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▶ 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.*

**A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012**

|                                         |                |
|-----------------------------------------|----------------|
| <b>D Employer identification number</b> | 99-0107706     |
| <b>E Telephone number</b>               | (808) 935-1316 |
| <b>F Group Exemption Number</b>         |                |

**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**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. **\$ 121,049**

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2010)

## Part II Balance Sheets

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

(See the instructions for Part II )

| (See the instructions for Part II ) |                                                                             |   |   |   |   |   |   |   |   |   |   |   |   |   | (A) Beginning of year |    | (B) End of year |  |
|-------------------------------------|-----------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------------|----|-----------------|--|
| 22                                  | Cash, savings, and investments                                              | . | . | . | . | . | . | . | . | . | . | . | . | . | 304,623               | 22 | 323,045         |  |
| 23                                  | Land and buildings                                                          | . | . | . | . | . | . | . | . | . | . | . | . | . |                       | 23 |                 |  |
| 24                                  | Other assets (describe in Schedule O)                                       | . | . | . | . | . | . | . | . | . | . | . | . | . | 1,290                 | 24 | 967             |  |
| 25                                  | Total assets                                                                | . | . | . | . | . | . | . | . | . | . | . | . | . | 305,913               | 25 | 324,012         |  |
| 26                                  | Total liabilities (describe in Schedule O)                                  | . | . | . | . | . | . | . | . | . | . | . | . | . | 8,327                 | 26 | 9,222           |  |
| 27                                  | Net assets or fund balances (line 27 of column (B) must agree with line 21) | . | . | . | . | . | . | . | . | . | . | . | . | . | 297,586               | 27 | 314,790         |  |

### Part III Statement of Program Service Accomplishments

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 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 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

**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) 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 significant 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 <b>not</b> 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?                                                                                                                                                                                                                                                                                    | 35a | No |
| b   | If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                                                                                                                                              | 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 | 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  | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a <input type="text" value="0"/>                                                                                                                                                                                                                                                                                                                |     |    |
| b   | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                 | 37b |    |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____                                                                                                                                                                                                                            |     |    |
| 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 . . . . . <input type="checkbox"/> _____                                                                                                                                                                                                                                                |     |    |
| d   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                                  |     |    |
| 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 <input type="checkbox"/> HI                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| 42a | The organization's books are in care of <input type="checkbox"/> TASHANNA CORTEZ Telephone no <input type="checkbox"/> (808) 935-1316<br>494-C KALANIKOA ST<br>Located at <input type="checkbox"/> HILO, HI ZIP + 4 <input type="checkbox"/> 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)?<br>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . | 42b | No |
| c   | At any time during the calendar year, did the organization maintain an office outside of the U S ?<br>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                    | 42c | No |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> <input checked="" type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> 43 <input type="text" value=""/>                                                                                                                                       |     |    |
| 44a | Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.                                                                                                                                                                                                                                                                                                                                                     | 44a | 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 |    |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                                                                                                 | 45a | No |
| 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 |    |

|    |                                                                                                                                                                                            |     |    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|    |                                                                                                                                                                                            | 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 |     |    |
| 46 |                                                                                                                                                                                            |     | 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 or have a section 501(h) election in effect during the tax year? 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 |
|----------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |

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 |
|------------------------------------------------------------------------------|---------------------|------------------|
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

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

Yes No

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                | *****<br>Signature of officer                                 | 2013-05-04<br>Date                                                                  |                    |                                                                           |
|                          | CRAIG TAKAMINE PRESIDENT<br>Type or print name and title      |                                                                                     |                    |                                                                           |
| Paid Preparer's Use Only | Preparer's signature                                          | GREGG M TAKETA                                                                      | Date<br>2013-05-04 | Check if self-employed                                                    |
|                          | Firm's name (or yours if self-employed), address, and ZIP + 4 | TAKETA IWATA HARA & ASSOCIATES LLC<br>101 AUPUNI STREET SUITE 139<br>HILO, HI 96720 |                    | Preparer's taxpayer identification number (See instructions)<br>P00024193 |
|                          |                                                               |                                                                                     | EIN                | 59-3783195<br>Phone no (808) 935-5404                                     |

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

Yes No

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<br>C/O HICA 494 C KALANIKOA STREET<br>HILO,HI 96720    | PRESIDENT 1 00                                           | 0                                          | 0                                                                   | 0                                        |
| ALDEN CHAI<br>C/O HICA 494 C KALANIKOA STREET<br>HILO,HI 96720        | DIRECTOR 0 50                                            | 0                                          | 0                                                                   | 0                                        |
| LESLIE ISEMOTO<br>C/O HICA 494 C KALANIKOA STREET<br>HILO,HI 96720    | IMMEDIATE PAST PRESIDENT 0 50                            | 0                                          | 0                                                                   | 0                                        |
| TOM RAFFIPIY<br>C/O HICA 494 C KALANIKOA STREET<br>HILO,HI 96720      | TREASURER 0 00                                           | 0                                          | 0                                                                   | 0                                        |
| RUTH BINYAN<br>C/O HICA 494 C KALANIKOA STREET<br>HILO,HI 96720       | DIRECTOR 0 50                                            | 0                                          | 0                                                                   | 0                                        |
| BYRON FUJIMOTO<br>C/O HICA 494 C KALANIKOA STREET<br>HILO,HI 96720    | DIRECTOR 0 50                                            | 0                                          | 0                                                                   | 0                                        |
| GERALD YAMADA<br>C/O HICA 494 C KALANIKOA STREET<br>HILO,HI 96720     | 1ST VICE PRESIDENT 1 00                                  | 0                                          | 0                                                                   | 0                                        |
| GILBERT AGUINALDO<br>C/O HICA 494 C KALANIKOA STREET<br>HILO,HI 96720 | SECRETARY 1 00                                           | 0                                          | 0                                                                   | 0                                        |
| AMY HONDA<br>C/O HICA 494 C KALANIKOA STREET<br>HILO,HI 96720         | DIRECTOR 0 50                                            | 0                                          | 0                                                                   | 0                                        |
| BRIAN NINOMOTO<br>C/O HICA 494 C KALANIKOA STREET<br>HILO,HI 96720    | DIRECTOR 0 50                                            | 0                                          | 0                                                                   | 0                                        |
| CAROLYN LOEFFLER<br>C/O HICA 494 C KALANIKOA STREET<br>HILO,HI 96720  | DIRECTOR 0 50                                            | 0                                          | 0                                                                   | 0                                        |
| HUGH WILLOCKS<br>C/O HICA 494 C KALANIKOA STREET<br>HILO,HI 96720     | DIRECTOR 0 50                                            | 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

2011

Open to Public Inspection

|                                                                    |                                              |
|--------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>HAWAII ISLAND CONTRACTORS' ASSOCIATION | Employer identification number<br>99-0107706 |
|--------------------------------------------------------------------|----------------------------------------------|

| Identifier                                 | Return Reference              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OTHER INVESTMENT INCOME                    | FORM 990-EZ, PART I, LINE 4   | INTEREST INCOME 1,176                                                                                                                                                                                                                                                                                                                                                                                                                                |
| OTHER REVENUE                              | FORM 990-EZ, PART I, LINE 8   | DESCRIPTION OTHER INCOME AMOUNT 1,145                                                                                                                                                                                                                                                                                                                                                                                                                |
| 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                                                                                                                                                                                                                                                                                                               |
| GRANTS AND SIMILAR AMOUNTS PAID            | FORM 990-EZ, PART I, LINE 10  | ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME CODY TABILANG GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 750                                                                                                                                                                                                                                                                                                                  |
| GRANTS AND SIMILAR AMOUNTS PAID            | FORM 990-EZ, PART I, LINE 10  | ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME KRIS QUIHANO GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 750                                                                                                                                                                                                                                                                                                                   |
| GRANTS AND SIMILAR AMOUNTS PAID            | FORM 990-EZ, PART I, LINE 10  | ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME JUSTIN M FERREIRA GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 750 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 3,000                                                                                                                                                                                                                                                                 |
| OCCUPANCY, RENT, UTILITIES AND MAINTENENCE | FORM 990-EZ, PART I, LINE 14  | DESCRIPTION DEPRECIATION AMOUNT 323 DESCRIPTION OTHER EXPENSES AMOUNT 21,314 TOTAL TO FORM 990-EZ, LINE 14 21,637                                                                                                                                                                                                                                                                                                                                    |
| OTHER EXPENSES                             | FORM 990-EZ, PART I, LINE 16  | DESCRIPTION ACCOUNTING AMOUNT 1,354 DESCRIPTION AUTO AMOUNT 600 DESCRIPTION COMMITTEE EXPENSE AMOUNT 13,998 DESCRIPTION INSURANCE AMOUNT 1,169 DESCRIPTION OFFICE AMOUNT 1,788 DESCRIPTION GENERAL EXCISE TAX AMOUNT 134 DESCRIPTION PAYROLL TAXES AMOUNT 4,550 DESCRIPTION TELEPHONE AMOUNT 2,285 DESCRIPTION MISCELLANEOUS AMOUNT 216 DESCRIPTION WEBSITE AMOUNT 242 DESCRIPTION MEETING EXPENSE AMOUNT 3,896 TOTAL TO FORM 990-EZ, LINE 16 30,232 |
| OTHER CHANGES IN NET ASSETS                | FORM 990-EZ, PART I, LINE 20  | DESCRIPTION NON-DEDUCTIBLE EXPENSES AMOUNT -63                                                                                                                                                                                                                                                                                                                                                                                                       |
| OTHER ASSETS                               | FORM 990-EZ, PART II, LINE 24 | DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 1,290 END OF YEAR AMOUNT 967                                                                                                                                                                                                                                                                                                                                                                 |
| OTHER LIABILITIES                          | FORM 990-EZ, PART II, LINE 26 | DESCRIPTION PAYROLL TAXES PAYABLE BEG OF YEAR AMOUNT 944 END OF YEAR AMOUNT 1,018 DESCRIPTION DEPOSITS BEG OF YEAR AMOUNT 7,383 END OF YEAR AMOUNT 8,204                                                                                                                                                                                                                                                                                             |

## TY 2011 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.