Form **99**0

(Rev 'January 2020)

EXTENDED TO NOVEMBER 16, 2020

## **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.

OMB No 1545-0047

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		of the Treasury enue Service	Go to www.irs.gov	//Form990 for instruct		101	101	Open to Public Inspection
			dar year, or tax year beginning	M Offisso for mistrac	and ending	t mormation		mopeotion
В	Check i	C Name o	f organization			D Employer ide	ntificatio	on number
	applicat	HAWA	AII WALL & CEILING	INDUSTRY				
	Addr chan	ge ASSC	CIATION					
	Nam chan	ge Doing b	usiness as			99-015	<u>6443</u>	
	Initia returi	n Number	r and street (or P.O box if mail is not de	livered to street address)	Room/suite	E Telephone nur	nber	
	Final return	n/ <u>                                    </u>	KOAPAKA ST		F2204	3 (808)8	<u> 39-65</u>	517
	termi ated	City or t	own, state or province, country, and	ZIP or foreign postal o	ode	G Gross receipts \$		<u>270,073.</u>
	Ame	n HONG	<u>)LULU, HI 96819</u>			H(a) Is this a grou	p return	
L	Appl tion pend	ina   F Name a	and address of principal officer ${f MIC}$	CHAEL MAZZON	E + 10	for subordin	ates?	Yes X No
		SAME	AS C ABOVE			H(b) Are all subordina		
_		kempt status	501(c)(3) X 501(c) ( 6	(insert no.) 49	947(a)(1) or 1 52	<b>⊣</b> '		(see instructions)
_		ite: ► HWCI		ssociation Other	- I Van	H(c) Group exem		
	art I	f organization L Summary		SSOCIATION OTHER	L Year	or iormation. 196	OLM Stat	te of legal domicile: HI
	1		pe the organization's mission or mos	t elanificant activities	THE ORGAN	TZATION'S	PRTMZ	A D V
Activities & Governance	'	-	PURPOSE IS TO PROM	_				
nar	2		if the organization disco					
Ve	3		ting members of the governing body	·	or disposed or file.	Main 2570 of R5 AR	3	7
ő	4	Number of inc	dependent voting members of the go	overning body (Part VI.	line 1b)	189	4	<del>.</del> 7
න්	5	Total number	dependent voting members of the go of individuals employed in calendar of volunteers (estimate if necessary) d business revenue from Part VIII, co	vear 2019 (Part V. line:	2a) (1)	101	5	0
ţį	6	Total number	of volunteers (estimate if necessary)		(C) (C)	181	6	
Ċ.	7 a	Total unrelate	d business revenue from Part VIII, co	olumn (C), line 12 🗡	100 m		7a	0.
ď	Ь р		business taxable income from Form		- 1 × "	(T)	7b	0.
Revenue				121	00 37	Prior Year		Current Year
	8	Contributions	and grants (Part VIII, line 1h)	)	/ .OF >	. <i>f</i> * -	0.	0.
	9		ice revenue (Part VIII, line 2g)		V ()V/	254,11	9.	252,400.
eve	10	•	come (Part VIII, column (A), lines 3, 4	, and 7d)		15,39		17,673.
Œ	11		e (Part VIII, column (A), lines 5, 6d, 8d				0.	0.
	12		- add lines 8 through 11 (must equa		ne 12)	269,50	9.	270,073.
	13	Grants and sir	milar amounts paid (Part IX, column	(A), lines 1-3)		32,62		44,625.
	14	Benefits paid	to or for members (Part IX, column (	A), line 4)			0.	0.
S	15	Salaries, other	r compensation, employee benefits (	Part IX, column (A), line	es 5·10)		0.	<u> </u>
Expenses	16a	Professional fi	undraising fees (Part IX, column (A),	line 11e)			0.	<u> </u>
xbe	b	Total fundraisi	ing expenses (Part IX, column (D), Iir	ie 25) 🕨	0.			
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d	, 11f-24e)		<u>295,96</u>		<u>255,219.</u>
	18	Total expense	s Add lines 13-17 (must equal Part	IX, column (A), line 25)		<u>328,58</u>		299,844.
	19	Revenue less	expenses Subtract line 18 from line	12		<u> </u>	9.	<u>-29,771.</u>
Soc					Be	eginning of Current Ye		End of Year
Sset	20	Total assets (F	•		<u></u>	510,59		480,819.
Net Assets or Fund Balances	21		(Part X, line 26)		<u></u>		0.	0.
			fund balances Subtract line 21 from	line 20		510,59	<u>U •  </u>	480,819.
	art II	Signature	<del>- , , , , </del>					
			declare that I have examined this return Declaration of preparer (other than offic				or my knov	wiedge and belief, it is
true	, corre	ci, and complete.	declaration of preparer (other than onic	er) is based on all informa	tion of which prepare	I flas any knowledge.	leth,	176
	_	Signature	e of officer	<del></del>	<del></del>	Date	One	<u>'QU</u>
Sig			′ //	DENT/VICE P	PECTDENT	,	•	
Her	e		print frame and title	DHII/VICE I	KEDIDENI			
_		Print/Type prep	navev s name	Preparer's signature		Date Check		PTIN
Paid	1		ME SAITO	Mustine S	acti	) 9 / 2 9 <u>/ 2 0</u> seff-er	moloven h	00008046
	parer	Firm's name	<del></del>					0209171
	Only		1001 BISHOP ST S	<del></del>	1 0.0114	<del>z</del>		
_ 5	,	5 230,000	HONOLULU, HI 968			Phone no	(808)	524-3660/
— Ma	y the I	RS discuss this	s return with the preparer shown abo		<del>-</del>	1		X Yes No
_	01 01-		or Paperwork Reduction Act Notice		astructions.			Form <b>990</b> (2019)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

ASSOCIATION Form 990 (2019) 99-0156443 Page 2 Part III | Statement of Program Service Accomplishments  $\mathbf{x}$ Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO PROMOTE A MORE COHESIVE ASSOCIATION AMONG THOSE ENGAGED IN THIS INDUSTRY AND FOR GENERAL MUTUAL PROTECTION; TO PROMOTE AND DEVELOP THE DRYWALL AND PLASTERERS INDUSTRIES; TO DISCOURAGE UNFAIR COMPETITION; TO PROMOTE Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 175,424 \_ including grants of \$ 2,625.) (Revenue \$ 225,920.1 ) (Expenses \$ MONTHLY EDUCATIONAL AND SEMIANNUAL/ANNUAL INDUSTRY PROMOTION MEETINGS SEMINARS HELD ON SUBJECTS PERTINENT TO THE DRYWALL AND PLASTERERS INDUSTRIES FOR MEMBERS AND THEIR STAFF AS WELL AS HELPING TO PROMOTE THE DRYWALL AND PLASTERERS INDUSTRIES IN THE COMMUNITY. APPROXIMATELY 45 TO 50 MEMBERS AND GUESTS ATTENDED THE MONTHLY EDUCATIONAL MEETINGS WHILE THERE WERE APPROXIMATELY 110 PARTICIPANTS AT THE INDUSTRY PROMOTION MEETINGS HELD DURING A YEAR AND APPROXIMATELY 2 PARTICIPANTS AT THE INDUSTRY CONVENTIONS HELD DURING A YEAR. 64,895. including grants of \$ 42,000.) (Revenue \$ 26,480.) ) (Expenses \$ ANNUAL GOLF TOURNAMENT WHERE ARCHITECTS AND GENERAL CONTRACTORS WERE INVITED TO PLAY IN THIS TOURNAMENT ALONG WITH THE ASSOCIATION'S MEMBERS. THE PURPOSE OF THE TOURNAMENT IS TO FOSTER A BETTER WORKING RELATIONSHIP BETWEEN EVERYONE INVOLVED IN THE CONSTRUCTION INDUSTRY. APPROXIMATELY 160 PARTICIPANTS ATTENDED THE GOLF TOURNAMENT. ) (Expenses \$ \_\_\_\_\_\_ ) (Revenue \$ (Code including grants of \$ Other program services (Describe on Schedule O)

240,319.

Total program service expenses

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Form 990 (2019) ASSOCIATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	-	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. 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	4		<del> </del>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		ŀ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5	X	<del>  -</del>
O	-			
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		<sub>v</sub>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	7		X
0	Schedule D, Part III			x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		^
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV			
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	40		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		^
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ű	Part VI	11a	Х	
h	Did the organization report an amount for investments other securities in Part X, line 12, that is 5% or more of its total	110	-21	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments · program related in Part X, line 13, that is 5% or more of its total	1115		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	1.0		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	]	J	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-	1	
	1c and 8a? If "Yes," complete Schedule G, Part II	_18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

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Form 990 (2019) ASSOCIATION

Part IV Checklist of Required Schedules (continued)

	1	_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
С	3 3			
_	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<del></del>	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	05.		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		<del></del> -
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	] ]		
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X_
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
O.L	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	J2		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-		
	Part V, line 1	34		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
, ai	Check if Schedule O contains a response or note to any line in this Part V			
	Chock is deficience of contains a response of note to any line in this Fact V	T	Yes	No No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	$\vdash$	162	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
32004	01-20-20	Form !	9 <b>90</b> (2	2019)

Form 990 (2019) ASSOCIATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 99-0156443 Page 5

			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a (	)	ļ								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		l								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	L								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_		Х							
b	If "Yes," enter the name of the foreign country	ĺ									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)										
5а	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
b	, , , , , , , , , , , , , , , , , , , ,										
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?										
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		Х							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_									
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l _									
_	to file Form 8282?	7c									
	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	.									
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f									
g		71 7g									
h											
8	· · · · · · · · · · · · · · · · · · ·										
-	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter		1								
а	Initiation fees and capital contributions included on Part VIII, line 12		ĺ								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ĺ								
11	Section 501(c)(12) organizations. Enter										
а	Gross income from members or shareholders										
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them )		,								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	.								
_	If "Yes," enter the amount of tax exempt interest received or accrued during the year		}								
3	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans  13b										
-	Enter the amount of reserves on hand			77							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	<u>X</u>							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	+								
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		v							
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N	15		<u> </u>							
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	4.	- 1	x							
3	If "Yes," complete Form 4720, Schedule O	16	+								
	in 105, Complete Form 4720, Confedure C		200								

Form 990 (2019)

ASSOCIATION

99-0156443

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
		-	Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>'</u>									
	If there are material differences in voting rights among members of the governing body, or if the governing	1									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	<u>'</u>									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1									
	officer, director, trustee, or key employee?	2	Х								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			_							
	of officers, directors, trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5											
6	Did the organization have members or stockholders?	5 6	Х	X							
7a		Ť									
	more members of the governing body?	7a	x								
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
Ü	persons other than the governing body?	7b	х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10	-1								
	The governing body?	8a	Х								
	Each committee with authority to act on behalf of the governing body?	8b	X								
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00	Λ								
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	1 3									
	tor. 21. Onotee (mis seed on a requests information about policies not required by the internal nevenue sode)		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	_							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			_							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
Ū	in Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	x								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a		X							
	Other officers or key employees of the organization	15b		X							
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			_==							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ìi	ì								
	taxable entity during the year?	16a	ŀ	X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1									
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1								
	exempt status with respect to such arrangements?	16b	ľ								
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► NONE		_								
 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	availa								
. •	for public inspection. Indicate how you made these available. Check all that apply	, , ,									
	Own website X Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial								
	statements available to the public during the tax year	<b></b>	J								
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	HAWAII WALL & CEILING INDUSTRY ASSOCIATION - (808) 839-6517										
	3375 KOAPAKA ST STE F220-43 HONOLILLI HT 96819										

orm 990 (2019)	ASSOCIATION	

99-0156443

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this	Part VII
---	----------

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

See instructions for the order in which to list the persons above

X Check this box if neither the organiz  (A)	(B)			(C Posi	<b>C)</b>			(D)	(E)	(F)
Name and title	Average		not c	heck i	more	than		Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe id a d	rson irecto	is bot or/trus	h an	1	compensation	amount of
	week	-	Ī				100,	from	from related	other
	(list any hours for	ig				_		the organization	organizations (W 2/1099-MISC)	compensation from the
	related	0 0 0	aj	li		satec		(W-2/1099-MISC)	(** 2/1099-101130)	organization
	organizations	is is	I i		yee	mpe		(** 2/ 1005 141100)		and related
	below	dea	l iii	_	oldin	st co				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		l	ľ
(1) KARL SINCLAIR	1.00	Γ								
DIRECTOR		X				<u> </u>		0.	0.	0
(2) HARRY CORNISH	1.00									
DIRECTOR		X						0.	0.	0
(3) CLYDE TAKATSUKI	1.00		ļ							
DIRECTOR		X						0.	0.	0
(4) VINCENT NIHIPALI, SR	1.00							_		
DIRECTOR		Х	_			_		0.	0.	0
(5) LITO ALCANTRA	1.00	<b>↓</b> '								
TREASURER/DIRECTOR			_	Х				0.	0.	0
(6) VINCENT NIHIPALI, JR	1.00									
SECRETARY		<b> </b>		Х				0.	0.	0
(7) MICHAEL MAZZONE	1.00									
PRESIDENT/VICE PRESIDENT		Ш		X				0.	0.	0
							_			
	<del>-   -</del> -	Н								<del></del>
	<del> </del>									
<del></del>		$\vdash$		$\dashv$						<del>_</del>
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		П		_						
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		П								
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				-						
		$\sqcap$								
_										
<del></del>		$\Box$								

Form 990 (2019)

ASSOCIATION

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)				
	Name and title	Average Position (do not check more than							Reportable	Reportable	E	(F) stimate	ed	
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	on amount of			
		week officer and a director/truste			tee)	- Ironi relat				other				
		(list any	ecto	ļ					the	organization			npensa	
		hours for related	or de	8		1	ated		organization	(W-2/1099-MIS	3C)		rom th	
		organizations	ustee	trus		g;	Suadt		(W-2/1099-MISC)		1	'	ganızat	
		below	lual tr	tonal		ploy	ye e	_				l	nd relat anızatı	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.9	ai iizati	0113
			=	<u> </u>	٦	<u> ×</u> -	- 8			-		-		
		<del>                                     </del>	-			<del> </del>						├──		
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		<del>-</del>												
		-	<u> </u>			<u> </u>	_	_			-			
		<u> </u> -				١.								
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			_		_	_					-			
		<u></u>		L				_	0.		0.			
	Subtotal	1.6					,		0.	<del></del>	0.			<u> </u>
	Total from continuation sheets to Part VI	i, Section A							0.		0.	-		0.
	Total (add lines 1b and 1c)  Total number of individuals (including but n	at limited to th		linto	t		ا د د			000 of reportable		<u> </u>		
2	` .	ot minited to th	USE	IISTE	u at	JOVE	;) WI	io re	ceived more than \$100	,000 or reportable	e			C
	compensation from the organization						_	_				_	Yes	No
_	Did the ergenization let any favorer officer	director trioti	- L					h	haat aamaanastad ama	laves sa	ſ	_		<del>                                     </del>
3	Did the organization list any former officer,		36, F	еуе	mpi	oye	e, or	riigi	nest compensated emp	loyee on		_		v
	line 1a? If "Yes," complete Schedule J for s							ملفدا			ŀ	3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150			-					•	rie organization				х
_										dal far againage	ł	4		
5	Did any person listed on line 1a receive or a					-		Hale	ed organization of indivi	dual for services	İ	-	1	v
Sac	rendered to the organization? If "Yes," com	<u>piete Scriedule</u>	<i>3 J 1</i> 0	or st	ich j	oers	<u>on</u>		<del></del> -	·		5		X
	Complete this table for your five highest con	mneneated ind	lone	ndo	nt c	ontr	acto	rc th	and received more than	\$100 000 of com		ation f		
1	the organization Report compensation for the										he1129	ationi	10111	
	(A)	ine calcildar ye	241 6	,11Q11	ig w	11111	ו אא וכ	T	(B)	Cai		((	<u> </u>	
	Name and business	address	NC	NE	7.			1	Description of s	ervices	С		رد nsatioi	n
								$\top$	<u>-</u>					
								- 1						
										-				
								7				_		
								一		-				
_														
2	Total number of independent contractors (in	ncluding but no	ot lir	nited	d to	thos	e lis	ted	above) who received m	ore than				
	\$100,000 of compensation from the organiz	ation_			_	0	)							

Form 990 (2019) ASSOCIATION
Part VIII Statement of Revenue

	•		Check if Schedule O	conta	ains a resi	onse	or note to any li	ne in this Part VIII			
					<u></u>		<u> </u>	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
t ts		 1 а	Federated campaigns		1a					<del></del>	
Contributions, Gifts, Grants and Other Similar Amounts					1b			1		<u> </u>	
ΩĔ		c	Fundraising events		1c			1			
ar /			Related organizations		1d			1			
S,E			Government grants (cont	rıbutı				1			
ĕώ		f	All other contributions, gifts,	grant	· ·			1			
돌			similar amounts not included								
ĘÓ		g	Noncash contributions included in	ı lınes	1a-1f <b>1g</b>	\$		1			
ā Ö		_	Total. Add lines 1a-1f				<b></b>				
							Business Code				
è	1	2 a	MEMBERSHIP DU	JES	& AS	SE	900099	225,920.	225,920.		
<u>ک</u> ۾		b	GOLF TOURNAME				900099	26,480.	26,480.		
Se		С									
eve		d									
Program Service Revenue		е									
<u> </u>		f	All other program service	reve	nue						
		<u>g</u>	Total, Add lines 2a-2f					252,400.			
	*	3	Investment income (include	ding (	dividends.	ınter	est, and				
			other similar amounts)				<b>•</b>	16,402.			16,402.
	4	1	Income from investment of	of tax	exempt b	ond į	oroceeds <b>&gt;</b>				
	5	5	Royalties								
					(ı) Re	<u> </u>	(II) Personal				
	€	3 a	Gross rents	6a			<u>                                     </u>	]			
		b	Less rental expenses	6b			,	1			
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss	)	_		<u> </u>				
	7	7 а	Gross amount from sales of		(ı) Secur		(II) Other				
			assets other than inventory	7a	<u>1,2</u>	<u>71.</u>		1			
		b	Less cost or other basis	1 1		_					
une			and sales expenses	7b		0.	ļ	_			
Revenue		С	Gain or (loss)	7c	1,2	71.	<u> </u>				
ığ			Net gain or (loss)			_	, <u></u>	1,271.			<u>1,271.</u>
ther	8	3 a	Gross income from fundraising	ng eve	ents (not	1		}		}	
0			including \$		of	1					
			contributions reported on	line '	1c) See						
			Part IV, line 18			8a	ļ				
			Less direct expenses	_		86	L				
- 1			Net income or (loss) from		_						
	9	) a	Gross income from gamin	g act	ivities Se	- 1					
			Part IV, line 19			9a		-			
			Less direct expenses			9b					
			Net income or (loss) from	-		s 	<b>&gt;</b> _				
ļ	10	a	Gross sales of inventory, I	ess r	eturns	1.0	}				
			and allowances			10a					
			Less cost of goods sold			10b	<u> </u>				
		_ <u>c</u> _	Net income or (loss) from	sales	of invente	ory	Purana Cada				
sn							Business Code				
일의	11	a					<del></del>				
evenue		þ							-		
Miscellaneous Revenue		c	All add an array array								
Ξ		_	All other revenue					-			
			Total Add lines 11a-11d					270 072	252 400		17 673
	12		Total revenue See instruction	กร				270,073.	252,400.	0.	<u> 17,673.</u>

Part IX Statement of Functional Expenses

99-0156443 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) Management and (A) Total expenses (B) Do not include amounts reported on lines 6b, Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 2,625 2,625 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 42,000 42,000. individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees) Management 958. 766. 192. b Legal 8,168. 6,534. Accounting 1.634. Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 92,900 46,450. 46,450 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 5,262. 4,209. 1,053. Office expenses 13 Information technology 14 Royalties 15 6,873. <u>34,367</u>. 27,494. Occupancy 16 15,307 15,307. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 31,072. 31,072. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 1,616. 1,616. Depreciation, depletion, and amortization 22 2,606. 2,085. 521 23 Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 22,895. 22,895. a GOLF ACTIVITY FOR MEMBE 11,072. ADMINSTRATIVE FEE 13,840. 2,768 13,639. 13,639 DUE & SUBSCRIPTION d ENTERTAINMENT & PROMOTI 12,268 12,268. 321. 287. 34 e All other expenses 59,525 0. Total functional expenses Add lines 1 through 24e 299,844. 240,319. 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X Balance Sheet ASSOCIATION \_\_\_

ra	rt X	Balance Sheet			
	•	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash non-interest bearing	14,429.	1	10,786
	2	Savings and temporary cash investments	63,288.	2	19,939
	3	Pledges and grants receivable, net		3	<del> </del>
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ë	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 14,766.			
	ь		1,069.	10c	3,231
	11	Investments · publicly traded securities	428,640.	11	3,231 445,446
	12	Investments · other securities See Part IV, line 11		12	
	13	Investments · program·related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	3,164.	15	1,417
	16	Total assets. Add lines 1 through 15 (must equal line 33)	510,590.	16	1,417 480,819
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S)	22	Loans and other payables to any current or former officer, director,			
Ĕ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	•	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	·
	26	Total liabilities. Add lines 17 through 25	0.	26	0
, A		Organizations that follow FASB ASC 958, check here			
ĕ		and complete lines 27, 28, 32, and 33.			
듄	27	Net assets without donor restrictions	510,590.	27	480,819
0	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here			
Ī		and complete lines 29 through 33.			
vi O	29	Capital stock or trust principal, or current funds		29	
Ď	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets of Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	32	Total net assets or fund balances	510,590.	32	480,819
_	33	Total liabilities and net assets/fund balances	510,590.	33	480,819

HAWAII WALL & CEILING INDUSTRY Form 990 (2019) ASSOCIATION 99-0156443 Page 12 Part XI | Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 270,073. 1 2 Total expenses (must equal Part IX, column (A), line 25) 2 299,844. Revenue less expenses Subtract line 2 from line 1 -29,771. 3 3 510,590. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 Investment expenses 7 Prior period adjustments R 8 Other changes in net assets or fund balances (explain on Schedule O) 0. 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, 10 column (B)) 10 480,819. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? Х 2b If "Yes." check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

2c

За

3b

Form 990 (2019)

Х

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

932012 01-20-20

Act and OMB Circular A-133?

#### SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiza	ations Complete Part III					
		WALL & CEILING II	NDUSTRY		Employ	er identification	number
	ASSOCIA					99-01564	43
Pa	art I-A Complete if the or	ganization is exempt unde	er section 501(c)	or is a section 5	27 org	ganization.	
1	Provide a description of the organi	zation's direct and indirect politica	al campaign activities	ın Part IV			
2	Political campaign activity expendi	tures			▶ \$ _		
3	Volunteer hours for political campa	ign activities					
Pa	art I-B Complete if the ord	ganization is exempt unde	er section 501(c)	(3).			
1	Enter the amount of any excise tax	*		· · · · · · · · · · · · · · · · · · ·	▶\$_		
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 4955	5	<b>▶</b> \$_		
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 f	or this year?		_	Yes	☐ No
48	a Was a correction made?					Yes	No No
_	If "Yes," describe in Part IV						
		ganization is exempt unde		•	501(c)	(3).	
1	Enter the amount directly expende	d by the filing organization for sec	tion 527 exempt func	tion activities	<b>&gt;</b> \$ _		
2	Enter the amount of the filing organ	nization's funds contributed to oth	er organizations for s	ection 527			
	exempt function activities				<b>▶</b> \$ _		
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here ar	nd on Form 1120-POL	1			
	line 17b				<b>▶</b> \$ _		
	Did the filing organization file Form					L Yes	∟ No
5	•	-	· ·	-			
	made payments For each organiza contributions received that were pr	•	• •			•	
	political action committee (PAC) If	• •			eparate	segregated fund	UI a
		1		7	irom	(a) Amount of n	alitical
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f		e) Amount of pe contributions rece	
				funds If none, ente		promptly and di	rectly
			İ			delivered to a se political organiz	
						If none, enter	
					ĺ		
				<del>_</del>			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

# HAWAII WALL & CEILING INDUSTRY Schedule C (Form 990 or 990-EZ) 2019 ASSOCIATION

Part II-A Complete if the org				on 501(c)(3) and file	ed Form 5768 (e	0156443 Page 2 election under
section 501(h)).			•	· // /		
				n Part IV each affiliated	group member's nar	me, address, EIN,
expenses, and sha			•			
B Check 🕨 🔛 if the filing organiza	ition checke	ed box A a	nd "limited control" pr	ovisions apply		<u> </u>
	ts on Lobb			,	(a) Filing organization's	(b) Affiliated group totals
(The term "expen	aitures" me	eans amou	ınts paid or ıncurred	.)	totals	
1a Total lobbying expenditures to infl	uence publ	c opinion (	grassroots lobbying)			
b Total lobbying expenditures to infl	uence a leg	islative bo	dy (direct lobbying)			
c Total lobbying expenditures (add I	ines 1a and	1b)				
d Other exempt purpose expenditur	es			Ĺ		
e Total exempt purpose expenditure	s (add lines	1c and 1c	d)			
f Lobbying nontaxable amount Enti-	er the amou	int from the	e following table in bo	th columns	·	
If the amount on line 1e, column (a) o	or (b) is	The lob	bying nontaxable an	nount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,5	000,000	\$175,00	00 plus 10% of the ex	cess over \$1,000,000		
Over \$1,500,000 but not over \$17.	,000,000	\$225,00	00 plus 5% of the exc	ess over \$1,500,000		
Over \$17,000,000		<u>\$1,000,</u>	000			
g Grassroots nontaxable amount (er	iter 25% of	line 1f)				
h Subtract line 1g from line 1a If zer	o or less, er	nter -0-				
Subtract line 1f from line 1c If zero	or less, en	ter -0-				
If there is an amount other than ze	ro on either	line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
(Some organizations t	hat made a	section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	f the five columns l	below.
	Lobby	ing Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount		-				
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots Johhving expenditures						

Schedule C (Form 990 or 990-EZ) 2019

99-0156443 Page 3

Schedule C (Form 990 or 990-EZ) 2019 ASSOCIATION 99 - 015644

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

of the lobbying activity		(a)	<del></del>	b)
	Yes	No	Am	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of		İ		
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through	n 1ı)?		1	
c Media advertisements?	,			
d Mailings to members, legislators, or the public?				-
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	,			
i Other activities?				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 491	12			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4	1), section 501(	c)(5), or se	ection	
501(c)(6).			Yes	No
4 Mars substantially all (000) as mars due a recover deductible by marshaus 2			165	ļ
1 Were substantially all (90% or more) dues received nondeductible by members?		1		X
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?		2		X
3 Did the organization agree to carry over lobbying and political campaign activity expenditu				X
Part III. $\mathbf{R} \perp \mathbf{Complete}$ if the organization is exampt under section $E01(e)/e$	II. cootion 5017	~\/ <b>5</b> \ ~~~~	otion	
Part III-B Complete if the organization is exempt under section 501(c)(4				10 3 is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an				e 3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an answered "Yes."		R (b) Part	III-A, lin	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an answered "Yes."  1 Dues, assessments and similar amounts from members	swered "No" C		III-A, lin	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amount)	swered "No" C	R (b) Part	III-A, lin	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid).	swered "No" C	PR (b) Part	III-A, lin	0,920
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid).  a Current year	swered "No" C	PR (b) Part	III-A, lin	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year	swered "No" C	PR (b) Part	III-A, lin	239
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total	swered "No" C	2a 2b 2c	III-A, lin	0,920
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e)	swered "No" C	PR (b) Part	III-A, lin	239
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e)  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	s of political  a) dues of the excess	2a 2b 2c	III-A, lin	239
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e)  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible lobb	s of political  a) dues of the excess	2a 2b 2c 3	III-A, lin	239
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e)  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible lobb expenditure next year?	s of political  a) dues of the excess	2a 2b 2c 3	III-A, lin	239
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e)  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible lobb expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	s of political  a) dues of the excess	2a 2b 2c 3	III-A, lin	239
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e)  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible lobb expenditure next year?	s of political  e) dues of the excess ying and political	2a 2b 2c 3	200	239 239 0

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

HAWAII WALL & CEILING INDUSTRY

**ASSOCIATION** 

Employer identification number 99-0156443

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	rt IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	• •	_2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		L Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	rvation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	n easements during the year
	Does each conservation easement reported on line 2(d) above	to satisfy the requirements of section 170(h)	(A)(D)(i)
8	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170(f)	Yes No
9	In Part XIII, describe how the organization reports conservati	on agramants in its revenue and expense st	
Э	balance sheet, and include, if applicable, the text of the footr	· ·	
	organization's accounting for conservation easements	Total to the organization's infancial statement	ts that describes the
Pa	rt III Organizations Maintaining Collections o	f Art. Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	•	
	If the organization elected, as permitted under FASB ASC 95		balance sheet works
	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		lance sheet works of
_	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items		a,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financial of	
-	the following amounts required to be reported under FASB A		, p
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$

# HAWAII WALL & CEILING INDUSTRY ASSOCIATION

Sche	edule D (Form 990) 2019 ASSOCIA	TION						99-01	56443	} P	age 2
Pa	rt III Örganizations Maintaining C	collections of A	rt, Histo	rical Tr	easures,	or Othe					
3	Using the organization's acquisition, accessi	on, and other record	ls, check a	ny of the	following tha	at make sig	ınıfıcant	use of its			
	collection items (check all that apply)										
а	Public exhibition	d	ı 🔲 Lo	an or exc	hange progr	am					
b	Scholarly research	е	· 🔲 Ot	her							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how they	further ti	he organizati	ion's exem	pt purp	ose in Par	t XIII		
5	During the year, did the organization solicit of	r receive donations	of art, histo	orical trea	sures, or oth	er sımılar a	ssets				
	to be sold to raise funds rather than to be m	aintained as part of t	he organiz	ation's co	llection?				Yes		<u> No</u>
Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if the oi	ganızatıo	n answered	"Yes" on F	orm 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21									
1a	Is the organization an agent, trustee, custod	ian or other intermed	lary for co	ntribution	s or other as	ssets not ir	ncluded	_	_		_
	on Form 990, Part X?								Yes		No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	le							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						_1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for esc	row or cu	istodial acco	ount liability	12		<b>」Yes</b>	$\sqsubseteq$	No
	If "Yes," explain the arrangement in Part XIII										
Pa	t V Endowment Funds. Complete		swered "Y	es" on Fo							
		(a) Current year	(b) Prio	r year	(c) Two yea	rs back (c	I) Three y	ears back	(e) Four	<u>years</u>	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses								<u> </u>		
d	Grants or scholarships						·		<u> </u>		
е	Other expenditures for facilities										
	and programs								-		
f	Administrative expenses										
g	End of year balance								<b>1</b> _1		
2	Provide the estimated percentage of the curr	ent year end balanc		column (a	)) held as						
a	Board designated or quasi endowment		_%								
b	Permanent endowment	%									
С		%									
_	The percentages on lines 2a, 2b, and 2c sho	•				1.6. 11					
За	Are there endowment funds not in the posse	ssion of the organiza	ation that a	re neid ar	na administe	ered for the	organiz	ation	Γ,		
	by									Yes	No
	(i) Unrelated organizations								3a(i)		
_	(ii) Related organizations	tions listed as result	ad an Cab	adula D2					3a(II)	+	
	If "Yes" on line 3a(ii), are the related organiza	•							3b		
Par	t VI Land, Buildings, and Equipm		willent lun	us							
<u> </u>	Complete if the organization answered		Dart IV III	ne 11a S	00 Form 990	) Part Y lu	no 10				
	Description of property	(a) Cost or of		(b) Cost			umulate	<u>а</u>	(d) Book		
	bescription of property	basis (investr		basis (			eciation	٠	(u) BOOK	value	3
1-	Land	2230 (	,					$\overline{}$			
	Buildings							+			
	Leasehold improvements							_			
	Equipment			-							
	Other			1.	4,766.	•	11,53	35.		. 2.	31.
	Add lines 1a through 1e (Column (d) must ex	aual Form 000 Part	Y column				<u> </u>		<u>3</u>	<del>12</del> ;	<del>2 - •</del>

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 ASSOCIATION 99-0156443 Page 3 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (a) Description of security or category (including name of security) (c) Method of valuation Cost or end-of-year market value (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (B) (C) (D) (E) (F) (G) (H) Total (Col. (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4)(5) (6)(7) (8) (9) Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4)(5) (6)(7)(8)(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (a) Description of liability (b) Book value Federal income taxes (1) (2)(3)(4)(5) (6)(7)(8)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

HAWAII WALL & CEILING INDUSTRY ASSOCIATION

Schedule	D (Form 990) 2019 ASSOCIATION		99-	-0156443 Page 4
Part XI	Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per F		
•	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•		
1 Tota	I revenue, gains, and other support per audited financial statements		1	_
	ounts included on line 1 but not on Form 990, Part VIII, line 12		<del></del>	<del></del>
_	unrealized gains (losses) on investments	2a		
	ated services and use of facilities	2b	1	
	overies of prior year grants	2c	1	
	er (Describe in Part XIII )	2d		
	lines 2a through 2d		2e	
	tract line 2e from line 1		3	
	unts included on Form 990, Part VIII, line 12, but not on line 1		<u> </u>	<del></del>
	stment expenses not included on Form 990, Part VIII, line 7b	4a		
	er (Describe in Part XIII )	4b	1	
	lines 4a and 4b		4c	
	I revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per		<u>irn.</u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	,		
1 Tota	expenses and losses per audited financial statements		1	
	unts included on line 1 but not on Form 990, Part IX, line 25			
	ated services and use of facilities	2a		
<b>b</b> Prior	year adjustments	2b		
	or losses	2c	1	
d Othe	r (Describe in Part XIII )	2d	1	
	lines 2a through 2d		2e	
	ract line 2e from line 1		3	
4 Amo	unts included on Form 990, Part IX, line 25, but not on line 1			
	stment expenses not included on Form 990, Part VIII, line 7b	4a		
	r (Describe in Part XIII )	4b	1	
	lines 4a and 4b		4c	
5 Tota	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	Supplemental Information.			
	e descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part d 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add		<b>4,</b> 1 ai	. X, me 2, 1 at XI,
				<del></del>
		1		

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

1545-0047	19
OMB No	20

Open to Public. Inspection

**e)** = 0

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization HAWAII WALL	L & CEILING	ING INDUSTRY	Τλ				Employer identification number
Part I General Information on Grants and Assistance	d Assistance						33-0126443
1 Does the organization maintain records to substantiate the amount of	substantiate th		s or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion
criteria used to award the grants or assistance?	ance?						X Yes No
깕	edures for moni	toring the use of grant	funds in the Unite	d States			
Part II Grants and Other Assistance to Domestic Organizations and	omestic Organi	zations and Domest	ic Governments. C	omplete if the orga	ınızatıon answered "\	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	5,000 Part II car	be duplicated if addit	tional space is need	hed			
1 (a) Name and address of organization or government	( <b>p</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table	d government or		listed in the line 1 table				
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2019)

99-0156443

F) 18

ASSOCIATION

Schedule I (Form 990) (2019)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(f) Description of noncash assistance. (e) Method of valuation (book, FMV, appraisal, other) THIS INFORMATION IS THEN THE ORGANIZATION'S SCHOLARSHIP SELECTION PROCESS BEGINS WITH LETTERS SENT Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Q TO EACH MEMBER COMPANY AND UNIONS REGARDING SCHOLARSHIP ELIGIBILITY FOR SINCE ALL APPLICANTS MUST BE DEPENDENTS OF APPLICATION WHICH ASKS FOR THE NAME OF THE PARENT EMPLOYED BY A MEMBER TWO LETTERS THE PRINCIPALS OF EACH APPLICANTS MUST SEND AN (d) Amount of non-cash assistance 。 A ONE PAGE ESSAY DESCRIBING THEIR FUTURE GOALS, 42,000, (c) Amount of cash grant RECOMMENDATION AND THEIR HIGH SCHOOL TRANSCRIPT. QUALIFYING EMPLOYEES OF THE MEMBER COMPANIES, COMPANY ARE ACQUAINTED WITH THE APPLICANTS. 2 (b) Number of recipients SEEKING A DEGREE AT A TWO OR FOUR YEAR COLLEGE. SCHOLARSHIPS FOR POST-HIGH SCHOOL STUDENTS THEIR QUALIFYING EMPLOYEES. (a) Type of grant or assistance LINE COMPANY, PART I

HAWAII WALL & CEILING INDUSTRY 99-0156443 Page 2 Schedule I (Form 990) ASSOCIATION Part IV Supplemental Information USED TO SELECT THE SCHOLARSHIP RECIPIENTS WHO MUST PRESENT PROOF OF ACCEPTANCE AND REGISTRATION AT THE COLLEGE THEY PLAN TO ATTEND UPON REQUEST.

e e) (1 a

#### SCHEDULE O (Form 990 or 990-EZ)

4) 19 🛦

Department of the Treasury Internal Revenue Service Name of the organization

### 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.

► Go to www.irs.gov/Form990 for the latest information.

HAWAII WALL & CEILING INDUSTRY ASSOCIATION

Open to Public Inspection

Employer identification number

99-0156443

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ENGAGED IN THIS INDUSTRY AND FOR GENERAL MUTUAL PROTECTION; TO PROMOTE AND DEVELOP THE DRYWALL AND PLASTERERS INDUSTRIES; TO DISCOURAGE UNFAIR COMPETITION: TO PROMOTE JUST AND EQUITABLE PRINCIPLES IN BUSINESS CONDUCT; TO ADJUDICATE BY ARBITRATION OR OTHERWISE, ALL DIFFERENCES AMONG MEMBERS OR BETWEEN MEMBERS AND OTHERS; TO ASSOCIATE AND CONFER WITH OTHER BODIES FOR MUTUAL PROTECTION. ALL TO THE INTEREST AND PURPOSE THAT MEMBERSHIP IN THE ORGANIZATION SHALL BE AN ASSURANCE TO THE PUBLIC OF SKILL, HONORABLE REPUTATION AND FIDELITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: JUST AND EQUITABLE PRINCIPLES IN BUSINESS CONDUCT; TO ADJUDICATE BY ARBITRATION OR OTHERWISE, ALL DIFFERENCES AMONG MEMBERS OR BETWEEN MEMBERS AND OTHERS; TO ASSOCIATE AND CONFER WITH OTHER BODIES FOR MUTUAL PROTECTION, ALL TO THE INTEREST AND PURPOSE THAT MEMBERSHIP IN THE ORGANIZATION SHALL BE AN ASSURANCE TO THE PUBLIC OF SKILL. HONORABLE REPUTATION AND FIDELITY.

FORM 990, PART VI, SECTION A, LINE 2:

VINCENT NIHIPALI, SR. AND VINCENT NIHIPALI, JR. HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS ARE CONTRACTORS LICENSED BY THE STATE OF HAWAII AND ASSOCIATED

MEMBERS WHO ARE ENGAGED IN A CONSTRUCTION RELATED INDUSTRY. CONTRACTOR

MEMBERS WITH A MINIMUM TOTAL OF 2,000 MAN HOURS A YEAR WHO ARE IN GOOD

STANDING WITH THE ASSOCIATION ELECT THE GOVERNING BODY AND APPROVE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-08-19

e 41 fs a Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization HAWAII WALL & CEILING INDUSTRY Employer identification number 99-0156443 ASSOCIATION SIGNIFICANT DECISIONS OF THE GOVERNING BODY. MEMBERS DO NOT HAVE THE RIGHT TO RECEIVE SHARES OF THE PROFITS OR EXCESS DUES IF THE ORGANIZATION IS DISSOLVED. FORM 990, PART VI, SECTION A, LINE 7A: CONTRACTOR MEMBERS WITH A MINIMUM TOTAL OF 2,000 MAN HOURS PER YEAR WHO ARE IN GOOD STANDING WITH THE ASSOCIATION, UNION AND TRUST FUNDS ARE ENTITLED TO VOTE. ONE DESIGNATED MEMBER FROM EACH FULL MEMBER COMPANY IS ENTITLED TO CAST A VOTE ON ANY ISSUE BROUGHT BEFORE THEM AS WELL AS ELECTING DIRECTORS ON AN ANNUAL BASIS. FORM 990, PART VI, SECTION A, LINE 7B: CONTRACTOR MEMBERS WITH A MINIMUM TOTAL OF 2,000 MAN HOURS PER YEAR WHO ARE IN GOOD STANDING WITH THE ASSOCIATION, UNION AND TRUST FUNDS ARE ENTITLED TO VOTE. ONE DESIGNATED MEMBER FROM EACH FULL MEMBER COMPANY IS ENTITLED TO CAST A VOTE ON ANY ISSUE BROUGHT BEFORE THEM AS WELL AS ELECTING DIRECTORS ON AN ANNUAL BASIS. CHANGES IN THE BY-LAWS REQUIRE APPROVAL. FORM 990, PART VI, SECTION B, LINE 11B: AFTER THE RETURN IS PREPARED BY IKEDA & WONG, CPA, INC, A PAPER COPY IS PROVIDED TO EACH BOARD MEMBER FOR REVIEW AND APPROVAL BEFORE BEING FILED. FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND EMPLOYEES ANNUALLY REVIEW THE POLICY AND EITHER DISCLOSE POTENTIAL CONFLICTS OF INTEREST OR STATE THAT NONE EXISTS. ALL DISCLOSURES WILL BE KEPT ON FILE FOR SEVEN YEARS.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization HAWAII WALL & CEILING INDUSTRY ASSOCIATION	Employer identification number 99-0156443
FORM 990, PART VI, SECTION C, LINE 19:	-
FORM 990 IS AVAILABLE ON WWW.GUIDESTAR.ORG. NO OTHER DOC	CUMENTS ARE
AVAILABLE TO THE PUBLIC UNLESS REQUIRED BY LAW OR FOR GOO	D REASON.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
COMPENSATION:	
PROGRAM SERVICE EXPENSES	46,450.
MANAGEMENT AND GENERAL EXPENSES	46,450.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	92,900.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	92,900.
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