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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2015

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.

A For the 2015 calend		2015 calend	ar year, or tax year beginning July 1 , 2015, and	d ending	June	30 , 20 16			
Вс	heck If ap	oplicable	C Name of organization		D Employer	identification number			
<u>ا</u> ر	Address c	hange	Roofing Industry Improvement Program Trust Fund			99-6049953			
$\overline{}$	Name cha	-	Number and street (or P O box, if mail is not delivered to street address)	oom/suite	E Telephone	number			
\neg	Initial retur	m n/terminated	200 N Vineyard Blvd. Bldg. A	100		808-841-7575			
==	Amended		City or town, state or province, country, and ZIP or foreign postal code		F Group E	xemption			
<u> </u>	Application pending Honolulu, HI 96817				Number	>			
G A	Account	ting Method	✓ Cash	н	Check ► [If the organization is not			
Website: ▶ requi					•	attach Schedule B			
						990-EZ, or 990-PF)			
		organization	☐ Corporation ☑ Trust ☐ Association ☐ Other			····			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mor	re, or if total	assets				
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u> </u>	\$			
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances	•		•			
			the organization used Schedule O to respond to any question in t	this Part I					
	1		ons, gifts, grants, and similar amounts received		1	150354			
	2		ervice revenue including government fees and contracts		2	0			
	3	Investment	ip dues and assessments		3	0			
	5a				. 4	932			
	b b		or other basis and sales expenses		0				
	C	Gain or (los	5c						
	6	Gaming an	30	0					
	a	Gross inc							
Re	-	\$15,000) .		اه					
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of co	s					
Æ			aising events reported on line 1) (attach Schedule G if the						
_		sum of suc	h gross income and contributions exceeds \$15,000) 6b		o				
	С	Less: direc	t expenses from gaming and fundraising events 6c		0				
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6	b and sub	otract				
		line 6c) .		•	- 6d	0			
	7a		s of inventory, less returns and allowances		0				
	b		of goods sold		0	_			
	С		t or (loss) from sales of inventory (Subtract line 7b from line 7a)	5=1\ /E	70	0			
	8		nue (describe in Schedule O)	CEIVE	<u>8</u> ب	0			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 !		. •	151286			
	10		similar amounts paid (list in Schedule O)	2 6 20	16 - 120	1			
'n	11 12		aid to or for members	٠	(S)1	0			
ses	13		itel compensation, and employee benefits		UT. 13				
Net Assets Expens	14		/, rent, utilities, and maintenance	DEN.	14				
	15		iblications, postage, and shipping		15	 			
	16		16						
	17		nses (describe in Schedule O)		▶ 17				
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	<u> </u>	18				
	19		or fund balances at beginning of year (from line 27, column (A)) (m			91010			
			r figure reported on prior year's return)		19	375114			
	20	Other chan	ges in net assets or fund balances (explain in Schedule O)						
	21		or fund balances at end of year. Combine lines 18 through 20		. ▶ 21	436124			
						5 000 E7 (0)(5)			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2015)





	t II Balance Sheets (see the instructions	for Dart III				
	Check if the organization used Schedule		av guestion in this	Part II		
	· Oneck if the organization used ochedule	o to respond to a	ly question in this	(A) Beginning of year	i 	(B) End of year
22	Cash, savings, and investments			375114	22	436124
23	Land and buildings			373114	23	430124
24	Other assets (describe in Schedule O) .				24	
25	Total assets			375114		436124
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column	n (B) must agree with	n line 21)	375114	$\overline{}$	436124
Par	t III Statement of Program Service Accom	nplishments (see th	e instructions for			
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III 🗸	/s	Expenses
What	t is the organization's primary exempt purpose?	See Schedule O				juired for section c)(3) and 501(c)(4)
as m	cribe the organization's program service accomplineasured by expenses. In a clear and concise r	nanner, describe the	f its three largest je services provide	orogram services, d, the number of		inizations, optional for
-	ons benefited, and other relevant information for e	ach program title		<u></u>		
28		•				
			•••••			
						İ
	(Grants \$) If this amoun	t includes foreign gra	ints, check here	<u> ▶ ⊔</u>	28a	
29	•••••		·		}	
		*				
	(Grants \$) If this amoun	t includes foreign gra	nto chook hara		29a	
30				·	294	
50						
	(Grants \$) If this amoun	includes foreign gra	ints. check here	• 🗖	30a	
31	Other program services (describe in Schedule O)				-	1
	(Grants \$) If this amoun		ints, check here .	▶ □	31a	
32	Total program service expenses (add lines 28a				32	
Par					nstruc	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar			<u> </u>	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ	ee (e)	Estimated amount of other compensation
Scott		,	(If not paid, enter -0-		C	
	Aı - Director				C	
	Ai - Director		(if not paid, enter -0-		C	0
Tai A	Aı - Director		(if not paid, enter -0-	deferred compensation	n	0
	ı - Director		(If not paid, enter -0-	deferred compensation	n	0
			(If not paid, enter -0-	deferred compensation	0	0
	ı - Director		(If not paid, enter -0-	deferred compensation	0	0
	ı - Director		(If not paid, enter -0-	deferred compensation	0 0	0
	ı - Director		(If not paid, enter -0-	deferred compensation	0 0	0
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	ı - Director		(If not paid, enter -0-	deferred compensation	0 0	0
	ı - Director		(If not paid, enter -0-	deferred compensation	0 0	0
	ı - Director		(If not paid, enter -0-	deferred compensation	0 0	0

Part	V	in th	ne	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			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		1
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] ,
05-	change on Schedule O (see instructions)	34	ļ	✓
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		1
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		
С	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		
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
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	ļ	1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Initiation fees and capital contributions included on line 9	ł	İ	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 N/A , section 4912 N/A ; section 4955 N/A			
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			
_	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b	-	✓
С	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	5 · F5 () (5) F5 () (1) · F5 () (1) · F5 () (1) · F5 () (1) · F5 () (1) · F5 () (1) · F5 () (1) · F5 () (1) · F5 () · F5 () (1) · F5 ()			
е	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 ▶ NONE	100		<u> </u>
42a	The organization's books are in care of ► Hawaii Benefit Administrators, Inc Telephone no. ► 8	08-84	1-7575	5
	Located at ► 200 N. Vineyard Blvd Bldg A Ste 100 Honolulu, HI ZIP + 4 ►	96	317	
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)?	401-	Yes	
	If "Yes," enter the name of the foreign country: ▶	42b		✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	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		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	NI-
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	,	res	No
	completed instead of Form 990-EZ	44a		\
b	completed instead of Form 990-EZ	44b		√
	Did the organization receive any payments for indoor tanning services during the year?	44c		_ /
đ	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		✓
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
ь	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	1 1	✓

		•	•					Yes	s No	
46		ne organization engage, directly or in nindidates for public office? If "Yes," o						16		
Part \		Section 501(c)(3) organizations					<u> </u>	· - L		
		All section 501(c)(3) organization 50 and 51.	s must answer que	stions 47-49b and	52, and com	iplete th	e table	s for li	nes	
		Check if the organization used Sc	hedule O to respond	to any question in t	hıs Part VI				. 🗆	
							_	Yes	No	
	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							17		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							18		
49a								9a		
		es," was the related organization a se						9b		
50	Com	omplete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key mployees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."								
	empi	oyees) who each received more than	1 \$100,000 of comper	isation from the organ		,	e, ente	"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 be contributions to benefit plans, an compensa	employee d deferred		nated amo		
	•••••									
		number of other employees paid ov-								
51	Comp	olete this table for the organization'	s five highest compe	ensated independent	contractors v	who each	receiv	ed mor	e than	
	\$100,	000 of compensation from the orga	inization. If there is no	one, enter "None."	····					
	(a)	Name and business address of each independ	lent contractor	(b) Type of serv	rice	(c)	Compen	sation		
										
	•									
				·						
	Total			A100 000						
		number of other independent contra								
		the organization complete Scheduleted Schedule A	ile A? Note: All se	ction 501(c)(3) orga	nizations mu:		ıa .▶∐ Y	'ac 🗀	No	
		of perjury, I declare that I have examined this r	return including accompany	ung schedules and stateme	ents and to the he					
true, com	rect, an	d complete Declaration of preparer (other than	officer) is based on all info	rmation of which preparer h	nas any knowledg	e	omoogo	and bone	,	
		886								
Sign		Signature of officer	115711		Date	17/1	0/1	1	•	
Here		birtoun SEC	REUMY	EUMY		10/[4/1				
		Type or print name and title	/							
Paid		Print/Type preparer's name	Preparer's signature	Da	1. 4 /1 /	Check	ıf PTI	N		
Prepa		Thomas G Rosa	· · · · ·		/ (self-employ	·	P014830		
Use C	Only	Firm's name Hawaii Benefit Admir					Firm's EIN ▶ 99-0329747			
May th	e IRS	Firm's address ► 200 N. Vineyard Blvd discuss this return with the preparer			Phone			41-7575		

SCHEDULE O (Form 990 or 990-EZ)

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.

2016

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

Roofing Industry Improvement Program Trust Fund	99-6049953				
Form 990-EZ, Part 1 Line 16 (Other Expenses): see Statement 1 attached					
·····					
Form 990-EZ, Part III (What is the organization's primary exempt purpose?):					
Advance Roofing Industry in Hawaii by Trade Shows, Seminars, Radio Programs, and other Educational and Promotional Activities					
Form 990-EZ, Part III, Line 28 (Program Service Accomplishments)					
Organization operated in accordance with its mission which is to Advance the Hawaii Roofing Industry	, 				
Form 990-EZ, Part V (Information Regarding Personal Benefit Contracts)	•••••				
Organization did not, during the year, receive any funds, directly or indirectly, to pay premiums on a pe					
Organization did not, during the year, pay any premiums, directly or indirectly on a personal benefit co	ntract				
					
	······································				
······					
······································					