



Department of the Treasury
Internal Revenue Service

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)

- ▶ 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.

OMB No 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change☐ Name change

☐ Initial return

☐ Final return/transfer☐ Amended return☐ Application pending☐ Application pending

C Name of organization
HAWAII ISLAND CONTRACTORS' ASSOCIATION

Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite
494 KALANIKOA STREET STE C	

City or town, state or province, country, and ZIP or foreign postal code
HILO, HI 96720

D Employer identification number

99-0107706

E Telephone number

(808) 935-1316

F Group Exemption
Number ▶

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

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

I Website: ► HICASSOCIATION.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 ▶ \$173,637

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
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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	9,241		
	2	Program service revenue including government fees and contracts		2	7,875		
	3	Membership dues and assessments		3	119,646		
	4	Investment income		4	480		
	5a	Gross amount from sale of assets other than inventory	5a		5c		
	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				6d	2,561
	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	2,561			
	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)					
7a	Gross sales of inventory, less returns and allowances	7a		7c			
b	Less cost of goods sold	7b					
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						
8	Other revenue (describe in Schedule O)		8	33,834	9	173,637	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶						
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	6,250		
	11	Benefits paid to or for members		11			
	12	Salaries, other compensation, and employee benefits		12	51,488		
	13	Professional fees and other payments to independent contractors		13	1,363		
	14	Occupancy, rent, utilities, and maintenance		14	24,911		
	15	Printing, publications, postage, and shipping		15	254		
	16	Other expenses (describe in Schedule O)		16	94,553		
	17	Total expenses. Add lines 10 through 16 ▶		17	178,819		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-5,182		
	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	314,615		
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0		
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	309,433		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2016)

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	311,746	22	307,576
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	3,996	24	3,227
25 Total assets	315,742	25	310,803
26 Total liabilities (describe in Schedule O).	1,127	26	1,370
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	314,615	27	309,433

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 AND 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
See Additional Data Table
(Grants \$) If this amount includes foreign grants, check here ☐
29
(Grants \$) If this amount includes foreign grants, check here ☐
30
(Grants \$) If this amount includes foreign grants, check here ☐
31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐
32 Total program service expenses (add lines 28a through 31a) **32** 75,258

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
CRAIG TAKAMINE PRESIDENT	1 00	0	0	0
TANI MATSUBARA 1ST VICE PRESIDENT	1 00	0	0	0
LINDA IWATA SECRETARY	1 00	0	0	0
TOM RAFFIPIY TREASURER	1 00	0	0	0
CAROLYN LOEFFLER IMMEDIATE PAST PRESIDENT	1 00	0	0	0
RUTH BINYAN DIRECTOR	0 50	0	0	0
ED BROWN DIRECTOR	0 50	0	0	0
ALDEN CHAI DIRECTOR	0 50	0	0	0
DONAVAN ENANORIA DIRECTOR	0 50	0	0	0
TUESDAY EVANS DIRECTOR	0 50	0	0	0
BYRON FUJIMOTO DIRECTOR	0 50	0	0	0
AMY HONDA DIRECTOR	0 50	0	0	0

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 ▶ 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 ▶ , section 4912 ▶ , section 4955 ▶			
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	40b		
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		No
41 List the states with which a copy of this return is filed ▶ HI			
42a The organization's books are in care of ▶ TOM RAFFIPIY Telephone no ▶ (808) 935-1316 Located at ▶ 494 KALANIKOIA ST STE C HILO, HI ZIP + 4 ▶ 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)?	42b		No
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)			
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
If "Yes," enter the name of the foreign country ▶			
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			
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? If "Yes," Form 990 must be completed instead of Form 990-EZ	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? If "No," provide an explanation in Schedule O	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	46	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	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	
49b	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.

Sign Here	***** Signature of officer	2018-05-11 Date
	TANI MATSUBARA, PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name GREGG M TAKETA	Preparer's signature	Date 2018-05-03	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 ► ☒ **Yes** ☐ **No**

Additional Data

Software ID:

Software Version:

EIN: 99-0107706

Name: HAWAII ISLAND CONTRACTORS' ASSOCIATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 PROGRAM - THE PROGRAM COMMITTEE IS RESPONSIBLE FOR THE PLANNING AND IMPLEMENTATION OF OUR MONTHLY GENERAL MEMBERSHIP MEETINGS AND NETWORKING EVENTS IN 2016-2017 THE PROGRAM COMMITTEE CONTINUED IN THEIR ROLE TO INCREASE MEMBER ATTENDANCE AND CULTIVATE AN ENVIRONMENT OF CAMARADERIE, EVEN AMONGST COMPETITORS THE PROGRAM COMMITTEE CONTINUED TO PROVIDE DIFFERENT SPEAKERS AND VENUES TO ENCOURAGE MEMBER PARTICIPATION THROUGH EDUCATION, COMMUNITY SERVICE AND CONTRIBUTIONS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	54,923

Form 990EZ, Part III - Statement of Program Service Accomplishments	
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.)
<p>29</p> <p>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 50% DISCOUNTED RATE THERE WAS A SIGNIFICANT INCREASE IN MEMBER PARTICIPATION THIS YEAR ESPECIALLY DUE TO STEP UP IN INSPECTIONS FROM OSHA AND HIOSH HICA MEMBER EMPLOYEES RECEIVED TRAINING, 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</p> <p>(Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p> <p style="text-align: right;">16,680</p>

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
<p>30</p> <p>SCHOLARSHIP TROLLING TOURNAMENT (STTC)/GOLF- THE HICA SCHOLARSHIP PROGRAM IS ANOTHER VERY IMPORTANT PART OF THE ORGANIZATION THE STTC COMMITTEE 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 GENERATION, AND THROUGH THE CONTINUED EFFORTS OF THESE COMMITTEES, MORE HAWAII COMMUNITY COLLEGE STUDENTS WILL BENEFIT THROUGH THE SCHOLARSHIPS GIVEN THIS YEAR, ONE RECIPIENT WAS SELECTED AS THE SCHOLARSHIP WINNER AND RECEIVED \$750</p> <p>(Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	30a	3,655

TY 2016 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.

SCHEDULE O (Form 990 or 990-EZ) <small>Department of the Treasury Internal Revenue Service</small>	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 .	<small>OMB No 1545-0047</small> 2016 Open to Public Inspection
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Name of the organization HAWAII ISLAND CONTRACTORS' ASSOCIATION	Employer identification number 99-0107706
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 480

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION OTHER INCOME AMOUNT 1,583 DESCRIPTION REIMBURSEMENT INCOME AMOUNT 32,251 TOTAL TO FORM 990-EZ, LINE 8 33,834

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME HAWAII COMMUNITY COLLEGE AMOUNT GIVEN 750

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME HILO BAY FRONT TRAILS AMOUNT GIVEN 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME UH FOUNDATION AMOUNT GIVEN 5,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 6,250

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 769 DESCRIPTION OTHER EXPENSES AMOUNT 24,142 TOTAL TO FORM 990-EZ, LINE 14 24,911

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ACCOUNTING AMOUNT 1,270 DESCRIPTION BANK FEES AMOUNT 94 DESCRIPTION BUSINESS LICENSE & FEES AMOUNT 4 DESCRIPTION COMMITTEE EXPENSE AMOUNT 75,258 DESCRIPTION DUES & SUBSCRIPTIONS AMOUNT 770 DESCRIPTION INSURANCE AMOUNT 350 DESCRIPTION OFFICE AMOUNT 1,562 DESCRIPTION GENERAL EXCISE TAX AMOUNT 78 DESCRIPTION OTHER TAXES AMOUNT 73 DESCRIPTION PAYROLL TAXES AMOUNT 4,325 DESCRIPTION TELEPHONE AMOUNT 3,184 DESCRIPTION WEBSITE AMOUNT 4,440 DESCRIPTION MEETING EXPENSE AMOUNT 2,629 DESCRIPTION MARKETING AMOUNT 516 TOTAL TO FORM 990-EZ, LINE 16 94,553

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 3,996 END OF YEAR AMOUNT 3,227

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION DEPOSITS BEG OF YEAR AMOUNT 276 END OF YEAR AMOUNT 1,370 DESCRIPTION C REDIT CARD LIABILITY BEG OF YEAR AMOUNT 851 END OF YEAR AMOUNT 0