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## Short Form

## Return of Organization Exempt From Income Tax

2013

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection

## A For the 2013 calendar year, or tax year beginning

, and ending

## B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

## C Name of organization

HAWAII COFFEE ASSOCIATION

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

PO BOX 168

City or town

State

ZIP code

KEALAKEKUA

HI

96750

Foreign country name

Foreign province/state/county

Foreign postal code

## D Employer identification number

99-0328478

## E Telephone number

(808) 323-2692

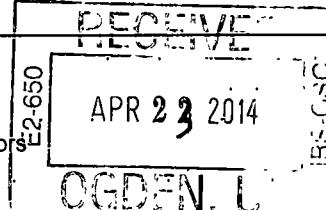
F Group Exemption  
NumberG Accounting Method  Cash  Accrual Other (specify) ► \_\_\_\_\_I Website: ► [WWW.HAWAII COFFEE ASSOCIATION.COM](http://WWW.HAWAII COFFEE ASSOCIATION.COM)J Tax-exempt status (check only one) —  501(c)(3)  501(c)(6) (insert no.)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Form of organization  Corporation  Trust  Association  Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 142,477

## 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 

1	Contributions, gifts, grants, and similar amounts received.	1	70,483
2	Program service revenue including government fees and contracts	2	61,268
3	Membership dues and assessments	3	10,725
4	Investment income	4	1
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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	142,477
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	18,797
14	Occupancy, rent, utilities, and maintenance	14	29,746
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	89,994
17	<b>Total expenses.</b> Add lines 10 through 16	17	138,537
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,940
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	23,957
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	27,897



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

5  
10  
9

**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	23,957	22 27,897
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	23,957	25 27,897
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,957	27 27,897

**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

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28 DOMESTIC COFFEE ROADSHOW			
(Grants \$ )	If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	
29 PRODUCTION OF THREE DAY CONFERENCE			
(Grants \$ )	If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30 STATEWIDE COMPETITION AND EDUCATION SEMINARS			
(Grants \$ )	If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
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	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 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			

**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	X
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	X
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	X
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	X
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	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b>	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
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 ► _____, section 4912 ► _____; section 4955 ► _____	40b	
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 ► _____	40b	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____	40b	
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	
41 List the states with which a copy of this return is filed. ► _____		
42 a The organization's books are in care of ► JONATHAN SECHRIST Telephone no ► (808) 323-2692		
Located at ► PO BOX 540 City CAPTAIN COOK ST HI ZIP + 4 ► 96704		
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 ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
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 ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>	43	
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45 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	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

	Yes	No
47	47	
48	48	
49 a	49a	
b	49b	
50		

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

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	(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 business address of each independent contractor	(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 ►  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	Signature of officer ► Jonathan Sechrist Treasurer	Date 4/12/14
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name ERIC CURTIS	Preparer's signature ERIC CURTIS	Date 4/9/2014	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

►  Yes  No

**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

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Inspection

Name of the organization

HAWAII COFFEE ASSOCIATION

Employer identification number

99-0328478

Form 990-EZ, Part I, Line 16, Other Expenses Travel 2,552

Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 4,974

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 8,253

Form 990-EZ, Part I, Line 16, Other Expenses GRANT EXPENSES 54,200

Form 990-EZ, Part I, Line 16, Other Expenses INSURANCE 1,534

Form 990-EZ, Part I, Line 16, Other Expenses EVENT SPONSOR 2,360

Form 990-EZ, Part I, Line 16, Other Expenses POSTAGE 1,560

Form 990-EZ, Part I, Line 16, Other Expenses BOOTH RENTAL 4,071

Form 990-EZ, Part I, Line 16, Other Expenses ADVERTISING 4,952

Form 990-EZ, Part I, Line 16, Other Expenses BANK CHARGES 2,358

Form 990-EZ, Part I, Line 16, Other Expenses WEBSITE HOSTING 1,154

Form 990-EZ, Part I, Line 16, Other Expenses BUSINESS REGISTRATION 26

Form 990-EZ, Part I, Line 16, Other Expenses ASSOCIATION DUES 1,870

Form 990-EZ, Part I, Line 16, Other Expenses POST OFFICE BOX RENT 130

Name of the organization

**HAWAII COFFEE ASSOCIATION**

Employer identification number

**99-0328478**

#### Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Page 1 of 1 of Part IV

**Name of Organization**

**Employer identification number**

99-0328478