| Form 990-T | | Exempt Orga | nization Bu | ısine | ss Inco | me T | ax Return | ı L | OMB No 1545-0687 |
|---|-------------|-----------------------------------|--|---|------------------|------------|--|----------|---|
| | | (a | nd proxy tax un | ıder se | ction 603 | 3(e)) | 1817 | , | 2018 |
| | For ca | lendar year 2018 or other tax ye | | | , and en | - | -107 | _ | ZU 10 |
| Department of the Treasury Internal Revenue Service | | Do not enter SSN number | r.irs.gov/Form990T for ers on this form as it m | | | | | · [: | Open to Public Inspection f 501(c)(3) Organizations Only |
| A Check box if address change | d | Name of organization (| Check box if name | e changed | and see instru | ictions.) | | Empl | oyer identification number oyees' trust, see ctions) |
| B Exempt under section | Print | HHOC MORTGA | .GE | | | | | 2 | 7-1240023 |
| X 501(c) 3) | or | Number, street, and roor | | ated business activity code instructions) | | | | | |
| 408(e)220(e | ;) Type | 1259 AALA S | | | | | | ` | · |
| 408A530(a | 1) | City or town, state or pro | | or foreig | n postal code | | | 522 | 292 |
| Book value of all assets | | E Croup everation num | | • | | | | 922 | |
| at end of year 2,803, | 946. | G Check organization typ | | | n 50 | 1(c) trust | 401(a) | trust | Other trust |
| | | ation's unrelated trades or | | 1 | | Describe | the only (or first) un | related | |
| | | EE STATEMENT | | | | | complete Parts I-V. | | |
| describe the first in the | blank spa | ace at the end of the previo | us sentence, complete | Parts I an | d II, complete | a Schedule | M for each addition | al trade | or |
| business, then comple | | | | · · · · · · · · · · · · · · · · · · · | | | | | Tee |
| | | poration a subsidiary in an | | rent-subs | idiary controlle | d group? | ▶ L | Ye | s X No |
| | | tifying number of the parei | | | , | Tolopho | one number 🕨 (| 808 |) 941-0500 |
| | | TERRENCE Y. de or Business Inc | | | (A) Inco | | (B) Expenses | | (C) Net |
| 1a Gross receipts or si | | 85,035. | | | (7.7.114. | - | (2) 2pooco | | (4) |
| b Less returns and al | | | c Balance ▶ | - 1c | 85 | ,035. | | | |
| | | e A. line 7) | , - Dananio | 2 | | | | | |
| Cost of goods sold Gross profit. Subtra 4 a Capital gain net inc. | • | | | 3 | 85 | ,035. | | | 85,035 |
| | ome (attac | ch Schedule D) | | 4a | | | | | |
| b Net gain (loss) (For | m 4797, F | Part II, line 17) (attach Forn | n 4797) | 4b | | | ······································ | ١ | |
| c Capital loss deduct | | | | 4c | | | | | |
| | | ship or an S corporation (a | ittach statement) | 5 | | | | | |
| _ | • | ma (Cabadula E) | | 7 | | - | | | |
| 7 Unrelated debt-fina 8 Interest, annuities. | | and rents from a controlled | arganization (Schadula I | <u> </u> | | | | | |
| <u>_</u> | | on 501(c)(7), (9), or (17) c | | | | | | | |
| 10 Exploited exempt a | | | ga (00 | 10 | | | | | |
| 3 11 Advertising income | - | | | 11 | | | | | , , |
| 12 Other income (See | instruction | ns, attach schedule) | | 12 | | | | | |
| 13 Total. Combine lin | | | | 13 | | ,035. | | | 85,035 |
| | | ot Taken Elsewhe | | | | | , .n.coma) | | |
| | | utions, deductions mus | | | | Dusiness | s income j | 144 | |
| | | rectors, and trustees (Sch | edulek) REC | EIVE | | | | 14 | 42,086 |
| 15 Salaries and wage16 Repairs and mainl | • | | - | | 070 070 | | | 16 | 42,000 |
| 17 Bad debts | ciiaiioo | | MAN JAN | 132 | 070 3 | | | 17 | |
| 18 Interest (attach so | hedule) (s | see instructions) | 1 1 | The second se | \$EE | STAT | EMENT 2 | 18 | 2,756 |
| 19 Taxes and license | s | , | OGE | EN, | UT | | | 19 | 752 |
| 20 Charitable contrib | utions (Se | e instructions for limitation | rules) | | | | | 20 | |
| 21 Depreciation (attai | | | | |] | 21 | 43. | | 4.2 |
| • | claimed o | n Schedule A and elsewhe | re on return | | Į | 22a | | 22b | 43 |
| 23 Depletion | | | | | | | | 23 | |
| | | ompensation plans | | | | | | 24 | 2,740 |
| 25 Employee benefit | | | | | | | | 26 | 2,740 |
| 26 Excess exempt ex27 Excess readership | • | • | | | | | | 27 | |
| 28 Other deductions | • | • | | | SEE | STAT | EMENT 3 | 28 | 27,177 |
| 29 Total deductions. | • | • | | | | | 24 | 29 | 75,554 |
| | | income before net operatin | g loss deduction. Subti | ract line 2 | 9 from line 13 | | | 30 | 9,481 |
| 31 Deduction for net | operating | loss arising in tax years be | ginning on or after Jan | uary 1, 20 | 018 (see instru | ctions) | 30 | 31 | |
| | | income. Subtract line 31 fr | | | | | 15 | 32 | 9,481 |
| 823701 01-09-19 LHA | For Pape | rwork Reduction Act Notic | e, see instructions. | | | | | Ĭ | Form 990-T (201 |

| Form 990- | T (2018) HHOC MORTGAGE | 27-124 | 0023 | Page 2 |
|------------|--|----------------|--|-------------------|
| Parti | | | | |
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | | 33 | 9,481. |
| 34 | Amounts paid for disallowed fringes | | 34 | 3,322. |
| 35 | | • | 35 | 3,3881 |
| | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | • • | 33 | |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of | | 1 | 10 003 |
| | lines 33 and 34 | ·nill | 36 | 12,803. |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 2.7 | 37 | 1,000. |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36, If line 37 is greater than line 36, | 39 | | |
| | enter the smaller of zero or line 36 | 121 | 38 | 11,803. |
| Pärt I | V _I Tax Computation | | ., | |
| 39 | Organizations Taxable as Corporations, Multiply line 38 by 21% (0.21) | <u> 10 ►</u> | 39 | 2,479. |
| 40 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: | | 7 | |
| | Tax rate schedule or Schedule D (Form 1041) | • | 40 | |
| 41 | Proxy tax. See instructions | ٠. ٢ | 1 2 1 | |
| 42 | Alternative minimum tax (trusts only) | | } | |
| | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | } | |
| 43 | Tax on Noncompliant Facility Income, See instructions | us | 43 | 2,479. |
| 44 | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | | 1 4/4 | 4,4/9. |
| | /A Tax and Payments | | Y T======1 | |
| | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | | | |
| b | Other credits (see instructions) | | li il | |
| C | General business credit. Attach Form 3800 45c | | li il | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | | <u> </u> | |
| е | Total credits. Add lines 45a through 45d | | 45e | |
| 46 | Subtract line 45e from line 44 | | 46 | 2,479. |
| 47 | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attack) | th schedule) | 47 | |
| 48 | Total tax. Add lines 46 and 47 (see instructions) | 110 | 48 | 2,479. |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | | 49 | 0. |
| | Payments: A 2017 overpayment credited to 2018 | | -1- | |
| | 610 sh | 1,790. | * H | |
| | | .,150. | | |
| | Tax deposited with Form 8868 | | F | |
| | Foreign organizations. Tax paid or withheld at source (see instructions) | | 1 1 | |
| е | Backup withholding (see instructions) | | <u> </u> | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | | } | |
| g | Other credits, adjustments, and payments: Form 2439 | | • | |
| | ☐ Form 4136 ☐ Other ☐ Total ► 50g ☐ | | <u> -</u> 1_ | |
| 51 | Total payments Add lines 50a through 50g | | 51 | 11,790. |
| 52 | Estimated tax penalty (see Instructions). Check if Form 2220 is attached | 55 | 52 | 25. |
| 53 | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | | 53 | |
| 54 | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | 200 | 54 | 9,286. |
| 55 | | le d'C | 55 | 4,286. |
| Part | | | 7 | 1,2001 |
| | | 13) | | Van Na |
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority | | | Yes No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | | او الأ |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | | ليدانيا |
| | here > | | | _ <u>X</u> |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign | trust? | | X |
| | If "Yes," see instructions for other forms the organization may have to file. | | | |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year >\$ | | | المستأفسيا |
| | Under penalties of perputy I declare that I have examined this return, including accompanying schedules and statements, and to the becomest, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | est of my know | rledge and bellef | ıt is true. |
| Sign | correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | | y the IRS discuss | thus astrono much |
| Here | Note | 10 D | preparer shown b | |
| | Signature of officer Date Title | | tructions)? | |
| | Print/Type preparer's name Preparer's signature Date 1/1,G1,Q Cher | ck if | PTIN | |
| | 1/1/2/11 | employed | ' '''' | |
| Paid | MELANTE A KING MELANTS ACCORDED TO THE | ampioyeu | P0022 | 0097 |
| Prepa | rer CW ACCOCTAMES CDAS | m's FIRE | | 59234 |
| Use O | | m's EIN 🕨 | 20-10 | 33434 |
| | 700 BISHOP STREET, SUITE 1040 | ~ | 00 534 | 1040 |
| | Firm's address ► HONOLULU, HI 96813 | one no. 🛭 8 | 08-531- | |
| 823711 01- | 09-19 | | Form | 990-T (2018) |

| Schedule A - Cost of Good | s Sold. Enter | method of invei | ntory v | aluation ► N/A | | | | | | | |
|---|------------------------------------|---|--|---|---------|--|--|----------------|--|--|--|
| 1 Inventory at beginning of year | 1 Inventory at beginning of year 1 | | | | | | 6 | | | | |
| 2 Purchases | Purchases _ 2 | | | | | 7 Cost of goods sold Subtract line 6 | | | | | |
| 3 Cost of labor | 3 Cost of labor 3 | | | | | Part I, | ,a ² , | | | | |
| 4a Additional section 263A costs | | | | line 2 | | | 7 | | | | |
| (attach schedule) | 8 | Do the rules of section | 263A (| with respect to | | Yes No | | | | | |
| b Other costs (attach schedule) | 4b | | 7 | property produced or a | cquired | I for resale) apply to | | 0 | | | |
| 5 Total. Add lines 1 through 4b | 5 | · · · · · · · · · · · · · · · · · · · | 7 | the organization? | | | | | | | |
| Schedule C - Rent Income | (From Real | Property an | d Pe | rsonal Property | Leas | ed With Real Pro | perty) | | | | |
| (see instructions) | | | | | | | | | | | |
| 1. Description of property | | | | | | | | | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | ····· | | | | | |
| (4) | | | | | | | | | | | |
| | 2. Rent receive | ed or accrued | | | | | | | | | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50% | than | ` 'of rent for | personal | onal property (if the percenta property exceeds 50% or if ed on profit or income) | age | 3(a) Deductions directly columns 2(a) ar | r connected with the it and 2(b) (attach schedu | | | | |
| (1) | - | - | | | | | *** | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Total | 0. | Total | | | 0. | | | | | | |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column | | ter | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | > | 0. | | | |
| Schedule E - Unrelated Deb | ot-Financed | Income (see | ınstru | ctions) | | | | ····· | | | |
| | | | 2 | - Gross income from | | 3 Deductions directly con to debt-finance | | ole | | | |
| 1. Description of debt-fir | nanced property | | or allocable to debt- financed property | | (a) | Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) | | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | · | | | | | | | |
| (3) | | | | | | | | **** | | | |
| (4) | | | | | | | 1 | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis flocable to nced property i schedule) | 6 | . Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | 8. Allocable (column 6 x tot 3(a) and | tal of columns | | | |
| (1) | | | | % | | | | | | | |
| (2) | | | | % | | <u></u> | | | | | |
| (3) | | | | % | | | | | | | |
| (4) | | | 1 | % | | | 1 | | | | |
| | | | | | | nter here and on page 1, Part I, line 7, column (A) | Enter here and Part I, line 7, c | | | | |
| Totals | | | | > | | 0 | . | 0. | | | |
| Total dividends-received deductions in | cluded in column | 8 | | | | > | | 0. | | | |
| | | | | | | | Form | 990-T (2018) | | | |

| | edule F - Interest, A | <u></u> | | | Controlled O | | | - | • | | | |
|---------------|------------------------------------|---|-----------------------------------|--|---|--|---|---|---------------------------------------|---|--|--|
| | 1. Name of controlled organization | on | 2. Employer identification number | | related income a instructions) | | al of specified nents made | 5. Part of column 4 that is included in the controlling organization's gross income | | rolling | 6. Deductions directly connected with income in column 5 | |
| (1) | | | | | | | | İ | | İ | | |
| (2) | | | | | | | | 1 | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | ····- | | | | | | | | | | |
| | kempt Controlled Organiz | ations | | | ········· | | | • | | *************************************** | | |
| | 7. Taxable Income | 8 Net unrelate | d income (loss) ructions) | 9. Total | of specified pays made | ments | 10. Part of colu in the controll gross | | nization's | | ductions directly connected n income in column 10 | |
| (1) | | | | Ī | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | · | | | | | | Add colur Enter here and line 8, | | a 1, Part I, A) | | dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B) | |
| Totals | | | | 5044.14 | 'T' (0) | <u>▶</u> | | | 0. | | 0. | |
| Sch | edule G - Investmer | | of a Section | on 501(c)(| 7), (9), or | (17) Or | ganization | 1 | | | | |
| | (see instru | otion of income | | | 2 Amount of | ıncome | 3. Deduction directly connected (attach scheo | ected | 4 Set- | | 5. Total deductions and set-asides (col 3 plus col 4) | |
| (1) | | | | | | | (attach sched | 2016) | | | (cor 3 plus cor 4) | |
| (1) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (3) | | | | | 1 | | | | | | | |
| (4) | | | | | Enter here and Part I, line 9, co | on page 1, lumn (A) | <u>-</u> | u u | tı - | | Enter here and on page 1, Part I, line 9, column (B) | |
| T . 4 . 1 . | | | | | | 0. | • , | w | • | v | 0. | |
| Totals Sch | edule I - Exploited E | xempt Ac | tivity Inco | me. Othe | r Than Ac | | ng Income | | a | ^ | | |
| | (see instruc | | • | • | | | | | | | | |
| | Description of exploited activity | 2 Gross unrelated busin- income from trade or busine | ess direct with of | Expenses ly connected production unrelated ness income | 4. Net incomfrom unrelated business (cominus columgain, compute through | trade or olumn 2 n 3) If a e cols 5 | 5 Gross incompressively is not unrelated business incompressively | that ted | 6 . Exp attributi coluri | able to | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) | |
| (1) | | | | | | | | | | | | |
| (2) | | | <u> </u> | | | | | | | · | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | | Enter here and page 1, Part I line 10, col (A | , pag) line | here and on ge 1, Part I, 10, col (B) | , û | | 0, 5 | ē · | | 16 9 | on page 1, Part II, line 26 | |
| Totals | | | 0. | 0. | a | | 1 1 | | - | ~ A | 0. | |
| | edule J - Advertisin | | | | | | | | | | | |
| Par | t,l Income From P | 'eriodicals | Reported | on a Cor | ısolidated | l Basis | ···· <u> </u> | | | | | |
| | 1. Name of periodical | adve | Gross rtising ome | 3. Direct devertising costs | or (loss) (c | | 5 Circula e income | | 6. Reade cost | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) | |
| (1) | | | | | , , | · | | | | | 700 | |
| (2) | | | | | • | . 8 | | | | | *, | |
| (3) | | | | | ٠, ه | _ | | | | |].1 | |
| (4) | | | | | ', , | 7 0 | | | | | , 8 | |
| | | | | | | | | | | | 0 | |
| Totals | (carry to Part II, line (5)) | ▶ | 0. | 0 | • | | 1 | | <u> </u> | | 0 . Form 990-T (2018 | |

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|--|--|---------|---------------------|---|-----------------------|------------------------------------|---------------------|-----------------|---|-----------|
| Part II Income From Perio | dicals Report | ed on a | a Sepa | rate Basis (For ea | ich perio | dical listed | d in Pa | ırt II, fill ın | | |
| columns 2 through 7 on a | line-by-line basis) | 1 | | | | | | | | |
| 1. Name of periodical | | | Oirect ing costs | 4. Advertising gain or (loss) (cot 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | | 6. Readership costs | | 7. Excess readership costs (column 6 minu column 5, but not mor than column 4) | is |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| Totals from Part I | 0. | | 0. | 4 54 | 4, " | - 00 | 14. | | | 0. |
| | Enter here and on page 1, Part I, line 11, col (A) | | | b | | |). P | ge [*] | Enter here and on page 1, Part II, line 27 | |
| Totals, Part II (lines 1-5) | 0. | | 0. | , | L ÅL | <u></u> <u>.</u> <u>.</u> | _ G | a ,, | | <u>o.</u> |
| Schedule K - Compensatio | n of Officers, | Directo | rs, an | d Trustees (see ir | nstructio | | | | | |
| 1. Name | | | | 2. Title | | 3. Percer time devot busines | ed to | | ensation attributable related business | |
| (1) | | | | | | | % | | | |
| (2) | | | | | | | % | | | |
| (3) | | | | | | | % | | | |
| (4) | | | | | | | % | | | |
| Total. Enter here and on page 1, Part II, II | ne 14 | | | · | | | | | | 0. |

Form 990-T (2018)

| FORM 990-T | | RGANIZATION'S PRIMARY SINESS ACTIVITY | UNRELATED | STATEMENT | 1 |
|---|--------------------|--|-----------|---------------------------------------|--------------------------|
| TO ASSIST NON | -TARGET HOME BUYER | RS IN HAWAII. | | | |
| TO FORM 990-T, | PAGE 1 | | | | |
| FORM 990-T | | INTEREST PAID | | STATEMENT | 2 |
| DESCRIPTION | | | | AMOUNT | |
| INTEREST - SVC | CHARGE | | | 2,7 | 56. |
| TOTAL TO FORM | 990-т, PAGE 1, LII | NE 18 | | 2,7 | 56. |
| FORM 990-T | | OTHER DEDUCTIONS | | STATEMENT | 3 |
| DESCRIPTION | | | | TUUOMA | |
| PAYROLL TAX LEGAL & PROFES OFFICE OCCUPANCY CONFERENCES INSURANCE | SIONAL | | | 3,6. 15,8. 3,3: 1,2. 2,9: | 61. 45. 16. 44. |
| TOTAL TO FORM | 990-T, PAGE 1, LI | NE 28 | | 27,1 | 77. |