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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

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.

Open to Public
Inspection**A For the 2015 calendar year, or tax year beginning**

, and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Final 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

G Accounting Method Cash Accrual Other (specify) ►**I Website:** ► WWW.HAWAII COFFEE ASSOCIATION.COM**J Tax-exempt status (check only one)** — 501(c)(3) 501(c) (6) (insert no) 4947(a)(1) or 527**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

► \$

150,100

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 84,542
	2 Program service revenue including government fees and contracts	2 52,858
	3 Membership dues and assessments	3 12,700
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	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
	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
	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
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 150,100
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 14,583
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 155,007
	17 Total expenses. Add lines 10 through 16	17 169,590
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -19,490
	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 18,756
	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 -734

For Paperwork Reduction Act Notice, see the separate Instructions.

HTA

Form 990-EZ (2015)

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NE
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	18,756	22 11,266
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	18,756	25 11,266
26 Total liabilities (describe in Schedule O)		26 12,000
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,756	27 -734

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, optional for others)

28 DOMESTIC COFFEE ROADSHOW			
(Grants \$ 60,042) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	78,499
29 PRODUCTION OF THREE DAY CONFERENCE			
(Grants \$ 52,858) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	34,608
30 "BUY LOCAL" PROGRAM			
(Grants \$ 22,000) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	33,023
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)	► <input type="checkbox"/>	32	146,130

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
STEVE HICKS PRESIDENT	Hr/WK			
RALPH GASTON VICE PRESIDENT	Hr/WK			
GLORIA BIVEN SECRETARY	Hr/WK			
ADRIAN GUILLEN TREASURER	Hr/WK			
BILL DWYER DIRECTOR	Hr/WK			
ROGER KAIWI DIRECTOR	Hr/WK			
DAVID GRIDLEY DIRECTOR	Hr/WK			
CHRIS MANFREDI DIRECTOR	Hr/WK			
KIMO FALCONER DIRECTOR	Hr/WK			
TIM MARTIN DIRECTOR	Hr/WK			
DANIEL DINNELL 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 ► 37a	37b	X
b	Did the organization file Form 1120-POL for this year?	38a	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?	38b	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39	Section 501(c)(7) organizations Enter	39b	
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
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), 501(c)(4), and 501(c)(29) 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		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		
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	X
41	List the states with which a copy of this return is filed ► _____		
42 a	The organization's books are in care of ► ADRIAN GUILLEN Telephone no ► (808) 895-3292		
	Located at ► 73-7377 OLOWALU STREET City KAILUA KONA ST HI ZIP + 4 ► 96740		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	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 ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 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
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

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		
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	(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				

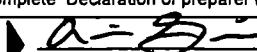
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

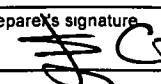
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
d Total number of other independent contractors each receiving over \$100,000		

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations 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	► 		10-26-16
	Signature of officer	Date	
	► Adrian Brullen, Treasurer		
	Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ERIC CURTIS		10/24/2016		P00226122
	Firm's name ► TAXPARTNERS LLC			Firm's EIN ► 47-3837263	
Firm's address ► PO BOX 230, KEALAKEKUA, HI 96750			Phone no	(808) 322-0055	

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.

OMB No 1545-0047

2015Open to Public
Inspection

Name of the organization

HAWAII COFFEE ASSOCIATION

Employer identification number

99-0328478

Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 86

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 33,066

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 198

Form 990-EZ, Part I, Line 16, Other Expenses GRANT EXPENSES 111,521

Form 990-EZ, Part I, Line 16, Other Expenses INSURANCE 1,019

Form 990-EZ, Part I, Line 16, Other Expenses EVENT SPONSOR 4,500

Form 990-EZ, Part I, Line 16, Other Expenses POSTAGE 50

Form 990-EZ, Part I, Line 16, Other Expenses ADVERTISING 100

Form 990-EZ, Part I, Line 16, Other Expenses BANK CHARGES 2,067

Form 990-EZ, Part I, Line 16, Other Expenses WEBSITE HOSTING 51

Form 990-EZ, Part I, Line 16, Other Expenses ASSOCIATION DUES 500

Form 990-EZ, Part I, Line 16, Other Expenses POST OFFICE BOX RENT 164

Form 990-EZ, Part I, Line 16, Other Expenses GENL EXCISE TAX 143

Form 990-EZ, Part I, Line 16, Other Expenses MARKETPLACE SALES 1,542

Form 990-EZ, Part II, Line 26, Liabilities SHORT TERM LOANS Beginning of year 0, End of
year 12,000