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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)

OMB No 1545-1150

**2015**

**Open to Public Inspection**

▶ 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).

Department of the Treasury  
Internal Revenue Service

**A** For the 2015 calendar year, or tax year beginning July 1, 2015, and ending June 30, 20 16

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Roofing Industry Improvement Program Trust Fund</b>		<b>D</b> Employer identification number <b>99-6049953</b>
	Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>200 N Vineyard Blvd. Bldg. A</b> <b>100</b>		<b>E</b> Telephone number <b>808-841-7575</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Honolulu, HI 96817</b>		<b>F</b> Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c)( ) ◀ (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 ▶ \$ \_\_\_\_\_

**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	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	150354
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	0
	<b>3</b>	Membership dues and assessments	<b>3</b>	0
	<b>4</b>	Investment income	<b>4</b>	932
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	0
	<b>b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	0
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	0
	<b>6</b>	Gaming and fundraising events		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	0
	<b>b</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)	<b>6b</b>	0
<b>c</b>	Less: direct expenses from gaming and fundraising events	<b>6c</b>	0	
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	0	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	0	
<b>b</b>	Less: cost of goods sold	<b>7b</b>	0	
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	0	
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>	0	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	151286	
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	0
	<b>11</b>	Benefits paid to or for members	<b>11</b>	0
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	0
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	0
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	0
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	0
	<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	90276
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	90276
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	61010
	<b>19</b>	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)	<b>19</b>	375114
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	<b>21</b>	436124

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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 [X]

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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	✓

**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	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	
b	If "Yes," was the related organization a section 527 organization? . . . . .	49b	

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

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."

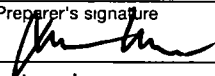
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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.

<b>Sign Here</b>	 Signature of officer	Date 10/19/16
	<b>DIRECTOR SECRETARY</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Thomas G Rosa	Preparer's signature 	Date 10/19/16	Check <input type="checkbox"/> if self-employed	PTIN P01483032
	Firm's name ▶ Hawaii Benefit Administrators, Inc.	Firm's EIN ▶ 99-0329747		Phone no 808-841-7575	
	Firm's address ▶ 200 N. Vineyard Blvd Bldg. A Ste. 100 Honolulu, HI 96817				

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

**2016**

**Open to Public  
Inspection**

Name of the organization

Roofing Industry Improvement Program Trust Fund

Employer identification number

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 personal benefit contract

Organization did not, during the year, pay any premiums, directly or indirectly on a personal benefit contract