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# SCANNED DEC 0 7 2010

Form **990** 

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning June 30

			applicable	Please	C Name of organization Roofil	na Industry Improv	oment Dr	rogram i	Trust Fund	ם ה	Employe	r identification	n number
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	- na	drace	change	use IRS label or	Doing Business As						99	6049	953
	٦.		hange	print or	Number and street (or P O box if ri	nail is not delivered to street	address)	Room/su	nte	E	Telephor	e number	
	3		•	type See	200 N. Vinevard Bouleva	ard Blda A		Ì	100	1	808)	841-7	575
	1	ıal ret		Specific	City or town, state or country,			<u></u>	100	╁	<del>,</del>		0.0
	J Ter	mina	ted	Instruc- tions	Honolulu, Hawaii 96817	and Zii T 4					C		77,270
	J Am	ende	d return		<u> </u>						Gross rece		
	Арр	olicatio	on pending		ne and address of principal officer	,			H(a) Is th	us a gro	oup return f	or affiliates?☐Y	es 🗹 N
					. Vineyard Blvd, Suite 100		7		H(b) Are	all af	filiates in	cluded? LY	es ∐N
			empt status		501(c) ( )◀ (insert no ) 🔲 4	947(a)(1) or 527			If ".	No," a	ttach a li	st (see instru	ctions)
	W	ebsı	ite: ► n/a						H(c) Group	exem	ption numb	oer ▶	
	Fo	rm of	organization	☐ Corpo	oration 🗹 Trust 🗆 Association 🔲	Other ►	L Year	r of format	ion	М	State of I	egal domicile	HI
S Governance	ar	t I	Summ	ary									
Gover	nance				the organization's mission ars, Radio Programs and				nce Roofir activities	ng In	dustry	in Hawaii	by Trade
8	A G	_	Chaple this	ا جيمط	If the organization discontinue	ad its operations or disp	acad of more	than 25%	6 of ite not se	eate			
~~	3				· ·			s liiaii 207	o or its rict as	3613.	3		3
40	đ				ng members of the governi					٠	4		
ţį	ě				pendent voting members of	-	dy (Part V	/I, line 11	0)	٠			
⋛	}				f employees (Part V, line 2			· · · · ·			5		
Ą	₹	6	Total nun	nber of	f volunteers (estimate if ne	cessary) RECE	IVED				6		
	1	7a `	Total gro	ss unre	elated business revenue fro	m Part VIII <del>, celum</del> r		# <b>3</b> ♥			7a		
		b l	Net unrel	lated bu	usiness taxable income fro	m Form 990-T, line	34	0			7b		
						F NOV 1	6 2010	RS-0	Prior \	ear/		Current	Year
Revenue	.	8	Contribut	tions ar	nd grants (Part VIII, line 1h	-+1   · · · · ·		ျတ္သုု		83	,131		76,888
	<u> </u>	0	Drogram	convior	rovenue (Part VIII June 2a	\		그뜨니			0		C
Š	2   s	10	Investme	nt inco	ome (Part VIII, column (A), I		N. UT		•	3	,046		382
æ		11	Other rev	renue (l	Part VIII, column (A), lines	5 6d 8c 9c 10c	and 11e)	,_,					
	1 1				add lines 8 through 11 (must			e 12)		86	,177		77,270
	$\dashv$										,,,,		
					ilar amounts paid (Part IX,		-3)		<del></del>				
S					or for members (Part IX, o		/A\	- 40, . }					
Sc	ר וַ פַּ				ompensation, employee bene		(A), lines 5	) <del>-</del> 10)					
Expenses	월   1				draising fees (Part IX, colum		•	ŀ	,		- 45	, 2	
ũ	ן נ	b	Total fund	draising	j expenses (Part IX, column (	(D), line 25) ▶			<u> </u>			· · · · · · · · · · · · · · · · · · ·	<u>, , , , , , , , , , , , , , , , , , , </u>
	1				(Part IX, column (A), lines			.  -			,097		59,610
	1	18	Total exp	enses.	Add lines 13-17 (must eq	ual Part IX, column	(A), line 2	25) 📙		57	,097		59,610
		19	Revenue	less exp	penses. Subtract line 18 froi	m line 12					,080		17,660
Sor	COS								Beginning of (	Currer	nt Year	End of '	Year
sets	툂 2	20	Total ass	ets (Pa	art X, line 16)					194	,211		211,871
Ϋ́	٩ <u>2</u>			-	Part X, line 26)		•				0		C
Net Assets	<u>.</u> 2				and balances. Subtract line	21 from line 20 .		` : :[		194	,211		211,871
Ρ	art			ature		<del></del>		-					
			Under pe	nalties of	f perjury, I declare that I have exam	nined this return, includin	g accompan	ying sched	lules and state	ement	s, and to	the best of m	y knowledg
			and belie	f, it is tru	ie, correct, and complete Declara	tion of preparer (other th	an officer) is	based on	all information	n of w	hich pre	parer has any	knowledge
Si	ign				I Trobble				1	11	112/	201()	
	ere		Signa	ature of c	officer 110	\ . ·			Da	ate			
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			Type	or print	name and title					-			
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			Preparer's signature					se	lf		e instruction		
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Pre			address,	and ZIP	<del></del>				Phone	no ▶	(	)	
Pre Use	ay I	the I	IRS discu	uss this	return with the preparer s	shown above? (see	instructio	ns) .	<u></u>			Yes	No No

Pai	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Advance Roofing Industry in Hawaii by Trade Shows, Seminars, Radio Programs and other educational and Promotional activities
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4b	(Code. ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶

Par	t 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		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<b>✓</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI.			
•	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.			,
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	_	~	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		<b>✓</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	_ ✓

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>√</b>
b	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 to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>✓</b>
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule $M$	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its,net assets? If "Yes," complete Schedule N, Part II	32		1
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? <i>If "Yes," complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		1
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,	27		
38	Part VI	37		<b>✓</b>
<del></del>	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		1

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
<u> </u>	Otatemente viogaraning enter internating		Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	-	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	·	-	
h	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Ü	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		- √ -
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_		<del> </del>
	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		1
b	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.	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		<b>V</b>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		1
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?	6a		•
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).			1
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		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>V</b>
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		<b>-</b>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	_	:	
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		. *
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	initiation lees and capital contributions included on last vin, line 12			
	Gloss receipts, included on Form 990, Fart vin, line 12, for public use of clob facilities			
11	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.)	10-		,
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	12a		<b>✓</b>

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			'
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			·i
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3_		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<b>✓</b>
6	Does the organization have members or stockholders?	6		✓_
	Does the organization have members, stockholders, or other persons who may elect one or more members		•	
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
	the year by the following:			;
а	The governing body?	8a	✓	
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		✓
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<b>✓</b>
14	Does the organization have a written document retention and destruction policy?	14		<b>✓</b>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			د ـ ـ
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			,ı
	with a taxable entity during the year?	16a		<b>✓</b>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Hawaii			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	:)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization: ► Hawaii Benefit Administrators, Inc.			
	200 N. Vineyard Rlyd. Rldg. A. Suite 100. Honolulu. Hl 96817			

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

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

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

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

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

☐ Check this box if the organization did not co	mpensate	any o	curr	ent	offi	cer, d	lırec	tor, or trustee.		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Roy Fabella - Director								0	0	0
Tai Ai - Director								0	0	0
Scot Jimenez - Director								0	0	0
	ı									
			,							

Pai	t VII Section A. Officers, Directors, Tru	stees, Key	Emp	loy	ees,	, an	d Hig	hes	t Compensate	d Employees (	continue	ed)
	(A)	(B)				C)			(D)	(E)		(F)
	Name and title	Average hours per week	ndıvıdual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	con con or ar	stimated mount of other npensation from the ganization of related ganizations
				-								
		-										
									-			. •
							-	-				
							}					
1b	Total				•		<u>.                                    </u>	▶	0		0	0
2	Total number of individuals (including but i		to the	ose	list	ed a	above	) wi	no received me	ore than \$100	,000 ın	
	reportable compensation from the organization	alion >										Yes No
3	Did the organization list any former office							oye	e, or highest o	compensated	3	163 110
4	employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the s	sum of repo	ortabl	ес	omp	oens	sation				3	
_	the organization and related organizations individual	·							·		4	1
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp plete	sen: Sch	satı edu	on i	for s	any uch	unrelated org	anization for	5	<b>✓</b>
	ction B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	ende	ent o	contra	ecto	rs that receive	d more than \$	100,00	U of
	(A) Name and business add	dress							(B) Description of s	ervices	Compe	C) ensation
n/a								<u> </u>				
								-			_	
	· · · · · · · · · · · · · · · · · · ·											
					_			_	<b>,</b>			
2	Total number of independent contractors (in more than \$100,000 in compensation from	ncluding bi	ut not	lım n ▶	ited 0-	l to	those	list	ed above) who	received		

Par	t VIII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
tributions, gifts, grants other similar amounts	1a b c	Federated campaigns 1a				
Contributions, and other simi	g	All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f. \$				
	h	Total. Add lines 1a–1f	76,888			
Program Service Revenue	b c d		-			
Progr		All other program service revenue .   Total. Add lines 2a–2f	0			
	3	Investment income (including dividends, interest, and other similar amounts)	382			
	b	Gross Rents	0			
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses .  Gain or (loss) .				
evenue	d	Net gain or (loss)	0		•	
Other Re		See Part IV, line 18	0			-
		Gross income from gaming activities. See Part IV, line 19 a Less. direct expenses b				
	c	Net income or (loss) from gaming activities	0			
	b	Gross sales of inventory, less returns and allowances a Less: cost of goods sold . b Net income or (loss) from sales of inventory.	0	-	-	
	b c					
	е	All other revenue	77,270			

Part IX Statement of Functional Expenses

	Section 501(c)(3)	and 501(c)(4)	organizations must	complete all co	lumns.	
A 11 11 1		,	A		I (D) (	

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21										
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22										
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16										
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees										
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees):										
а	Management										
b	Legal										
	Accounting	<del></del>	<u> </u>								
d	, 9		<del></del>								
e	Professional fundraising services See Part IV, line 17										
f	Investment management fees										
_ g	Other		- 11.								
12 13	Advertising and promotion										
14	Office expenses										
15	Royalties										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings .	5,320									
	Interest										
21	Payments to affiliates		<u> </u>								
22	Depreciation, depletion, and amortization.				<del></del>						
23	Insurance	- · · ·									
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)										
а	see Statement 1	54,290	· · · · · ·	<del></del>							
a b		·									
C											
d											
e											
-											
25	All other expenses	59,610									
26	Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

Pa	irt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	3,952	1	1,043
	2	Savings and temporary cash investments	190,259	2	210,828
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
	_	employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
sts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		_8_	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or 10a			
		other basis. Complete Part VI of Schedule D			
	b	Less accumulated depreciation . [10b]		10c	<del> </del>
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	404.044	15	044.074
	16	Total assets. Add lines 1 through 15 (must equal line 34)	194,211		211,871
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
"	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u>=</u>	22	Payables to current and former officers, directors, trustees, key			ı
<u>.e</u>		employees, highest compensated employees, and disqualified			<del></del>
_		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		24	
	24	Unsecured notes and loans payable to unrelated third parties		25	
	25 26	Other liabilities Complete Part X of Schedule D	0	26	0
	20	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶ □ and		_20	
ces		complete lines 27 through 29, and lines 33 and 34.			
直	27	Unrestricted net assets		27	
ä	28	Temporarily restricted net assets		28	<del></del>
밀	29	Permanently restricted net assets		29	
Net Assets or Fund Balan		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds	194,211	30	211,871
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ę	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances	194,211	34	211,871

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

Form **990** (2009)

# ROOFING INDUSTRY IMPROVEMENT PROGRAM TRUST FUND

99-6049953

FORM 990	ORM 990 OTI		STA	STATEMENT 1	
DESCRIPTION	(A) <u>TOTAL</u>	(B) PROGRAM <u>SERVICES</u>	(C) MANAGEMENT <u>&amp; GENERAL</u>	(D) <u>FUNDRAISING</u>	
CONTRACT ADMINISTRATION CO-TRUSTEE FEES INSURANCE ROOFING CONTR ASSOC BANK FEES OFFICE EXPENSE BUSINESS DEVELOPMENT	\$4,082 00 \$1,200 00 \$1,650 00 \$34,200 00 \$2,683 00 \$7,975.00 \$2,500 00				
TOTAL TO FM 990 LN 43	<u>\$54,290 00</u>		<del></del>	<del></del>	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT 2
	PART III	

## **EXPLANATION**

ADVANCE ROOFING INDUSTRY IN HAWAII BY TRADE SHOWS, SEMINARS, RADIO PROGRAMS AND OTHER EDUCATIONAL AND PROMOTIONAL ACTIVITIES.