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		000 T 200	ic) .		RETURN - SE						. I	OMB No 1545-0687
1	Form	<b>990-T</b> يورو	[]	xembr Ori	ganization B and proxy tax ر	under se	ction 603	)   C   3(e))	ax ne	turi	' ├	
		6	For ca	endar year 2018 or other t	• • •		, and en			)		2018
				-	www.irs.gov/Form990T	for instruction	<del></del>		ation.		- L	
		ment of the Treasury I Revenue Service	▶		mbers on this form as it					1(c)(3)	. 50	pen to Public Inspection for 1(c)(3) Organizations Only
	A L	Check box if		Name of organization	n ( Check box if na	me changed	and see instru	ictions.)				rer identification number yees' trust, see
		address changed									instruct	•
		empt under section	Print	HHOC MORT								7-1240023
	X	Number, street, and room or suite no. If a P.O. box, see instructions.										ed business activity code structions)
	<u></u>	408(e) 220(e)	',,,,,,		STREET, NO							
	<u> </u>	408A530(a)			province, country, and 2	ZIP or foreigi	n postal code					.00
		529(a) k value of all assets		HONOLULU,							5222	192
	at e	2,803,9	16	Check examplion	number (See instructions n type <b>X</b> 501(c)	<del></del>	50-	1(c) trust		401(a)	truct	Other trust
	u Ent	ar the number of the	01020173	tion's unrelated trades		1		<u> </u>	the only (or	• • •		Collet trust
			-	BE STATEME	_		<del></del>		complete Pa	•		han one
					evious sentence, comple	te Parts Lan			-			
		iness, then complete			oviduo dentando, dempio		, cop.o					•
					n an affiliated group or a	parent-subsi	diary controlle	d group?			Yes	X No
					parent corporation.		-					
				PERRENCE Y		•		Teleph	one number			
	Pai	rt i Unrelate	d Trac	de or Business			(A) Inco	ome	(B) E	(penses	<u>`</u>	(C) Net
		Gross receipts or sale		85,03	<u>5.</u>		0.5	005				
		Less returns and allov			c Balance	<b>▶</b> 1c	85	,035.				
		Cost of goods sold (S			$\bigcirc$	2	<u> </u>	0.25				05 035
		Gross profit. Subtract			<b>(3</b> )	3	85	,035.			<del>-</del>	85,035.
		Capital gain net incom	•	•	Form 4707)	4a	<del></del>					
		wet gain (loss) (Form Capital loss deductior		art II, line 17) (attach	roim 4/9/)	4b 4c						
		•		ship or an S corporation	nn (attach statement)	5					-	
		Rent income (Schedu	•	ship of all o corporation	m (atach statement)	6						
		Unrelated debt-financ	-	ne (Schedule E)		7						· · · · · · ·
	_			,	olled organization (Schedu	ile F) 8	$\overline{}$					·
					17) organization (Schedu		<del>,~</del>					
	10	Exploited exempt acti	vity inco	me (Schedule I)		10						
	11 .	Advertising income (S	Schedule	) J)		11						
	12	Other income (See in:	struction	is; attach schedule)		12						
		Total. Combine lines			/	13		,035.	<u></u>			85,035.
,	Par				here (See instruction must be directly conne				e income \			
•		<u>.</u>			<u> </u>	BCIBG WILLI	ne unielatec	) DUSINGS	s income.)		1 44 1	
	14 15	Salaries and wages	icers, ai	rectors, and trustees (	Schedule K)				-		14	42,086.
,	16	Repairs and mainten	anca								16	42,000.
_	17	Bad debts	anco		DEOEN	<del>/</del>	7			••	17	
=	18	Interest (attach sche	dule) (s	e instructions)	RECEIV	EU.	SEE	STAT	EMENT	2	18	2,756.
<b>n</b>	19	Towns and beaness		-	Ω DEC 9 9	5	31				19	752.
	20	Charitable contributi	ons (Se	Instructions for limit	rules DEC 2 3	2020	21				20	· · ·
	21	- Danteciation (aπach	ተሰrm 4:	1021		100	21 1	21		43.		
	22	Less depreciation/cla	aimed oi	n Schedule A and else	where outgoen,	I IT	<sup>-</sup>   [	22a			22b	43.
	23	Depletion			OODLIN,	<u> </u>		v			23	
	24	Contributions to defe		mpensation plans							24	
	25	Employee benefit pro	_								25	2,740.
	26	Excess exempt expe									26	
	27	Excess readership co					999	CM2W	EMENT	3	27	27,177.
	28	Other deductions (at		•			SEE	STAT	DMPN.I.	3	28	75,554.
	29 30	Total deductions. A			rating lose deduction. Sui	htract line of	from line 19				30	9,481.
	3U 31 /	/			rating loss deduction. Sui is beginning on or after J			ctions)			31	2,401.
	32 /		_	oss arising in tax year icome. Subtract line 3		_					32	9,481.
					lotice, see instructions.	<del></del>		······································			· · · · · · · ·	Form <b>990-T</b> (2018)
			•			2.0						•

Form 990-T	(2018)	HHOC MORTGAGE	27-124	0023	Page 2
Partel	1	otal Unrelated Business Taxable Income			
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		3/3	9,481.
34	Amou	nts paid for disallowed fringes		34	
35	Dedu	tion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total	_			
	lines :	33 and 34	1	38	9,481.
37		ic deduction (Generally \$1,000, but see line 37 instructions for exceptions)	8	37	1,000.
38	•	ated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	. 1		
-		the smaller of zero or line 36	$\Pi$	38	8,481.
Part I	*****	ax Computation		4	
39		izațions Taxable as Corporations. Multiply line 38 by 21% (0.21)		139	1,781.
40	-	Example at Trust Rates. See instructions for tax computation, Income tax on the amount on line 38 from:	1	H -	
40	$\overline{}$	, , ,	_	40	
41		tax. See instructions		41	
42		ative minimum tax (trusts only)		42	
43		n Noncompliant Facility Income. See instructions	~	43	4 704
		Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<u> l</u>	44	1,781.
Part'\		ax and Payments			
		n tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a		1 1	
b	Other	credits√see instructions) 45b			
C	Gener	all pusiness credit. Attach Form 3800		] '	
đ	Credit	for prior year minimum tax (attach Form 8801 or 8827)		]	
8	Total	credits. Add lines 45a through 45d		45 <sub>8</sub>	
46	Subtr	act line 45e from line 44		46	1,781.
47			tach schedule)	47	
48		tax. Add lines 46 and 47 (see instructions)	Ġ	48	1,781.
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	!	49	0.
		enter A 2017 everpeyment gradited to 2018		<del>  '''   -</del>	
	-	7\	1,790.	1 1	
			1, 190.	1 1	
		posited with Form 8868		1 1	
	_	in organizations: Tax paid or withheld at source (see instructions)		1 1	
		p withholding (see instructions) 50e		1 1	
		for small employer health insurance premiums (attach Form 8941)		1 1	
9		credits, adjustments, and payments: Form 2439		1 1	
		Form 4136 Other Total ▶ <b>50g</b>		l-ı-l	44
51	Total	payments. Add lines 50a through 50g		51	11,790.
52	Estim	ated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖 .	$\mathcal{B}$	52	18.
53	Tax d	ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	9>	53	
_54	Over	ayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	. Io ►	54	9,991.
55	Enter	the amount of line 54 you want. <b>Credited to 2019 estimated tax</b> 5,000. Refu	nded \\ ►	55	705.
Part V	/1   5	Statements Regarding Certain Activities and Other Information (see instruct	ions) SI	E S'	<b>PATEMENT</b>
56	At any	time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here	• •			X
57		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	ian trust?		X
01		the tax year, and the organization receive a distribution from, or that it this granter on, or databased to, a local	9.1 0 001		
58		the amount of tax-exempt interest received or accrued during the tax year			
- 30		der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	a best of my know	viedge and i	belief it is true.
Sign	8	rect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	9		
Here		10.06.7. ■ EXECUTIVE DIREC	I GAM	-	scuss this return with
. 10.0		Signature of officer Date Title			nown below (see
	1				X Yes No
		/ / / / / / / / / / / / / / / / / / /	heck L r	f PTIN	
Paid		MELANTE A RING / SELANTALA PRINCE IN 11/13/2020 S	elf- employed		200000
Prepa	rer	MEDIANTE A KING / (MESAPHOLE OF A TOTAL OF A			0220997
Use C			Firm's EIN 🕨	26	-1659234
	,	700 BISHOP STREET, SUITE 10/40			
		Firm's address ► HONOLULU, HI 96813	Phone no. 8	<u>08-53</u>	31-1040

Form **990-T** (2018)

823711 01-09-19

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Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory	valuation N/A	<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
1 Inventory at beginning of year	11	<del></del>		Inventory at end of yea	ar		6		
2 Purchases	2		7 7	Cost of goods sold. S	ubtract l	line 6			
3 Cost of labor	3		]	from line 5. Enter here	ere and in Part I,				
4a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		_  8	Do the rules of section	263A (	with respect to		Yes No	
<b>b</b> Other costs (attach schedule)	4b		property produced or acquired for resale) apply to						
5 Total. Add lines 1 through 4b	. 5		<u> </u>	the organization?	<u>.                                    </u>			<u> </u>	
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	ersonal Property	Leas	ed With Real Pro	operty)	····	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				3(a) Deductions directly	v connected with	the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	persona	sonal property (if the percent il property exceeds 50% or if sed on profit or income)	age	columns 2(a) a	nd 2(b) (attach so	hedule)	
(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	n (A)	. ▶			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	0.	
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstn	uctions)					
				2. Gross income from		<ol><li>Deductions directly cor to debt-finant</li></ol>		llocable	
1. Description of debt-fi	nanced property			or allocable to debt- financed property		Straight line depreciation	(b) Oti	er deductions	
, , , , , , , , , , , , , , , , , , ,				inancou proporty		(attach schedule)		ch schedule)	
(4)			+	<del></del>		<del> </del>			
(1)		<del></del>	╁		-		-		
(2)	<del></del>		╁		<del> </del>	<del>,</del>	<del></del>		
(3)			+		1		+		
(4)	F A	advisted beau	+	<b>O</b> -b 4 dede-d	1	7 0	9 Alla	cable deductions	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property n schedule)		6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		ortable (column 6 x tota		
(1)				%					
(2)				%					
(3)				%	<u> </u>				
(4)	<u>L</u>		ـــلــــ	%	L				
						nter here and on page 1, Part I, line 7, column (A)		e and on page 1, e 7, column (B)	
Totals				<b>&gt;</b>		0	•	0.	
Total dividends-received deductions in	cluded in columi	18				<b>&gt;</b>		0.	
							F	orm <b>990-T</b> (2018)	

Schedule F - Interest,	Ailliaitio	s, rioyai	tics, ai		Controlled O			Latio	13 (300 1113	Struction	115)	
1. Name of controlled organization		2. Emp identific numl	ation	3. Net uni	related income a instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)				<u> </u>			······································					
(2)												
(3)												
(4)												
Nonexempt Controlled Organi	izations											
7. Taxable Income		related incom e instructions		9. Total	of specified pays made	ments	10. Part of column the controll gross		nization's		Peductions directly connect th income in column 10	cted
(1)	· · · · · · · · · · · · · · · · · · ·		<del></del>									
(2)		•										
(3)				<del>                                     </del>			•					
(4)		· · · · · ·		<u> </u>		İ						
				•			Add colum Enter here and line 8, o		1, Part I,		Add columns 6 and 11 here and on page 1, Part line 8, column (B).	<b>(4,</b>
Totals				_•		▶			0.			0.
Schedule G - Investme		ne of a	Section	501(c)(	7), (9), or	(17) Or	ganizatior	1				
(see inst	ructions)								,			
1. Desc	ription of incom	19			2. Amount of	ıncome	<ol> <li>Deduction</li> <li>directly connected</li> <li>(attach sched)</li> </ol>	cted	4. Set-	asıdes chedule)	5. Total deduction and set-asides (col 3 plus col	8
(1)												
(2)												
(3)							· <u>-</u>					
(4)												
					Enter here and Part I, line 9, co						Enter here and on pa Part I, line 9, column	
Totals				<b>&gt;</b>		0.						0.
Schedule I - Exploited (see instru		Activity	Incom	e, Othe	r Than Ac	lvertisi	ng Income	•			• • • • • • • • • • • • • • • • • • • •	
1. Description of exploited activity	2. Gre unrelated b rncome trade or bu	from	directly of with pro of unr	penses connected oduction elated s income	4. Net incomfrom unrelated business (cominus colum gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attributa colun	able to	7. Excess exemp expenses (column 6 minus column 5 but not more than column 4)	in 5,
(1)												
(2)						I						
(3)												
(4) Totals	Enter here page 1, F line 10, ca	Part I,	Enter her page 1 line 10,								Enter here and on page 1, Part II, line 26	0.
Schedule J - Advertisi	ng Incom		struction		l				<del></del>		<del></del>	
Part I Income From					solidated	Basis						
	T	2. Gross	1	3. Direct	4. Advert	ising gain	5. Circulat		6. Reade		7. Excess readershi	
1. Name of periodical		advertising income		ortising costs	or (loss) (co col 3) If a ga cols 5 th	in, compute			costs		costs (column 6 minu column 5, but not mo than column 4).	
(1)												
(2)											1	
(3)	_				_						4	
(4)				<del> </del>	<del></del>		<b></b>				<u> </u>	
Totals (carry to Part II, line (5))	. ▶	(	).	0						-		0.
											Form 990-T (20	A18)

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)			ĺ i			
(4)						
Totals from Part I	0.	0.			<u> </u>	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.			,	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
3)		%	
4)		%	
otal. Enter here and on page 1, Part II, line 14		<b>•</b>	

Form 990-T (2018)

HHOCMOR2

27,177.

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	<del></del>	
FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELABUSINESS ACTIVITY	ATED STATEMENT 1
TO ASSIST NON	I-TARGET HOME BUYERS IN HAWAII.	
TO FORM 990-T,	PAGE 1	
FORM 990-T	INTEREST PAID	STATEMENT 2
DESCRIPTION		AMOUNT
INTEREST - SVC	CHARGE	2,756.
TOTAL TO FORM	990-T, PAGE 1, LINE 18	2,756.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
PAYROLL TAX		3,625.
LEGAL & PROFES OFFICE	SSIONAL	161. 15,8 <b>4</b> 5.
OCCUPANCY CONFERENCES		3,316. 1,244.
INSURANCE		2,986.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

EIN: 27-1240023

HHOC MORTGAGE 12/31/18 FORM 990-T AMENDED RETURN - SECTION 512 (a)(7) REPEAL

Line No.	Originally filed	Amended	<b>Amount of Change</b>	Reason for change
34	3,322	-	3,322	Repeal of Section 512(a)(7)
39	2,479	1,781	698	Repeal of Section 512(a)(7)
52	25	18	7	Repeal of Section 512(a)(7)
54	9,286	9,991	(705)	Repeal of Section 512(a)(7)
55	4.286	4,991	(705)	Repeal of Section 512(a)(7)