L	2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		I .	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

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Form **990** (2023)

SCHEDULE A (Form 990)

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

Department of the Treasury Internal Revenue Service

Nam	lame of the organization Employer identification number							
HAWAII EXECUTIVE COLLABORATIVE 84-4041099					041099			
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ns.
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti		•	•			
3		A hospital or a cooperative						
4		A medical research organiz		conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)(iii). Enter the
_		hospital's name, city, and st						
5		An organization operated		a college or universit	ty owner	d or ope	rated by a governme	ental unit described in
_		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	_			-		and the managed and P
7	X	An organization that norma	-	•	ipport fro	om a go	vernmental unit or tr	om the general public
		described in section 170(b)		·	Dort II \			
8 9		A community trust describe An agricultural research org				anaratad	Lin conjunction with a	land grant college
9		or university or a non-land-	=			-	-	
		university:	grant conege or ag	griculture (see iristruci	110113). LI	iter the i	iame, only, and state of	Title college of
10 11		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio An organization organized	ited to its exempt finent income and uiten after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions me (less complete	s; and (2) no more tha s section 511 tax) from Part III.)	n 331/3 % of its
12		An organization organized a	and operated exclu	sively for the benefit o	of, to per	form the	functions of, or to ca	rry out the purposes o
		one or more publicly suppo	-					
	_	the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	.2e, 12f, and 12g.
а	L	Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	supporting organization. `	-					
b	L							
		control or management of			the sam	e person	s that control or mar	nage the supported
	Г	organization(s). You must	=					
С	L	Type III functionally integ						ily integrated with,
اء م	Г	its supported organization		-				rtad arganization(a)
d	_	Type III non-functionally that is not functionally into			•			= ::
		requirement (see instruct	-	-	-		•	a an attentiveness
е	Г	Check this box if the orga	•	•				II Tyne III
·		functionally integrated, or						II, 1900 III
f	En	ter the number of supported						
g		ovide the following information						
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)								
(B)								
(C)								
(D)								
(E)								

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

Schedule A (Form 990) 2023

JSA 3E1210 1.000

Schedule A (Form 990) 2023 Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	NONE	1,181,505.	2,384,491.	2,753,825.	2,435,143.	8,754,964.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	NONE	1,181,505.	2,384,491.	2,753,825.	2,435,143.	8,754,964.
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)						414,470.
6	Public support. Subtract line 5 from line 4						8,340,494.
	tion B. Total Support						0,310,131.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	NONE	1,181,505.	2,384,491.	2,753,825.	2,435,143.	8,754,964.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		, , , , , ,	21.	56.	264.	341.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						8,755,305.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	1,636,443.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>		, third, fourth,	or fifth tax yea	r as a section s	501(c)(3)
Sec	tion C. Computation of Public Sup	oort Percenta	ge				
14	Public support percentage for 2023 (lin		-			14	<u>%</u>
15	Public support percentage from 2022	Schedule A, Pa	rt II, line 14			15	%
16a	331/3% support test - 2023. If the org	•					
	box and stop here. The organization qu						
b	331/3% support test - 2022. If the org						
	this box and stop here. The organization	•		_			
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets	meets the facts: the facts-and-c	cts-and-circumst ircumstances te	ances test, che st. The organiz	eck this box an ation qualifies	d stop here. Ex as a publicly su	pported
_	organization						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organizing Part VII have the approximation process.	ation meets the	e facts-and-circu	umstances test,	check this box	and stop here.	Explain
	in Part VI how the organization meets			_	· ·		· ·
18	Private foundation. If the organizatio	n did not chec	k a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see
	instructions						\ (Form 000) 2022

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Schedule A (Form 990) 2023 Page **3**

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or 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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
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.					-	
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
500	tion B. Total Support						
	tion B. Total Support	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(6) 2021	(u) 2022	(e) 2023	(i) rotai
9 10 a	Amounts from line 6						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	-					
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2023 (line 8,	• •	•			15	%
16	Public support percentage from 2022 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2023 (lin					17	%
18	Investment income percentage from 2022					18	%
19 a	331/3% support tests - 2023. If the or	-					
	17 is not more than 331/3 %, check this	-	-	•			
b	331/3% support tests - 2022. If the orga						
	line 18 is not more than 331/3 %, check			-			
20	Private foundation. If the organization of	aid not check :	a pox on line 1	14. 19a. or 19b.	, check this bo	x and see instru	ictions

JSA 3E1221 1.000 Schedule A (Form 990) 2023 Page 4

Part IV Supporting Organizations

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

Section A. All	Supporting	Organizations
----------------	------------	----------------------

Secti	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).	5a		
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?	5b 5c		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	30		
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? <i>If</i> "Yes," <i>provide detail in Part VI.</i>	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on 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.	9с		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type III supporting organizations, and all Type III non-functionally integrated			

10b Schedule A (Form 990) 2023

10a

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

 Schedule A (Form 990) 2023
 Page 5

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
2 o o ti	on D. All Type III Supporting Organizations	1		
secu	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	INO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
a	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 Part VI how you supported a governmental entity (see	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported 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 the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
_		_a		
b	Did the activities described on line 2a, above, 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 reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
2		_~		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the 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.	3b		

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Page 6 Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	s	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (expla	in in Part VI) . See
	instructions. All other Type III non-functionally integrated supporting organ	izations r	nust complete Sectio	ns A through E.
Se	ction 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		
	ction 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		
	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):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
_				
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2		2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4		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	lly integra	ated Type III supporting	g organization

Schedule A (Form 990) 2023

(see instructions).

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Schedule A (Form 990) 2023 Page **7**

Sect	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer						
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2023 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	s	(iii) Distributable Amount for 2023		
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2023						
а	From 2018						
b	From 2019						
С	From 2020						
d	From 2021						
е	From 2022						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2023 distributable amount						
i	Carryover from 2018 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2023 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						

Schedule A (Form 990) 2023

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Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.

Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in*

Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

Excess from 2022 . . .

Excess from 2023 . . .

and 4c.

Part V

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Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number Name of the organization HAWAII EXECUTIVE COLLABORATIVE 84-4041099 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an 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 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Part I	Contributors ((see instructions).	Use duplicate co	pies of Part I if add	itional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$175,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$660,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions).	Use duplicate copies of Part I i	f additional space is needed.
--------	----------------------------------	----------------------------------	-------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$67,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$115,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.
Faiti	Noncash Property (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
		\$	

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** HAWAII EXECUTIVE COLLABORATIVE 84-4041099 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2023)

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047 Open to Public

Depa	rtment of the Treasury		Attach to Form 990.		Open to Public
	nal Revenue Service	Go to www.irs.gov/	Form990 for instructions and the latest inform		Inspection
Name	e of the organization			Employer identification	ation number
HAW		E COLLABORATIVE		84-4041	099
Pa			ised Funds or Other Similar Funds o	or Accounts	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds and	other accounts
1	Total number at e	nd of year			
2	Aggregate value of	of contributions to (during year)			
3	Aggregate value of	of grants from (during year)			
4		at end of year			
5			advisors in writing that the assets held	d in donor advised	
	•		e organization's exclusive legal control?		Yes No
6	_		and donor advisors in writing that grant		
	_	=	fit of the donor or donor advisor, or for		
	-				Yes No
Pa		tion Easements			
		e if the organization answered	"Yes" on Form 990, Part IV, line 7.		
1			e organization (check all that apply).		
		n of land for public use (for example		n of a historically im	portant land area
		of natural habitat		n of a certified histo	
		n of open space			
2			eld a qualified conservation contribution	in the form of a cor	servation
	•	ast day of the tax year.			End of the Tax Year
а				2a	
b			S	2b	
c			historic structure included on line 2a	2c	
d			ne 2c acquired after July 25, 2006, and		
u			gister	2d	
3			nsferred, released, extinguished, or terr		anization during the
3	tax year		nsierieu, releaseu, extinguistieu, or terr	illiated by the org	anization during the
4	•		ervation easement is located		
5			garding the periodic monitoring, inspec	ction handling of	
3			sements it holds?		Yes No
6			ecting, handling of violations, and enforcing		
U	Stair and volunteer	mours devoted to monitoring, map	ecting, nariding of violations, and emorcing	y conservation easen	ients during the year
7	Amount of expens	ess incurred in manitoring inches	ting, handling of violations, and enforcing	concorvation cases	sonte during the year
′	Amount of expens	es incurred in monitoring, inspec	ting, nanding of violations, and emorcing	conservation easen	ients during the year
0	Doos oach consor	wation accoment reported on lin	e 2d above satisfy the requirements of se	action 170/b\/4\/P\/i\	
8					
0			conservation easements in its revenue a		Yes No
9				•	
		counting for conservation easeme	otnote to the organization's financial state	ements that describe	S IIIE
Pa			s of Art, Historical Treasures, or Oth	or Similar Assots	
ıα			"Yes" on Form 990, Part IV, line 8.	ei Jililiai Assets	
1a	If the organization of art historical t	n elected, as permitted under FA treasures, or other similar asse	ASB ASC 958, not to report in its reven	ue statement and l	palance sheet works
	service, provide in	Part XIII the text of the footnote	ts held for public exhibition, education to its financial statements that describes	these items.	
b	If the organization	n elected, as permitted under F.	ASB ASC 958, to report in its revenue	statement and bala	ance sheet works of
	art, historical treas	sures, or other similar assets he	ld for public exhibition, education, or re	search in furtheran	ce of public service,
		ing amounts relating to these ite			
	• •				
2	If the organizatio	n received or held works of a	rt, historical treasures, or other similar	assets for financi	al gain, provide the
	following amounts	required to be reported under F	ASB ASC 958 relating to these items:		
а	Revenue included	on Form 990 Part VIII line 1		\$	

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

Assets included in Form 990, Part X.......

Schedule D (Form 990) 2023

Pa	rt III Organizations Maintaini	ng Colle	ections of	Art, Histo	rical Tre	asures	s, or	Other	Similar Ass	sets (c	continue	d)
3	Using the organization's acquisition	n, acces	sion, and o	other recor	ds, check	c any of	f the	follow	ing that mal	ke sigr	nificant us	se of its
	collection items (check all that app	ly).										
а	Public exhibition			d	Loan	or excha	ange	prograr	m			
b	Scholarly research			e 🗀	Other							
С	Preservation for future gene	rations										
4	Provide a description of the organ		collections	s and expla	ain how t	hev fur	ther	the ord	nanization's	exempt	t purpose	in Part
-	XIII.					,			,			
5	During the year, did the organization	n solicit o	or receive o	donations o	fart histo	orical tre	easur	es or o	other similar			
•	assets to be sold to raise funds rath									Г	Yes	No
Pa	rt IV Escrow and Custodial A			aniou uo po		organize	200110	3 001100				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
1a	Is the organization an agent, trus	tee, cust	odian or o	ther interm	nediary fo	or contr	ibutio	ons or	other assets	not		
	included on Form 990, Part X?				-					_	Yes	No
b	If "Yes," explain the arrangement i	n Part XII	II and com	olete the fo	llowing tab	ole.						
	11, 1 p 11 11 11 11 11 11 11 11 11 11 11 11				3				А	mount		
С	Beginning balance						1c					
d	Additions during the year						1d					
۰ و	Distributions during the year						1e					
f	Ending balance					T	1f					
2a	Did the organization include an am							stodial	account liabil	itv?	Yes	No
	If "Yes," explain the arrangement i											\vdash
	rt V Endowment Funds	irr art An	II. Officer II	CIC II tilo C.	Apiariation	Thas bec	cii pi	ovided	in an Am			
ıa	Complete if the organiza	ation ans	wered "Ye	es" on For	m 990 F	Part IV	line	10				
	Complete ii tilo organiza		rrent year	(b) Prio		(c) Two			(d) Three year	e hack	(e) Four y	ears hack
_		(4) 041	Tront your	(6) 1 110	i you	(0)	, your	, such	(u) Thice year	3 Dack	(c) roury	cars back
1 a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage	of the cu	rrent year	end balanc	e (line 1g,	column	(a)) ł	neld as:				
а	Board designated or quasi-endown	nent		%								
b	Permanent endowment	%										
С	Term endowment %											
	The percentages on lines 2a, 2b, a	and 2c sh	ould equal	100%.								
3a	Are there endowment funds not in	the poss	ession of th	ne organiza	ation that	are held	d and	l admin	istered for the	е	_	
	organization by:										Y	es No
	(i) Unrelated organizations?										3a(i)	
	(ii) Related organizations?										3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organi	zations liste	d as require	ed on Sch	edule R	?				3b	
4	Describe in Part XIII the intended u	uses of th	ne organiza	tion's endo	wment fur	nds.					,	
Pa	rt VI Land, Buildings, and Equ Complete if the organize											
	Complete if the organize	ation ans										
	Description of property			other basis tment)	(b) Cost (or other ba ther)	isis		cumulated eciation	(d) Book valu	е
1a	Land		,	-7	,,			'				
b	Buildings											
c	Leasehold improvements						\dashv					
d	Equipment.					56,12	25		16,142.		3.0	,983.
	Other					J J , 1 Z						,,,,,,
	II. Add lines 1a through 1e. (Column		t equal For	n 990. Part	X. line 10	C. colun	nn (B))			3.0	983.

Schedule D (Form 990) 2023

JSA 3E1269 1.000

6132RV 1018 V23-7.10 **32**

Schedule D (F	orm 990) 2023 HAWAII EXECUTIV	/E COLLABORATI	VE 84	1-4041099	Page 3
Part VII	Investments - Other Securities Complete if the organization answered	"Yes" on Form 990), Part IV, line 11b. See Form 990,	Part X, line	12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke		
(1) Financia	al derivatives				
. ,	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(h) maret a mart Farma 000, Florit V (in a 40, and (D))				
	n (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII	Investments - Program Related Complete if the organization answered	"Yes" on Form 990), Part IV, line 11c. See Form 990,	Part X, line	13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year marke		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(h) more than 15 ann 200 Barri V King 40 and (D))				
	(b) must equal Form 990, Part X, line 13, col. (B))				
Part IX	Other Assets	"Voo" on Form 000	Dort IV line 11d Con Form 000	Dort V line	15
	Complete if the organization answered		J, Part IV, line 11d. See Form 990,		
	` ,	cription		(b) Book v	
(1)DEPOSI	ITS			66	,384.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal Form 990, Part X, line 15, c	ol. (B))		66	,384.
Part X	Other Liabilities				
	Complete if the organization answered	"Yes" on Form 990	0, Part IV, line 11e or 11f. See Forr	n 990, Part	Χ,
	line 25.				
1.	(a) Descript	ion of liability		(b) Book v	/alue
	al income taxes	•			
	PAYABLES			41	,572.
(3)					7372.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, line 25, col. (B)).				,572.
2. Liability fo	r uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements the	at reports the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2023

6132RV 1018 V23-7.1033

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n	
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:		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	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 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn	
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:		
а	Donated services and use of facilities		
	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
	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: Investment expenses not included on Form 990, Part VIII, line 7b. 4a		
	The second secon		
	Carol (Booting in art Air.)	4c	
С 5	Add lines 4a and 4b	5	
	XIII Supplemental Information		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

V23-7.10

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2023

SCHEDULE I (Form 990)

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

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. Name of the organization **Employer identification number** HAWAII EXECUTIVE COLLABORATIVE 84-4041099 **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 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 valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of (a) Description of (b) EIN (h) Purpose of grant (if applicable) noncash assistance or government grant noncash assistance or assistance (1) CLIMBHI 175 NAWILIWILI STREET HONOLULU, HI 96825 501(C)(3) 27-1865289 50,000. GENERAL SUPPORT (2) TRUE INITIATIVE 643 ILALO STREET HONOLULU, HI 96813 88-3615707 501(C)(3) 143,619. ALLOCATION OF FUNDS (3) MOVERS & SHAKAS 677 ALA MOANA BLVD SUITE 1200 88-3665280 501(C)(3) 12,585. ALLOCATION OF FUNDS (4) (5) (6) (7) (8) (9) (10)(11)(12)

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

Schedule I (Form 990) 2023

Part III	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.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

FORM 990, SCHEDULE I, PART I, LINE 1

GRANTEES ARE REQUIRED TO SUBMIT A PROPOSAL PRIOR TO GRANT AWARD. GRANTEE

PROVIDES PROGRESS REPORTS BASED ON THE GRANT AGREEMENT AND A FINAL REPORT

UPON CLOSURE OF GRANT.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023
Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

HAWAII EXECUTIVE COLLABORATIVE 84-4041099

Part	Questions Regarding Compensation		
		Ye	s No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	First-class or charter travel Housing allowance or residence for personal use		
	Travel for companions Payments for business use of personal residence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		
	explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line		
	1a?	2	
3	Indicate which, if any, of the following the organization used to establish the compensation of the		
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	Compensation committee Written employment contract		
	Independent compensation consultant Compensation survey or study		
	Form 990 of other organizations X Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		
-	organization or a related organization:		
а	Receive a severance payment or change-of-control payment?	4a	Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c	Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		
	compensation contingent on the revenues of:		
а	The organization?	5a	Х
b	Any related organization?	5b	X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		
	compensation contingent on the net earnings of:		
а	The organization?	6a	X
b	Any related organization?	6b	X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject		
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	_	
_	in Part III	8	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		
	Regulations section 53.4958-6(c)?	9	- 1

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	other deferred benefits		in column (B) reported as deferred on prior Form 990
LYNELLE MARBLE	(i)	154,313.	NONE	NONE			154,313.	
1 EXECUTIVE DIRECTOR	(ii)							
	(i)							
2	(ii)							
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, LINE 3

COMPENSATION IS REVIEWED ANNUALLY THROUGH AND EVALUATION PROCESS BY THE

BOARD AND BASED ON THE EMPLOYEE'S PERFORMANCE AND PROGRESS AGAINST GOALS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 84-4041099

HAWAII EXECUTIVE COLLABORATIVE

FORM 990, PART III, LINE 2

SEE PROGRAM DESCRIPTION REPORTED ON LINE 4C

FORM 990, PART IV, LINE 11B

THE EXECUTIVE DIRECTOR REVIEWS A DRAFT OF THE FORM 990 PRIOR TO FORWARDING TO THE BOARD FOR REVIEW VIA EMAIL.

FORM 990, PART VI, LINE 2A

HAWAII EXECUTIVE COLLABORATIVE'S PAYROLL IS PROCESSED THROUGH A

PROFESSIONAL EMPLOYER ORGANIZATION ("PEO"). THE PEO COLLECTIVELY FILES

ALL OF THEIR CLIENTS REQUIRED FEDERAL AND STATE EMPLOYER TAXES UNDER THE

PEO'S FEDERAL AND STATE IDENTIFICATION NUMBER.

FORM 990, PART VI, LINE 12C

THE ORGANIZATION MONITORS THE CONFLICT OF INTEREST POLICY VIA ANNUAL CHECKS.

FORM 990, PART VI, LINE 15A

COMPENSATION IS REVIEWED ANNUALLY THROUGH AN EVALUATION PROCESS BY THE BOARD AND BASED ON THE EMPLOYEE'S PERFORMANCE AND PROGRESS AGAINST GOALS.

JSA 3E1227 1.000

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

HAWAII EXECUTIVE COLLABORATIVE ("HEC") IS A NON-PROFIT ORGANIZATION THAT UNITES LOCAL AND GLOBAL LEADERS TO ADDRESS THE SYSTEMIC CHALLENGES AFFECTING HAWAII'S SOCIETY, CULTURE, AND ECONOMIC VITALITY. HEC SERVES AS A "BACKBONE ORGANIZATION" (AN ORGANIZATIONAL MODEL THAT PLAYS A KEY ROLE IN COLLECTIVE IMPACT) FOR CEOS AND OTHER DECISION- MAKER MEMBERS BY ORGANIZING CROSS-SECTOR PARTNERSHIPS TO HELP TRANSFORM FRAGMENTED SYSTEMS TO IMPROVE SOCIAL OUTCOMES. HEC HELPS TO GUIDE VISION AND STRATEGY, SUPPORT ALIGNED ACTIVITIES, BUILD PUBLIC WILL, ADVANCE POLICY, MOBILIZE FUNDING, AND ESTABLISH SHARED GOALS AND METRICS.

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

REDISCOVERING HAWAI'I'S SOUL

THE PROCESS OF REDISCOVERING HAWAI'I'S SOUL IS KEY TO ADDRESSING THE ROOT CAUSES OF MANY OF HAWAI'I'S MOST ENDURING CHALLENGES. BY REIMAGINING A FUTURE FOR HAWAI'I THAT IS THRIVING, INCLUSIVE, AND HONORS HAWAIIAN CULTURE AND VALUES, THE OUTLOOK FOR OUR PEOPLE AND OUR COMMUNITIES WILL BE BRIGHTER THAN EVER.

THROUGH A PROCESS OF TRANSFORMATIVE SCENARIO PLANNING THAT WAS DEVELOPED AND FACILITATED BY REOS PARTNERS, A DIVERSE GROUP OF COMMUNITY LEADERS CAME TOGETHER IN AUGUST AND SEPTEMBER 2022 TO GRAPPLE WITH SOME BIG QUESTIONS AND BEGIN TO ENVISION A VARIETY OF POSSIBLE FUTURES FOR HAWAI'I.

HOW CAN WE ENSURE THAT HAWAI'I'S SOUL IS NOT DIMINISHED OR LOST? HOW CAN WE HELP WITH HEALING SO THAT TRUST IS BUILT AND NOT ERODED?

OUT OF THE PLANNING SESSIONS WITH BUSINESS LEADERS, CULTURAL PRACTITIONERS, EDUCATORS, ADVOCATES, AND NONPROFIT LEADERS, CAME FOUR POSSIBLE SCENARIOS FOR HAWAI'I'S FUTURE THAT WILL BE SHARED WITH BROADER AUDIENCES THROUGHOUT THE ISLANDS TO SPARK CONVERSATION, COLLABORATION, AND ACTION.

LINE 4C, PROGRAM SERVICE

TRUE INITIATIVE

TRUE'S MISSION IS TO ACCELERATE THE ADOPTION OF TECHNOLOGY IN HAWAI'I, ENABLING THE STATE'S ECONOMY TO BECOME MORE DIVERSIFIED AND SUSTAINABLE, AND EMPOWERING ITS WORKFORCE TO EARN HIGHER INCOMES TO BUILD ASSETS AND ACHIEVE A BETTER QUALITY OF LIFE.

IN 2022, THE TRUE INITIATIVE LAUNCHED THE TRUE ESPORTS + TECH LAB AT WAIPAHU PUBLIC LIBRARY, A UNIQUE PUBLIC AND PRIVATE SECTOR COLLABORATION BETWEEN TRUE, THE HAWAI'I STATE LIBRARY SYSTEM, AND THE STATE OF HAWAI'I. HARDWARE AND TECHNICAL ASSISTANCE WERE CONTRIBUTED BY PACXA AND CENTRAL PACIFIC BANK FOUNDATION.

FORM 990, PART III - PROGRAM SERVICE

THE LAB SUPPORTS HAWAI'I'S FIRST COMMUNITY-BASED, COMPETITIVE HIGH SCHOOL ESPORTS TEAM WITH A DEDICATED COACH. AS A RESOURCE FOR THE COMMUNITY, THE LAB IS A PLACE WHERE PARTICIPANTS CAN EARN A CERTIFICATION IN FOUNDATIONAL SOFTWARE GAME DEVELOPMENT, OR SIMPLY BEGIN TO ENGAGE WITH TECHNOLOGY. CONTENT IS AVAILABLE FREE OF CHARGE FOR LIBRARY MEMBERS.

TRUE PLANS TO LAUNCH ADDITIONAL ESPORTS FACILITIES AT PUBLIC LIBRARIES ACROSS THE STATE, EXPOSING AND EQUIPPING HAWAI'I RESIDENTS WITH KNOWLEDGE OF THE TECHNOLOGIES OF TOMORROW, INCLUDING ARTIFICIAL INTELLIGENCE, THE METAVERSE, AND VIRTUAL REALITY.

JSA

=========

Name of the organization	Employer identification number	
HAWAII EXECUTIVE COLLABORATIVE	84-4041099	

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES				
DESCRIPTION		GRANTS	EXPENSES	REVENUE
KAU DREAM		NONE	104,998.	NONE
CLIMATE COALITION		NONE	67,994.	NONE
EDUCATION FUND		50,000.	50,000.	NONE
MOVERS & SHAKAS		12,585.	12,585.	NONE
HAWAII DREAM		NONE	10,000.	NONE
MENTAL HEALTH		NONE	9,346.	NONE
	TOTALS	62,585.	254,923.	NONE

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

REOS PARTNERS

1 BROADWAY, 14TH FLOOR
CAMBRIDGE, MA 02142
CONSULTING SERVICES
508,726.

JSA

Name of the organization	Employer identification	Employer identification number		
HAWAII EXECUTIVE COL	84-4041099)		
FORM 990, PART IX - OTHER	FEES			
=======================================	====			
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
ADVISORY FEES	253,256.	253,256.		
CONSULTING FEES	79,013.	48,739.	30,274.	
PUBLIC RELATIONS	31,900.		31,900.	
TOTALS				
	364,169.	301,995.	62,174.	
	=========	=========	==========	==========

Electronic Filing Information: PDF attachments Included in this Return

Tax Year:2023Jurisdiction:FederalName:HAWAII EXECUTIVE CONo of Attachments:1

Return No: E6132RV3

PDF Attachment Description	PDF File Name	File Size
8453 Signature Document	E6132RV3_FE_HEC 8453EO.pdf	126,954

Form 8453-TE

Tax Exempt Entity Declaration and Signature

OMR	Nο	1545-0047
CIVID	140	1343-0047

2023

For calendar year 2023, or tax year beginning

Department of the Treasury For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP Go to www.irs.gov/Form8453TE for the latest information. Internal Revenue Service Name of filer IIAWAH 84-4041099 EXECUTIVE COLLABORATIVE Type of Return and Return Information Part I Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1a Form 990 check here 2,966,357. 2a Form 990-EZ check here 2b Form 1120-POL check here . . 3a 3b Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) . . . 4b Form 8868 check here. b Balance due (Form 8868, line 3c)......... 6a Form 990-T check here 6h Form 4720 check here. 7b Form 5227 check here.... b FMV of assets at end of tax year (Form 5227, Item D) 8Ь Form 5330 check here. 9b 10a Form 8038-CP check here . . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration of Officer or Person Subject to Tax** I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal 11a (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies). X I am an officer of the above named entity or Under penalties of perjury, I declare that I am the person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. Sign Here Signature of officer or person subject to tax Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. Date ERO's SSN or PTIN FRO's ERO's Check if also Check if self-11/12/2024 signature P00775456 paid preparer employed Use Firm's name (or yours it ERNST & YOUNG U.S. LLP EIN 34-6565596 Only self-employed), 101 E WASHINGTON ST, STE 910 PHOENIX AZ 85004 Phone no. 602-322-3000 Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge. Print/Type preparer's name Preparer's signature **Paid** Check if self

Firm's address For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-TE (2023)

employed

Firm's EIN

Phone no

Preparer

Use Only

Firm's name