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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	C Name of organization HAWAII ISLAND CONTRACTOR'S ASSOCIATION		D Employer identification number 99-0107706
		Number and street (or P.O. box, if mail is not delivered to street address) 494 C KALANIKOA STREET		E Telephone number 808-935-1316
		City or town, state or country, and ZIP + 4 HILO, HI 96720		F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) _____I Website: **HICASSOCIATION.COM**H Check ☒ if the organization is notJ Organization type (check only one) ☒ 501(c) (6) (insert no.) ☐ 4947(a)(1) or ☐ 527

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **\$ 152,659.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	38,303.
2	Program service revenue including government fees and contracts	2	4,370.
3	Membership dues and assessments	3	95,368.
4	Investment income	4	8,339.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ 7,146. of contributions reported on line 1)	6a	3,805.
b	Less: direct expenses other than fundraising expenses	6b	4,754.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-949.
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe OTHER INCOME)	8	2,474.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	147,905.
10	Grants and similar amounts paid (attach schedule) STMT 3	10	2,250.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	37,201.
13	Professional fees and other payments to independent contractors	13	22,721.
14	Occupancy, rent, utilities, and maintenance	14	24,266.
15	Printing, publications, postage, and shipping	15	1,703.
16	Other expenses (describe SEE STATEMENT 1)	16	56,596.
17	Total expenses. Add lines 10 through 16	17	144,737.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,168.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	273,266.
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	-1,357.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	275,077.

Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	274,582.	275,386.
23 Land and buildings	0.	
24 Other assets (describe OTHER DEPRECIABLE ASSETS)	2,247.	62.
25 Total assets	276,829.	275,448.
26 Total liabilities (describe SEE STATEMENT 2)	3,563.	371.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	273,266.	275,077.

832171 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

ENVELOPE MAY 17 2010

SCANNED JUL 15 2011

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MAY 21 2010
IRS-OSC
OGDEN, UT

Part V Other Information (Note the statement requirements in the instructions for Part VI)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 19,425.		
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/A
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. ▶ HI		
42a The books are in care of ▶ DINA HOLLAND Telephone no. ▶ 808-935-1316		
Located at ▶ 494-C KALANIKOA ST., HILO, HI ZIP + 4 ▶ 96720		
b 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)?	42b	X
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2008)

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				
Total number of other employees paid over \$100,000				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		
Total number of other independent contractors each receiving over \$100,000		

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

Sign Here Signature of officer: *[Signature]* Date: *14 May 2010*

Type or print name and title: **TOM RAFFIPICY, TREASURER**

Paid Preparer's Use Only Preparer's signature: *[Signature]* Date: *05/13/10* Check if self-employed: ☐ Preparer's Identifying Number (See instr.):

Firm's name (or yours if self-employed), address, and ZIP + 4: **TAKETA, IWATA, HARA & ASSOCIATES, LLC**
101 AUPUNI STREET SUITE 139
HILO, HAWAII 96720

EIN: **14-1111111** Phone no.: **(808) 935-5404**

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

Form 990-EZ (2008)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2008
Open to Public
Inspection

► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization

HAWAII ISLAND CONTRACTOR'S ASSOCIATION

Employer identification number

99-0107706

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ► \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
☐ Yes ☐ No
- 4a Was a correction made?
☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768**(election under section 501(h)).** See the instructions for Schedule C for details.

- A Check ☐ if the filing organization belongs to an affiliated group
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a															
i Subtract line 1f from line 1c Enter -0- if line f is more than line c															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ No
4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
12	COMPUTER	12/24/97	SL	5.00		HY16	2,495.				2,495.	1,996.		499.	2,495.
14	AIR CONDITIONER	12/05/97	SL	7.00		HY16	1,561.				1,561.	1,320.		241.	1,561.
16	FAX MACHINE	12/18/98	SL	5.00		HY16	927.				927.	927.		0.	927.
18	POSTAGE METER	02/04/99	SL	7.00		HY16	1,557.				1,557.	1,462.		95.	1,557.
19	CANNON COPIER	05/28/99	SL	7.00		HY16	10,545.				10,545.	10,545.		0.	10,545.
20	ACCOUNTING SOFTWARE	12/28/01	SL	5.00		HY16	1,924.				1,924.	1,924.		0.	1,924.
21	COMPUTER DESK	01/03/02	SL	7.00		HY16	1,094.				1,094.	1,094.		0.	1,094.
22	DELL COMPUTER	08/15/02	SL	5.00		HY16	2,751.				2,751.	2,751.		0.	2,751.
23	COMPUTER	01/01/03	SL	5.00		HY16	1,562.				1,562.	1,562.		0.	1,562.
24	OFFICE EQUIPMENT	01/01/05	SL	5.00		HY16	625.				625.	438.		125.	563.
	* TOTAL 990-EZ PG 1 DEPR						25,041.				25,041.	24,019.		960.	24,979.

829111
04-25-08

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
ACCOUNTING		1,302.	
AUTO		600.	
BANK CHARGES		27.	
COMMITTEE EXPENSE		25,219.	
DUES & SUBSCRIPTIONS		720.	
INSURANCE		1,236.	
OFFICE		980.	
GENERAL EXCISE TAX		732.	
PAYROLL TAXES		1,691.	
TELEPHONE		2,759.	
MISCELLANEOUS		8,750.	
WEBSITE		725.	
MEETING EXPENSE		5,699.	
SAFETY SEMINAR		6,156.	
TOTAL TO FORM 990-EZ, LINE 16		56,596.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PAYROLL TAXES PAYABLE	1,877.	371.	
DEPOSITS	1,686.	0.	
TOTAL TO FORM 990-EZ, LINE 26	3,563.	371.	

FORM 990-EZ

NONCASH GRANTS AND ALLOCATIONS

STATEMENT

3

CLASS OF ACTIVITY

SCHOLARSHIP

DONEE'S NAMEDONEE'S ADDRESS

TRAVIS N. K. HIGUCHI

RELATIONSHIP OF DONEEDESCRIPTION OF PROPERTYDATE OF GIFT

NONE

CASH

METHOD USED TO DETERMINE BOOK VALUEMETHOD USED TO DETERMINE FAIR MARKET VALUEBOOK VALUEAMOUNT GIVEN

750.

750.

CLASS OF ACTIVITY

SCHOLARSHIP

DONEE'S NAMEDONEE'S ADDRESS

KEVIN REISWIG

RELATIONSHIP OF DONEEDESCRIPTION OF PROPERTYDATE OF GIFT

NONE

CASH

METHOD USED TO DETERMINE BOOK VALUEMETHOD USED TO DETERMINE FAIR MARKET VALUEBOOK VALUEAMOUNT GIVEN

750.

750.

CLASS OF ACTIVITY

SCHOLARSHIP

DONEE'S NAMEDONEE'S ADDRESS

SHANNON SIMMONS

RELATIONSHIP OF DONEEDESCRIPTION OF PROPERTYDATE OF GIFT

NONE

CASH

METHOD USED TO DETERMINE BOOK VALUEMETHOD USED TO DETERMINE FAIR MARKET VALUEBOOK VALUEAMOUNT GIVEN

750.

750.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

2,250.

FORM 990-EZ

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

STATEMENT

4

DESCRIPTIONAMOUNT

NON-DEDUCTIBLE EXPENSES

-132.

PRIOR PERIOD ADJUSTMENT

-1,225.

TOTAL TO FORM 990-EZ, LINE 20

-1,357.

FORM 990-EZ

OCCUPANCY, RENT, UTILITIES AND MAINTENANCE

STATEMENT

5

DESCRIPTIONAMOUNT

DEPRECIATION

960.

OTHER EXPENSES

23,306.

TOTAL TO FORM 990-EZ, LINE 14

24,266.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, STATEMENT 7
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN	EXPENSE CONTRIB ACCOUNT
JOHN STILES, C/O HICA, 494 C KALANIKOA STREET, HILO, HI 96720	PRESIDENT 0.00	0.	0.	0.
ALDEN CHAI, C/O HICA, 494 C KALANIKOA STREET, HILO, HI 96720	1ST VICE PRESIDENT 0.00	0.	0.	0.
LESLIE ISEMOTO, C/O HICA, 494 C KALANIKOA STREET, HILO, HI 96720	2ND VICE PRESIDENT 0.00	0.	0.	0.
TOM RAFFIPIY, C/O HICA, 494 C KALANIKOA STREET, HILO, HI 96720	TREASURER 0.00	0.	0.	0.
LES PEDERSON, C/O HICA, 494 C KALANIKOA STREET, HILO, HI 96720	IMMED. PAST PRESIDENT 0.00	0.	0.	0.
RUTH BINYAN, C/O HICA, 494 C KALANIKOA STREET, HILO, HI 96720	DIRECTOR 0.00	0.	0.	0.
BYRON FUJIMOTO, C/O HICA, 494 C KALANIKOA STREET, HILO, HI 96720	DIRECTOR 0.00	0.	0.	0.
SCOTT GASTON, C/O HICA, 494 C KALANIKOA STREET, HILO, HI 96720	DIRECTOR 0.00	0.	0.	0.
ED HARA, C/O HICA, 494 C KALANIKOA STREET, HILO, HI 96720	DIRECTOR 0.00	0.	0.	0.
AMY HONDA, C/O HICA, 494 C KALANIKOA STREET, HILO, HI 96720	DIRECTOR 0.00	0.	0.	0.
WAYNE KANESHIRO, C/O HICA, 494 C KALANIKOA STREET, HILO, HI 96720	DIRECTOR 0.00	0.	0.	0.
NICHOLAS MOORE , C/O HICA, 494 C KALANIKOA STREET, HILO, HI 96720	DIRECTOR 0.00	0.	0.	0.
SCOTT REILLING, C/O HICA, 494 C KALANIKOA STREET, HILO, HI 96720	DIRECTOR 0.00	0.	0.	0.
HUGH WILLOCKS, C/O HICA, 494 C KALANIKOA STREET, HILO, HI 96720	DIRECTOR 0.00	0.	0.	0.

HAWAII ISLAND CONTRACTOR'S ASSOCIATION

99-0107706

EARL YEMPUKU, C/O HICA, 494 C KALANIKOA STREET, HILO, HI 96720	DIRECTOR 0.00	0.	0.	0.
DONALD YAMADA, C/O HICA, 494 C KALANIKOA STREET, HILO, HI 96720	DIRECTOR 0.00	0.	0.	0.
GERALD YAMADA, C/O HICA, 494 C KALANIKOA STREET, HILO, HI 96720	DIRECTOR 0.00	0.	0.	0.
CORINNE YOSHIDA, C/O HICA, 494 C KALANIKOA STREET, HILO, HI 96720	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

TO IMPROVE STANDARDS OF BUILDING AND CONTRACTING, TO PROVIDE SAFETY TRAINING
TO MEMBERS & TO UPDATE MEMBERS ON INDUSTRY DEVELOPMENTS.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	HAWAII ISLAND CONTRACTOR'S ASSOCIATION	99-0107706
	Number, street and room or suite no. If a P.O. box, see instructions	For IRS use only
	494 C KALANIKOA STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	HILO, HI 96720	

Check type of return to be filed (File a separate application for each return)

- ☐ Form 990
 ☒ Form 990 EZ
 ☐ Form 990 T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041 A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990 BL
☐ Form 990 PF
☐ Form 990 T (trust other than above)
☐ Form 4720
☐ Form 6069

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

DINA HOLLAND

- The books are in the care of ☒ 494-C KALANIKOA ST. - HILO, HI 96720

Telephone No ☒ 808-935-1316

FAX No ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until MAY 15, 2010

5 For calendar year _____, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER COMPLETE INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

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

Signature and Verification

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

Signature *Dina Holland*

Title CPA

Date 2/1/10

Form 8868 (Rev. 4-2009)

COPY