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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$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

OMB No 1545-1150

2011

Open to Public Inspection

A F	or the		Decembe	r 31 , 20 11	
B c	heck if ap	plicable C Name of organization D E	Employer id	entification number	
□ ⁄	Address c		99-0321214		
╛┍	Name cha	Number and street (or P O box, if mail is not delivered to street address) Room/suite E 1	Telephone n	umber	
=	nrtial retu	P.O. BOX 17844	80	8-222-2520	
=	Terminate	■ City or town, state or country, and ZIP + 4	Group Exe	motion	
==	Amended Applicatio		Number 1	· ·	
	Vebsit			f the organization is not	
				ach Schedule B	
_	_			0-EZ, or 990-PF).	
	heck >	5			
		e than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be	required (see instructions). But if	
	-	nization chooses to file a return, be sure to file a complete return.			
		5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Pa	irt II,		
lır	ie 25, c	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ► \$		
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst	tructions	for Part I.)	
		Check if the organization used Schedule O to respond to any question in this Part I.			
	1	Contributions, gifts, grants, and similar amounts received			
	2	Program service revenue including government fees and contracts	. 2		
	3	Membership dues and assessments	. 3	86,757.00	
	4	Investment income	4	72.00	
	5a	Gross amount from sale of assets other than inventory 5a	·	72.00	
	_	Less: cost or other basis and sales expenses			
	b	· · · · · · · · · · · · · · · · · · ·			
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. <u>5</u> c		
	6	Gaming and fundraising events			
ا م	а	Gross income from gaming (attach Schedule G if greater than			
Ž		\$15,000)			
Š	b	Gross income from fundraising events (not including \$of contributions			
Revenue		from fundraising events reported on line 1) (attach Schedule G if the			
-		sum of such gross income and contributions exceeds \$15,000) 6b			
Ì	С	Less: direct expenses from gaming and fundraising events 6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtractions)	ct		
		line 6c)	. 6d		
	7a	Gross sales of inventory, less returns and allowances			
ľ	b	Less: cost of goods sold			
	C		. 7c		
	8	Gross profit or (loss) from sales of inventory (Subtract line 76 from line 72 ED Other revenue (describe in Schedule O)	. 8		
	۵	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	86,829.00	
\dashv	10	10tal revenue: Add thies 1, 2, 5, 4, 50, 60, 70, and 6 %. 1		23,000.00	
		Alaring and annual annual paid flot in contradict of	. 10	23,000.00	
.	11	Benefits paid to or for members	. 11		
es	12	Salaries, other compensation, and employee benefits	. 12		
ř	13	Professional fees and other payments to independent contractors	. 13	75,656.00	
Expenses	14	Occupancy, rent, utilities, and maintenance	. 14		
	15	Printing, publications, postage, and shipping	. 15		
Î	16	Other expenses (describe in Schedule O)		10,247.00	
	17	Total expenses. Add lines 10 through 16	▶ 17	108,903.00	
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		(22,074.00)	
ĕ	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree wit			
š		end-of-year figure reported on prior year's return)		145,689.00	
st /	20	Other changes in net assets or fund balances (explain in Schedule O)			
Net Assets	21	Net assets or fund balances at end of year. Combine lines 18 through 20	► 21	123,615.00	
	4-1	110t about or failu balanoos at one or your. Combine lines to through 20	- 4	123,013.00	

Pai	t II	Balance Sheets. (see the instr	uctions '	for Part II.)				
		Check if the organization used S	chedule	O to respond to a	ny question in this	Part II		🗸
			-			(A) Beginning of year		(B) End of year
22	Casl	h, savings, and investments			[142,259.00	22	118,974.00
23		d and buildings			· · · ·		23	
24		er assets (describe in Schedule O)			· · · <i>·</i> · ·	3,430.00		4,641.00
25		al assets			· · · · · .	145,689.00		123,615.00
26		al liabilities (describe in Schedule O assets or fund balances (line 27 o	•			145 000 00	26	122 615 00
27 Par	_	Statement of Program Service				145,689.00	[27]	123,615.00
r ai	يبيد	Check if the organization used S		,		•		Expenses
——— What	is the	organization's primary exempt purp				<u> </u>		juired for section c)(3) and 501(c)(4)
		ne organization's program service a					orga	nizations and section
as m	easure ons be	ed by expenses. In a clear and connefited, and other relevant information	oncise ma on for ea	anner, describe the ch program title.	e services provide	d, the number of		7(a)(1) trusts, optional thers.)
28		ganization provides negotiating assis			h their labor contrac	ts with unions;		
	collec	tive bargaining agreements and revie	w of cont	racts			ļ	
					·			
	(Grant	ts\$) If this	amount	includes foreign gra	ints, check here .	<u> ▶ ∐</u>	28a	
29								
					-		 	
	(Cront	to ¢ \ If this		noludos forsias are	nata abaal bara		000	
30	(Grant			includes foreign gra			29a	· · · · · · · · · · · · · · · · · · ·
00								
							}	
	(Grant	ts\$) If this	amount	includes foreign gra	ints, check here .	▶ 🗇	30a	
31		program services (describe in Sche						
	(Grant	ts\$) If this	amount	includes foreign gra	ints, check here .	▶ 🗆	31a	
32	Total	program service expenses (add lir	nes 28a t	hrough 31a)			32	
								<u> </u>
Par		List of Officers, Directors, Trustees,	, and Key	Employees. List ead	h one even if not cor	npensated. (see the i		ctions for Part IV.)
			, and Key	Employees. List ead	th one even if not cor ny question in this	npensated. (see the i Part IV		ctions for Part IV.)
		List of Officers, Directors, Trustees,	, and Key	Employees. List ead	h one even if not cor	part IV (d) Health benefits, contributions to employ benefit plans, and	nstru	🗅
Par		List of Officers, Directors, Trustees, Check if the organization used S (a) Name and address	, and Key	Employees. List each O to respond to a (b) Title and average hours per week	th one even if not corny question in this (c) Reportable compensation (Forms W-2/1099-MISC	part IV (d) Health benefits, contributions to employ benefit plans, and	nstru	Estimated amount of
Par	IV	List of Officers, Directors, Trustees, Check if the organization used S (a) Name and address	, and Key	Employees. List each O to respond to a (b) Title and average hours per week	th one even if not corny question in this (c) Reportable compensation (Forms W-2/1099-MISC	part IV (d) Health benefits, contributions to employ benefit plans, and	nstru	Estimated amount of
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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		1
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		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			V
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		-	
b 38a	Did the organization file Form 1120-POL for this year?	37b	-	✓
30a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	ļ	1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	100		\
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9	ļ		
b 40a	Gross receipts, included on line 9, for public use of club facilities	┨		Į
4Va	section 4911 ► ; section 4912 ► ; section 4955 ►	-	, ,	
ь	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		1
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	ļ		ĺ
d	reimbursed by the organization			
е	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		
41	List the states with which a copy of this return is filed. ▶	400		
42a		308-22	2-2520	0
	Located at ► P.O. Box 17844, Honolulu, HI ZIP + 4 ►	968	317	
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	Yes	No ✓
	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		√
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	AAL		
С	Did the organization receive any payments for indoor tanning services during the year?	44b 44c	 	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1	 	
_	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
45b	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 may need to be completed instead of			
	Form 990-EZ (see instructions)	45b	i	ı √

Form 99	90-EZ (2	011)						F	age 4	
46	Did tl	he organization engage, directly or in	directly, in political o	campaign activities	on behalf o	f or in opposi	tion -	Yes	No	
	to ca	andidates for public office? If "Yes," o	complete Schedule (C, Part I			. 46	<u> </u>	1	
Part	VI	Section 501(c)(3) organizations 501(c)(3) organizations and section and 52, and complete the tables	and section 4947 on 4947(a)(1) none for lines 50 and 51	(a)(1) nonexem; xempt charitable I.	ot charitab trusts mus	ole trusts on at answer qu	ly. All se		b	
		Check if the organization used Sch	redule O to respond	to any question	in this Part	<u>VI</u>	<u></u>	Tv		
47		he organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec				Yes	No ✓	
48 49a		organization a school as described in the organization make any transfers to	section 170(b)(1)(A)(i	ii)? If "Yes," comple	te Schedule	Ε	. 48		1	
ь 50	If "Ye	es," was the related organization a se- plete this table for the organization's oyees) who each received more than	ction 527 organization five highest comper	on?	(other than o	 officers, direct	. 49b	es an	d key	
_		ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-Mis	(d) He contribution	alth benefits, ons to employee ins, and deferred apensation	(e) Estimate	ed amoi	unt of	
None							-			
f 51	Comp	number of other employees paid over plete this table for the organization's ,000 of compensation from the organ	s five highest compo	ensated independe	ent contract	- ors who each	n received	more	than	
(a)	Name a	nd address of each independent contractor pair	d more than \$100,000	(b) Type of	service	(c)	Compensati	on		
None										
										
				-						
d 52	Did th	number of other independent contra- ne organization complete Schedule A xempt charitable trusts must attach a	? Note: All section 5	601(c)(3) organization	. ► ons and 494	,	► □ Yes		—— No	
	enalties	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than	eturn, including accompan	lying schedules and stat	ements, and to	the best of my kr				
Sign Here	alan Shinlans May 8, 2									
		Type or print name and title	Dronarer's supporture		Date		DTIN			
Paid Prep	arer	Print/Type preparer's name	Preparer's signature		Date	Check Self-emplo	if PTIN			
Use		Firm's name ► Firm's EIN ►								
May H	Firm's address ▶ Phone no								No	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization	Employer identification number
Building Industry Labor Association of Hawaii	99-0321214
Line 10 Grants and similar amounts paid	
Building Industry Association of Hawaii, 94-487 Akoki Street, Waipahu, HI 96797	
Daniel Made y 715500 attorio 1 favan, 04 407 710011 Street, Walpana, 111 50707	
Activity: Parade of Homes Sponsorship	
Amount: \$3,000.00	
Relationship: Donor	
Relationship. Donor	
Hawaii Building Industry Foundation, 94-487 Akoki Street, Waipahu, HI 96797	
Activity, Bladge for conital compage Construction Travelor Contra of the Books	
Activity: Pledge for capital campaign-Construction Training Center of the Pacific	
Amount: \$20,000.00	
Relationship: Donor	·
Line 16 Other Expenses	
\$6,264.00 Insurance	
#2 000 00 Minor House	
\$3,983.00 Miscellaneous	
Line 24 Other Assets	
\$4.541.00 Associate Descriveble Members	
\$4,641.00 Accounts Receivable-Members	
,	

Building Industr Labor Assocation of Hawaii 2011 Board of Directors

	(b)		(c)	(d)	(e)
Name	Office	Time	Compensation	` '	Expense
Shintani, Alan	President	PT	. 0	0	0
Kadowaki, Jay	Vice-President	PT	0	0	0
Sakurai, Kenneth	Secretary	₽T	0	0	0
Toma, Thomas	Treasurer	PT	0	0	0
Arakaki, Brian	Board Member	PT	0	0	0
Gillespie, Marcus	Board Member	PT	0	0	0
Hidano, Audrey	Board Member	PT	0	0	0
Higa, Scott	Board Member	PT	0	0	0
Ito, Carl	Board Member	PT	0	0	0
Monma, Russell	Board Member	PT	0	0	0
Nakahara, Michael	Board Member	PT	0	0	0
Tamashiro, Jiggs	Board Member	PT	0	0	0
Watanabe, James	Board Member	PT	0	0	0
Young, Russell	Board Member	PT	0	0	0