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

A For the 2010 calendar year, or tax year beginning 07-01-2010 , and ending 06-30-2011

F Group Exemption
Number

J Tax-Exempt status (check only one)— ☐ 501(c)(3) ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 527

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 127,322

Check if the organization used Schedule O to respond to any question in this Part I ☒

Form **990-EZ** (2010)

Check if the organization used Schedule O to respond to any question in this Part II ☒

(B) End of year

22	Cash, savings, and investments	306,986	22	304,623
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	0	24	1,290
25	Total assets	306,986	25	305,913
26	Total liabilities (describe in Schedule O)	371	26	8,327
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	306,615	27	297,586

Check if the organization used Schedule O to respond to any question in this Part III ☒

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
TO IMPROVE STANDARDS OF BUILDING AND CONTRACTING, TO PROVIDE SAFETY TRAINING TO MEMBERS & TO UPDATE MEMBERS ON INDUSTRY DEVELOPMENTS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SAFETY SEMINARS WERE CONDUCTED TO TRAIN MEMBERS IN FIRST AID, CPR AND FORKLIFT CERTIFICATION Grants \$ 0) If this amount includes foreign grants, check here . . . ☐		28a	0
29 Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	
30 Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (describe in Schedule O) . . . ☐ Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a) . . . ☐		32	

Check if the organization used Schedule O to respond to any question in this Part IV ☐ ☒

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

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

Check if the organization used Schedule O to respond to any question in this Part V ☒

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
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, explain in Schedule O why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions  37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		
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 outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911  , section 4912  , section 4955 			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . 			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 			
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		No
41	List the states with which a copy of this return is filed  HI			
42a	The organization's books are in care of  DORELLE CAVACO Telephone no  (808) 935-1316 494-C KALANIKOA ST Located at  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)? 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 .	42b	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country 	42c		No
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			
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	
48	Is the organization a school 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?	
49b	If "Yes," was the related organization a section 527 organization?	

50 Complete this table for the organization's 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 "

(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

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's 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

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

YesNo

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		2012-04-02 Date			
	CRAIG TAKAMINE PRESIDENT Type or print name and title					
Paid Preparer's Use Only	Preparer's signature	GREGG M TAKETA	Date	2012-04-02	Preparer's taxpayer identification number (See instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	TAKETA IWATA HARA & ASSOCIATES LLC 101 AUPUNI STREET SUITE 139 HILO, HI 96720				EIN
						Phone no (808) 935-5404
May the IRS discuss this return with the preparer shown above? See instructions						YesNo

Additional Data

Software ID:
Software Version:
EIN: 99-0107706
Name: HAWAII ISLAND CONTRACTORS' ASSOCIATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CRAIG TAKAMINE C/O HICA 494 C KALANIKOA STREET HILO,HI 96720	PRESIDENT 2 00	0	0	0
ALDEN CHAI C/O HICA 494 C KALANIKOA STREET HILO,HI 96720	DIRECTOR 2 00	0	0	0
LESLIE ISEMOTO C/O HICA 494 C KALANIKOA STREET HILO,HI 96720	IMMEDIATE PAST PRESIDENT 2 00	0	0	0
TOM RAFFIPIY C/O HICA 494 C KALANIKOA STREET HILO,HI 96720	TREASURER 2 00	0	0	0
RUTH BINYAN C/O HICA 494 C KALANIKOA STREET HILO,HI 96720	DIRECTOR 2 00	0	0	0
BYRON FUJIMOTO C/O HICA 494 C KALANIKOA STREET HILO,HI 96720	DIRECTOR 2 00	0	0	0
GERALD YAMADA C/O HICA 494 C KALANIKOA STREET HILO,HI 96720	1ST VICE PRESIDENT 2 00	0	0	0
GILBERT AGUINALDO C/O HICA 494 C KALANIKOA STREET HILO,HI 96720	SECRETARY 2 00	0	0	0
AMY HONDA C/O HICA 494 C KALANIKOA STREET HILO,HI 96720	DIRECTOR 2 00	0	0	0
BRIAN NINOMOTO C/O HICA 494 C KALANIKOA STREET HILO,HI 96720	DIRECTOR 2 00	0	0	0
CAROLYN LOEFFLER C/O HICA 494 C KALANIKOA STREET HILO,HI 96720	DIRECTOR 2 00	0	0	0
HUGH WILLOCKS C/O HICA 494 C KALANIKOA STREET HILO,HI 96720	DIRECTOR 2 00	0	0	0

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization HAWAII ISLAND CONTRACTORS' ASSOCIATION	Employer identification number 99-0107706
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 2,173

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION OTHER INCOME AMOUNT 1,924

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME JOHNATHAN D. NATHANIEL GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 750

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME SHEYDON HATAYAMA GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 750

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME ETHAN JP FERGERSTROM GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 750 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 2,250

Identifier	Return Reference	Explanation
OCCUPANCY, RENT, UTILITIES AND MAINTENENCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 323 DESCRIPTION OTHER EXPENSES AMOUNT 18,606 TOTAL TO FORM 990-EZ, LINE 14 18,929

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION ACCOUNTING AMOUNT 3,975 DESCRIPTION AUTO AMOUNT 525 DESCRIPTION COMMITTEE EXPENSE AMOUNT 20,367 DESCRIPTION DUES & SUBSCRIPTIONS AMOUNT 720 DESCRIPTION INSURANCE AMOUNT 1,375 DESCRIPTION OFFICE AMOUNT 1,125 DESCRIPTION GENERAL EXCISE TAX AMOUNT 498 DESCRIPTION PAYROLL TAXES AMOUNT 3,759 DESCRIPTION TELEPHONE AMOUNT 2,443 DESCRIPTION MISCELLANEOUS AMOUNT 4,494 DESCRIPTION WEBSITE AMOUNT 604 DESCRIPTION MEETING EXPENSE AMOUNT 15,247 DESCRIPTION SAFETY SEMINAR AMOUNT 620 TOTAL TO FORM 990-EZ, LINE 16 55,752

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION NON-DEDUCTIBLE EXPENSES AMOUNT -2,088 DESCRIPTION PROXY TAX AMOUNT -6,799 TOTAL TO FORM 990-EZ, LINE 20 -8,887

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,290

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION PAYROLL TAXES PAYABLE BEG OF YEAR AMOUNT 371 END OF YEAR AMOUNT 944 DESCRIPTION ` BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 0 DESCRIPTION DEPOSITS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 7,383

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: HAWAII ISLAND CONTRACTORS' ASSOCIATION

EIN: 99-0107706

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.