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A For the 2012 calendar year, or tax year beginning 07-01-2012 , and ending 06-30-2013		B	
<input type="checkbox"/> 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		C Name of organization HAWAII ISLAND CONTRACTORS' ASSOCIATION D Employer identification number 99-0107706	
E Telephone number (808) 935-1316		F Group Exemption Number ▶	

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶ _____

I Website: ▶ HICASSOCIATION.COM

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

H Check ☐ ☒ 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. ▶ \$ 141,037

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	7,500
	2	Program service revenue including government fees and contracts	2	4,971
	3	Membership dues and assessments	3	103,331
	4	Investment income	4	504
	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	
	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 \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	3,901
	c	Less direct expenses from gaming and fundraising events	6c	2,856
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,045
	7a	Gross sales of inventory, less returns and allowances	7a	
Expenses	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	20,830
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	138,181
	10	Grants and similar amounts paid (list in Schedule O)	10	7,250
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	38,085
	13	Professional fees and other payments to independent contractors	13	10,072
	14	Occupancy, rent, utilities, and maintenance	14	23,053
	15	Printing, publications, postage, and shipping	15	409
	16	Other expenses (describe in Schedule O)	16	67,672
	17	Total expenses. Add lines 10 through 16	17	146,541
	Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18
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	314,790
20		Other changes in net assets or fund balances (explain in Schedule O)	20	-117
21		Net assets or fund balances at end of year Combine lines 18 through 20	21	306,313

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	323,045	22	312,061
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	967	24	644
25 Total assets	324,012	25	312,705
26 Total liabilities (describe in Schedule O)	9,222	26	6,392
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	314,790	27	306,313

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?
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 PROGRAM - THE PROGRAM COMMITTEE IS RESPONSIBLE FOR THE PLANNING AND IMPLEMENTATION OF OUR MONTHLY GENERAL MEMBERSHIP MEETINGS. IN 2012-2013 THE PROGRAM COMMITTEE HAD A HUGE PART INCREASING MEMBER ATTENDANCE BY APPROXIMATELY 50%, THE COMPARISON IN PREVIOUS YEARS WAS 20-30 MEMBERS TO 60-100 MEMBERS, LAST FISCAL YEAR ALONE. THE SIGNIFICANCE AND IMPORTANCE OF THE PROGRAM COMMITTEE'S ACCOMPLISHMENT WAS EVIDENT THROUGH MORE EXPOSURE OF HICA, THE ATTRACTION OF NEW GUESTS AND NEW MEMBERS, AND CONTRIBUTION TO MEMBERSHIP GROWTH. THIS HAS AND WILL CONTINUE TO ULTIMATELY RESULT IN AN INCREASE IN MEMBER REVENUE AND PARTICIPATION, WHICH IN TURN WILL INCREASE THE SERVICES THAT WE PROVIDE TO OUR MEMBERS. THE PROGRAM COMMITTEE ALSO HAS A LARGE PART IN CONTRIBUTING TO MEMBER RETENTION THROUGH THE ACTIVITIES AND SPEAKERS AT THE GENERAL MEMBERSHIP MEETINGS.
(Grants \$ 0) If this amount includes foreign grants, check here

28a26,677

29 SAFETY - OUR SAFETY COMMITTEE IS A VERY IMPORTANT PART OF THE ORGANIZATION AND IS RESPONSIBLE FOR IMPLEMENTING OUR SAFETY AND ACCIDENT PREVENTION PROGRAM FOR THE MEMBERS. CONTRACTORS, SUBCONTRACTORS AND THEIR EMPLOYEES ARE REQUIRED BY THE STATE OF HAWAII HIOSH AND FEDERAL OSHA TO BE CERTIFIED IN SAFETY AND ACCIDENT PREVENTION CLASSES. HICA PROVIDES MOST OF THESE SAFETY AND ACCIDENT PREVENTION CLASSES TO OUR MEMBERS AT A DISCOUNT. THERE WAS A SIGNIFICANT INCREASE IN MEMBER PARTICIPATION THIS YEAR, WHICH IS A GREAT ACCOMPLISHMENT FOR HICA KNOWING THAT WE CONTRIBUTE TO THE WELL-BEING OF OUR MEMBERS, THEIR EMPLOYEES AND THE COMMUNITY IN THE AREA OF SAFETY AND ACCIDENT PREVENTION.
(Grants \$ 0) If this amount includes foreign grants, check here

29a9,471

30 SCHOLARSHIP TROLLING TOURNAMENT/GOLF- THE STTC COMMITTEE'S AND GOLF COMMITTEE'S EFFORTS PROVIDED FOR A SIGNIFICANT INCREASE IN MEMBER PARTICIPATION WHICH RESULTED IN AN INCREASE IN CONTRIBUTIONS TO THE SCHOLARSHIP FUND. HICA IS VERY PASSIONATE ABOUT CONTRIBUTING TO THE NEXT 3 GENERATIONS, AND THROUGH THE CONTINUED EFFORTS OF THESE COMMITTEES, MORE HAWAII COMMUNITY COLLEGE STUDENTS WILL BENEFIT THROUGH THE SCHOLARSHIPS GIVEN.
(Grants \$ 0) If this amount includes foreign grants, check here

30a4,125

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)

3240,273

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
See Additional Data Table				

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
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
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)?	35a	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	
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 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <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 Located at <input type="checkbox"/> 494-C KALANIKOA ST 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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	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 <input type="checkbox"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43		
		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	No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>	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? <i>If "No," provide an explanation in Schedule O</i>	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		No

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

		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 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?		
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 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




f	Total number of other employees paid over \$100,000	
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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.	
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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 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	***** Signature of officer		2013-08-26 Date		
	CRAIG TAKAMINE PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature GREGG M TAKETA	Date 2013-08-26	Check <input type="checkbox"/> if self-employed	PTIN P00024193
	Firm's name  TAKETA IWATA HARA & ASSOCIATES LLC			Firm's EIN  59-3783195	
	Firm's address  101 AUPUNI STREET SUITE 139 HILO, HI 96720			Phone no (808) 935-5404	
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 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
CRAIG TAKAMINE PRESIDENT	1 00	0	0	0
ALDEN CHAI DIRECTOR	0 50	0	0	0
LESLIE ISEMOTO IMMEDIATE PAST PRESIDENT	1 00	0	0	0
TOM RAFFIPIY TREASURER	1 00	0	0	0
RUTH BINYAN DIRECTOR	0 50	0	0	0
BYRON FUJIMOTO DIRECTOR	0 50	0	0	0
GERALD YAMADA DIRECTOR	0 50	0	0	0
GILBERT AGUINALDO SECRETARY	0 00	0	0	0
AMY HONDA DIRECTOR	0 50	0	0	0
BRIAN NINOMOTO 1ST VICE PRESIDENT	1 00	0	0	0
CAROLYN LOEFFLER 2ND VICE PRESIDENT	1 00	0	0	0
HUGH WILLOCKS 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

2012

Open to Public Inspection

Name of the organization

HAWAII ISLAND CONTRACTORS' ASSOCIATION

Employer identification number

99-0107706

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 504
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION OTHER INCOME AMOUNT 5,179 DESCRIPTION REIMBURSEMENT INCOME AMOUNT 15,651 TOTAL TO FORM 990-EZ, LINE 8 20,830
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME LENNING MODINA GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 05/29/13 AMOUNT GIVEN 750
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME JURENE SHIROMA GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 05/29/13 AMOUNT GIVEN 750
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME MALIA SOUZA GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 05/31/13 AMOUNT GIVEN 750
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME HAWAII CONSTRUCTION CAREER DAYS GRANTEE ADDRESS P O BOX 235354 HONOLULU, HI 96823 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 07/31/13 AMOUNT GIVEN 5,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 7,250
OCCUPANCY, RENT, UTILITIES AND MAINTENENCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 323 DESCRIPTION OTHER EXPENSES AMOUNT 22,730 TOTAL TO FORM 990-EZ, LINE 14 23,053
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION ACCOUNTING AMOUNT 1,979 DESCRIPTION AUTO AMOUNT 575 DESCRIPTION BANK FEES AMOUNT 442 DESCRIPTION BUSINESS LICENSE & FEES AMOUNT 5 DESCRIPTION COMMITTEE EXPENSE AMOUNT 42,039 DESCRIPTION DUES & SUBSCRIPTIONS AMOUNT 1,323 DESCRIPTION INSURANCE AMOUNT 1,394 DESCRIPTION OFFICE AMOUNT 2,736 DESCRIPTION GENERAL EXCISE TAX AMOUNT 169 DESCRIPTION OTHER TAXES AMOUNT 833 DESCRIPTION PAYROLL TAXES AMOUNT 4,468 DESCRIPTION TELEPHONE AMOUNT 2,857 DESCRIPTION MISCELLANEOUS AMOUNT 289 DESCRIPTION WEBSITE AMOUNT 798 DESCRIPTION MEETING EXPENSE AMOUNT 6,593 DESCRIPTION MARKETING EXPENSE AMOUNT 1,172 TOTAL TO FORM 990-EZ, LINE 16 67,672
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION NON-DEDUCTIBLE EXPENSES AMOUNT -117
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 967 END OF YEAR AMOUNT 644
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION PAYROLL TAXES PAYABLE BEG OF YEAR AMOUNT 1,018 END OF YEAR AMOUNT 1,101 DESCRIPTION DEPOSITS BEG OF YEAR AMOUNT 8,204 END OF YEAR AMOUNT 3,009 DESCRIPTION CREDIT CARD LIABILITY BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 2,282

TY 2012 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.