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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Department of the Treasury
Internal Revenue ServiceUnder 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

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Inspection

A For the 2011 calendar year, or tax year beginning		, and ending	
B Check if applicable		C Name of organization	
Address change		HAWAII COFFEE ASSOCIATION	
Name change		Number and street (or P O box, if mail is not delivered to street address)	
Initial return		Room/suite	
Terminated		PO BOX 168	
Amended return		City or town	state or country
Application pending		KEALAKEKUA	HI
		96750	
D Employer identification number		99-0328478	
E Telephone number		(808) 323-3131	
F Group Exemption Number ►			
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►			
I Website: ► WWW.HAWAII COFFEE ASSOCIATION.COM			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
H Check ► <input type="checkbox"/> if the organization is not 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 or a section 527 organization and its gross receipts are normally not more 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 the organization chooses to file a return, be sure to file a complete return

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 ► \$ 123,420

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

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	68,025
	2 Program service revenue including government fees and contracts	2	47,670
	3 Membership dues and assessments	3	7,725
	4 Investment income	4	
	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)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c 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 subtract line 6c)	6d	0	
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	0	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	123,420	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	14,645
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	84,631
	17 Total expenses. Add lines 10 through 16	17	99,276
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	24,144
	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	39,512
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	63,656

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form 990-EZ (2011)

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	39,512	22 61,456
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24 3,275
25 Total assets	39,512	25 64,731
26 Total liabilities (describe in Schedule O)		26 1,075
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	39,512	27 63,656

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III. What is the organization's primary exempt purpose? **PROVIDE EDUCATION AND PROMOTE HAWAIIAN COFFEE**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 DOMESTIC COFFEE ROADSHOW(Grants \$) If this amount includes foreign grants, check here ► **29 PRODUCTION OF THREE DAY CONFERENCE**(Grants \$) If this amount includes foreign grants, check here ► **30 STATEWIDE COMPETITION AND EDUCATION SEMINARS**(Grants \$) If this amount includes foreign grants, check here ► **31 Other program services (describe in Schedule O)**(Grants \$) If this amount includes foreign grants, check here ► **32 Total program service expenses.** (add lines 28a through 31a)► 32 0**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TOM GREENWELL PO BOX 248 KEALAKEKUA HI 96750	Title PRESIDENT Hr/WK 00	0		
STEVE COLLECTOR PO BOX 200 CAPTAIN COOK HI 96704	Title VICE PRESIDENT Hr/WK 00	0		
BRENT HIGHT PO BOX 38 CAPTAIN COOK HI 96704	Title SECRETARY Hr/WK 00	0		
GLORIA BIVEN PO BOX 829 CAPTAIN COOK HI 96704	Title TREASURER Hr/WK 00	0		
DAVID GRIDLEY PO BOX 637 PUUNENE HI 96784	Title DIRECTOR Hr/WK 00	0		
ROGER KAIWI PO BOX 406 CAPTAIN COOK HI 96704	Title DIRECTOR Hr/WK 00	0		
DAVE BATEMAN 78-1136 BISHOP RD HOLUALOA HI 96725	Title DIRECTOR Hr/WK .00	0		
KIYOSHI MATSUO PO BOX 422 HOLUALOA HI 96725	Title DIRECTOR Hr/WK 00	0		
PEPE MIRANDA PO BOX 248 KEALAKEKUA HI 96750	Title DIRECTOR Hr/WK 00	0		
CHRIS MANFREDI PO BOX 1109 NAALEHU HI 96772	Title DIRECTOR Hr/WK 00	0		
TIM MARTIN PO BOX 530 KALAHEO HI 96741	Title DIRECTOR Hr/WK .00	0		
JONATHAN SECHRIST PO BOX 540 CAPTAIN COOK HI 96704	Title DIRECTOR Hr/WK 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 Yes 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 Yes No

35 a 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)? 35a Yes No
 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Yes No
 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 Yes No

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 Yes No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a
 b Did the organization file Form 1120-POL for this year? 37b Yes No

38 a 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 Yes 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

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► 40b , section 4912 ► 40c , section 4955 ► 40d
 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 40e Yes No
 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. 40f
 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40g
 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. 40h

41 List the states with which a copy of this return is filed ► 41

42 a The organization's books are in care of ► STEVE COLLECTOR Telephone no ► (808) 323-3131
 Located at ► PO BOX 200 City CAPTAIN COOK ST HI ZIP + 4 ► 96704 42a Yes No
 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 ► 42b Yes No
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c Yes No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► 43
 and enter the amount of tax-exempt interest received or accrued during the tax year

44 a Did the organization maintain any donor advised funds during the year? 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 Yes No
 c Did the organization receive any payments for indoor tanning services during the year? 44c Yes 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 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Yes No
 b 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 Yes 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

	Yes	No
46		X

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, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
b		
49b		

48 Is the organization 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 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
f Total number of other employees paid over \$100,000				

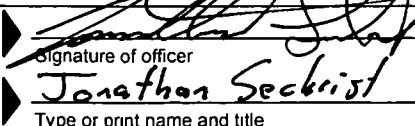
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

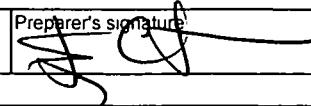
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
d Total number of other independent contractors each receiving 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

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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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			Date <i>Apr. 13, 2013</i>
	Signature of officer	Preparer's signature	
Type or print name and title <i>Jonathan Sechrist</i>			

Paid Preparer Use Only	Print/Type preparer's name ERIC CURTIS	Preparer's signature 	Date 4/3/2013	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00226122
	Firm's name ► H&R BLOCK			Firm's EIN ► 99-0190071	
	Firm's address ► PO BOX 230, KEALAKEKUA, HI 96750			Phone no (808) 322-2855	

May the IRS discuss this return with the preparer shown above? See instructions

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Page 1 of 1 of Part IV

Name of Organization

HAWAII COFFEE ASSOCIATION

Employer identification number

99-0328478

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 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

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Name of the organization

HAWAII COFFEE ASSOCIATION

Employer identification number

99-0328478

Form 990-EZ, Part I, Line 16, Other Expenses, Conferences, conventions, and meetings 35,149

Form 990-EZ, Part I, Line 16, Other Expenses: EDUCATION 571

Form 990-EZ, Part I, Line 16, Other Expenses: OTHER OPERATIONS EXPENSE 43,165

Form 990-EZ, Part I, Line 16, Other Expenses: BOOTH RENTAL 4,305

Form 990-EZ, Part I, Line 16, Other Expenses: ADVERTISING 1,040

Form 990-EZ, Part I, Line 16, Other Expenses: MISCELLANEOUS 401

Form 990-EZ, Part II, Line 24, Other Assets UNDEPOSITED FUNDS Beginning of year 0, End of
year 3,275

Form 990-EZ, Part II, Line 26, Liabilities ACCOUNTS RECEIVABLE Beginning of year 0, End of
year 1,075

Name of the organization

HAWAII COFFEE ASSOCIATION

Employer identification number

99-0328478