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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

- 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.

<b>A</b> For the 2012 calendar year, or tax year beginning , and ending																
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td colspan="2"><b>C</b> Name of organization HAWAII COFFEE ASSOCIATION</td> <td><b>D</b> Employer identification number 99-0328478</td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) Room/suite</td> <td><b>E</b> Telephone number (808) 323-2692</td> </tr> <tr> <td>PO BOX 168</td> <td></td> <td></td> </tr> <tr> <td>City or town state or country ZIP + 4</td> <td colspan="2"></td> </tr> <tr> <td>KEALAKEKUA HI 96750</td> <td colspan="2"></td> </tr> </table>	<b>C</b> Name of organization HAWAII COFFEE ASSOCIATION		<b>D</b> Employer identification number 99-0328478	Number and street (or P O box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number (808) 323-2692	PO BOX 168			City or town state or country ZIP + 4			KEALAKEKUA HI 96750		
<b>C</b> Name of organization HAWAII COFFEE ASSOCIATION		<b>D</b> Employer identification number 99-0328478														
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PO BOX 168																
City or town state or country ZIP + 4																
KEALAKEKUA HI 96750																
<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►																
<b>I</b> Website: ► WWW.HAWAIIICOFFEEASSOCIATION.COM																
<b>J</b> 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																
<b>H</b> 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. ► \$ 76,274

## 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	29,200
	2	Program service revenue including government fees and contracts	2	35,561
	3	Membership dues and assessments	3	11,513
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less direct expenses from gaming and fundraising events			
6d	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		
7b	Less cost of goods sold	7b		
7c	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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	76,274	
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	7,529
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	86,965
17	<b>Total expenses.</b> Add lines 10 through 16	17	94,494	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-18,220
	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	63,656
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-21,479
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	23,957

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

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96,722

**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

☒ X

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	61,456	22 23,957
23 Land and buildings		23
24 Other assets (describe in Schedule O)	3,275	24
25 Total assets	64,731	25 23,957
26 Total liabilities (describe in Schedule O)	1,075	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	63,656	27 23,957

**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

☐**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? 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	<input type="checkbox"/>	28a 26,881
29 PRODUCTION OF THREE DAY CONFERENCE		
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a 26,737
30 STATEWIDE COMPETITION AND EDUCATION SEMINARS		
(Grants \$ 29,200 ) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a 32,493
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32 Total program service expenses. (add lines 28a through 31a)		32 86,111

**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 title	(b) 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
GREG STILLE PRESIDENT	Hr/WK			
CHRIS MANFREDI VICE PRESIDENT	Hr/WK			
GLORIA BIVEN SECRETARY	Hr/WK			
JONATHAN SECHRIST TREASURER	Hr/WK			
STEVE COLLECTOR DIRECTOR	Hr/WK			
ROGER KAIWI DIRECTOR	Hr/WK			
DAVE BATEMAN DIRECTOR	Hr/WK			
JOHN CROSS DIRECTOR	Hr/WK			
KIMO FALCONER DIRECTOR	Hr/WK			
TOMMY GREENWELL DIRECTOR	Hr/WK			
TIM MARTIN DIRECTOR	Hr/WK			
MAKOTO IKEDA DIRECTOR	Hr/WK			

## Page 1 of 1 of Part IV

Employer identification number

99-0328478

[illegible]

**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 . ☐

	Yes	No
<b>33</b> 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		X
<b>34</b> 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)		X
<b>35 a</b> 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)?		X
<b>b</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		
<b>c</b> 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		X
<b>36</b> 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		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?		
<b>38 a</b> 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?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> , section 4912 <b>40b</b> , section 4955 <b>40c</b>		
<b>b</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		
<b>c</b> 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 <b>40c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> 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 <b>40e</b>		
<b>41</b> List the states with which a copy of this return is filed <b>41</b>		
<b>42 a</b> The organization's books are in care of <b>42a</b> JONATHAN SECHRIST Telephone no <b>42a</b> (808) 323-2692 Located at <b>42a</b> PO BOX 540 City <b>42a</b> CAPTAIN COOK ST HI ZIP + 4 <b>42a</b> 96704		
<b>b</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 <b>42b</b>		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <b>42c</b>		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <b>43</b> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44a</b>		X
<b>b</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 <b>44b</b>		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? <b>44c</b>		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>44d</b>		
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? <b>45a</b>		X
<b>b</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) <b>45b</b>		X

- 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 only**

All section 501(c)(3) organizations 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		X
49b		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49 a 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 title of each employee paid more than \$100,000	(b) 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				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	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"

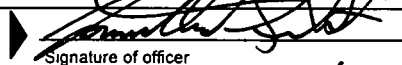
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

- 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		Date
	Jonathan Sechrist Treasurer	July 12, 2013

Paid Preparer Use Only	Print/preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	ERIC CURTIS	ERIC CURTIS	7/11/2013		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

▶ ☐ Yes ☐ No

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**2012**

**Open to Public  
Inspection**

Employer identification number

HAWAII COFFEE ASSOCIATION

99-0328478

Form 990-EZ, Part I, Line 16, Other Expenses Travel 13,264

Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 3,363

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 26,737

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 13,617

Form 990-EZ, Part I, Line 16, Other Expenses GRANT EXPENSES 15,000

Form 990-EZ, Part I, Line 16, Other Expenses INSURANCE 1,045

Form 990-EZ, Part I, Line 16, Other Expenses EVENT SPONSOR 500

Form 990-EZ, Part I, Line 16, Other Expenses POSTAGE 818

Form 990-EZ, Part I, Line 16, Other Expenses BOOTH RENTAL 6,035

Form 990-EZ, Part I, Line 16, Other Expenses ADVERTISING 3,929

Form 990-EZ, Part I, Line 16, Other Expenses BANK CHARGES 1,116

Form 990-EZ, Part I, Line 16, Other Expenses WEBSITE HOSTING 1,041

Form 990-EZ, Part I, Line 16, Other Expenses BUSINESS REGISTRATION 500

Form 990-EZ, Part I, Line 20, Net Assets PRIOR PERIOD ADJUSTMENTS -21,479

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

of year 0

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

of year 0

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

1	Contributions	1	
2	Noncash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	29,200
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	29,200