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· / <u>*</u> _ (Form	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))		омв No. 1745-6687
!	Departm	For calendar year 2011 or other tax year beginning APRIL 1 , 2011, and ending MARCH 31 , 20 12 . See separate instructions.)/ 🔐	en to Public Inspection (c)(3) Organizations O
•		heck box if Name of organization (Check box if name changed and see instructions)		r identification numb
-A-1		tudge section HONOLULU COMMUNITY ACTION PROGRAM INC		es' trust, see instruction
o de		Number, street, and room or suite no. If a P.O. box, see instructions		99-0140622
8	□ 40	3(e) → PROTE TURE 33 SOUTH KING STREET NO 300		I business activity coo actions)
يسو	☐ 40	BA 530(a) City or town, state, and ZIP code	366 111311	!
13		P(a) HONOLULU, HI 96813-4323 value of all assets F. Group exemption number (See instructions.)	90009	9 :
	at end	of year	1(a) tru	ist Other tr
8	H De	scribe the organization's primary unrelated business activity NONE	1 (0) 110	<u></u>
9		ing the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group	7	► ☐ Yes ✓ N
o	If "	Yes," enter the name and identifying number of the parent corporation ▶		
65		e books are in care of ► CORINNE MURASHIGE Telephone number ►	-	808-521-4531
		Unrelated Trade or Business Income (A) Income (B) Expens	es	(C) Net
4		Gross receipts or sales Less returns and allowances C Balance ► 1c	*	
Ė	b 2	Less returns and allowances	· .	7
	3	Gross profit Subtract line 2 from line 1c	. i) 1	
	4a	Capital gain net income (attach Schedule D) 4a	()t m	
	b	Net gain (loss) (Form 4797, Part II, line 17) (at 4797) 4b 4b	ر فد. ،	
	С	Capital loss deduction for trusts . 4c		
	5		See.	
	6	Rent income (Schedule C)	1	<u> </u>
	7 8	Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from controlled RECEIVED	10	
	0	organizations (Schedule F)	SS	
	9	Investment income of a section 501(c)(7), (9), or (17)	IRS	
	10	Evaluated every activity income (Schodula I)		
	11	Advertising income (Schedule J) 11 OGDEN, U1		L
	12	Other income (See instructions, attach schedule)	1 1/2	-
FOSTMARK DATE	13 Part	Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except f deductions must be directly connected with the unrelated business)	or cor	ntributions,
A	14	Compensation of officers, directors, and trustees (Schedule K)	14	
3	15	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages	15	
i N	16	Repairs and maintenance Bad debts OCT 2 6 2018	16	
i 	17	. ,	17	
7 7 0	18 19	Interest (attach schedule) Taxes and licenses Taxes and licenses	18	
	20	Charitable contributions (See instructions for limitation rules)	20	·
>	21	Depreciation (attach Form 4562)	200	
	22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
,	23	Depletion	23	
		Contributions to deferred compensation plans	24	
	25 26	Employee benefit programs	25	
		Excess exempt expenses (Schedule I) Excess readership costs (Schedule J)	26	
		Other deductions (attach schedule)	28	
		Total deductions. Add lines 14 through 28	29	0
		Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0
		Net operating loss deduction (limited to the amount on line 30)	31	
		Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	
		Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1000
		Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	24	
		The state of the s	34	0 Form 990-T (20
7	or Da-	erwork Reduction Act Notice, see instructions. Cat No 11291J		

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Form 9,9	ю-т (2011)							F	Page
Part									
35	Organizations Taxable as Corp	orations. See instruction	ns for tax computat	ion Controlled gro	oup	£ .	j		
	members (sections 1561 and 1563	<u> </u>				9.	ĺ		
а	Enter your share of the \$50,000, \$	1 1		ketş (ın that order)		٠, -،			
	(1) \$ (2)		(3) \$,		-			
þ	Enter organization's share of (1)		ore than \$11,750)	\$					
	(2) Additional 3% tax (not more th			\$					
С	Income tax on the amount on line		f		>	35c	 -	0	<u> </u>
36	Trusts Taxable at Trust Rat		· ·		on				
	the amount on line 34 from Ta		36						
37	Proxy tax. See instructions					37			
38	Alternative minimum tax	05 06	aliaa			38 39			\vdash
39	Total. Add lines 37 and 38 to line	35c or 36, whichever app	olles			39	<u> </u>	0	ш
Part	Tax and Payments Foreign tax credit (corporations attac	h Form 1110 trusto attack	2 Form 1116\	40a			ſ		
40a	Other credits (see instructions)	in Form 1110, trusts attact	Troini (110)	40b		-			
b	General business credit Attach Fo	orm 3800 (see instruction	ie)	40c	_				
q ¢	Credit for prior year minimum tax			40d		اد			
e	Total credits. Add lines 40a throu	•	,			40e	ĺ		
41	Subtract line 40e from line 39	911 -00				41		0	
42	Other taxes Check if from Form 4	255 Form 8611 Form 8	3697 T Form 8866 T	Other (attach schedule)		42			
43	Total tax. Add lines 41 and 42 .					43		0	
44a	Payments A 2010 overpayment c	redited to 2011		44a					
b	2011 estimated tax payments			44b				İ	ĺ
C	Tax deposited with Form 8868	•		44c					
d	Foreign organizations Tax paid or	withheld at source (see	instructions)	44d				į	
e	Backup withholding (see instruction		·	44e		\ <u>.</u>			
f	Credit for small employer health in		ch Form 8941)	44f		ا - د ا			
g	Other credits and payments	☐ Form 2439							
	Form 4136	Other	Total ▶	44g					ĺ
45	Total payments. Add lines 44a th	rough 44g				45			
46	Estimated tax penalty (see instruc	tions) Check if Form 222	0 is attached	•	· 🗆	46			_
47	Tax due. If line 45 is less than the				•	47		0	
48	Overpayment. If line 45 is larger t				•	48		0	<u> </u>
49	Enter the amount of line 48 you want			Refunded		49			Щ
Part								TV1	- N-
1	At any time during the 2011	calendar year, did th	e organization hav	ve an interest in	or	a sig	gnature	Yes	NO
	or other authority over a	oreig	n co	ountry /	*				
	If YES, the organization ma Financial Accounts If YES, enter t			neport of For	eign	Dani	n and		
•				r of or transferor to	a forc	uan tri	uct?	\vdash	7
2	During the tax year, did the organization	a iore	aga ac	121,		Ť			
•	If YES, see instructions for other for Enter the amount of tax-exempt in			ar b C					-
Sobo	dule A—Cost of Goods Sold.	enter method of invent	ory valuation.	χι ν Ψ					
	Inventory at beginning of year	1	6 Inventory at	end of year		6			<u> </u>
1 2		2	7	oods sold. Subtr	act	-			_
	Purchases Cost of labor	3		line 5 Enter here a				İ	
3 4a	Additional section 263A costs	-	in Part I, line			7	1		
70	(attach schedule)	4a	1	s of section 263A	(\\/111	لسنسا	oect to	Yes	No
h	Other costs (attach schedule)	•			,				
ь 5	Total. Add lines 1 through 4b	4b 5	to the organ	oduced or acquired ization?			, r-·)		1
	Under penalties of perjury, I declare that I have				pest of	my kno	wledge and	belief, it	
Sign		r (other than taxpayer) is based on	all information of which pre	parer has any knowledge	1		he IRS disci		
Here		l volval i	8 Drux	Ernance		with th	he preparer	shown l	belov
	' ' <u>- C // . - </u>					(see in	structions)?	ITES	INC

Stonature of officer Title Paid PTIN Date Check I if self-employed Print/Type preparer's name Preparer's signature Preparer Use Only Firm's EIN ▶ Fırm's name ▶ Phone no Firm's address ▶ Form **990-T** (2011)

Form 990-T (2011)								Page	
Schedule C-Rent Incom	e (From Re	al Pro	perty and	d Persor	nal Property	Le	eased With Real Pro	perty)	
(see instructions)									
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or ac	crued						
(a) From personal property (if the per for personal property is more than more than 50%)	perce	entage of rent	for personal	property (if the property exceeds profit or income)	6	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)									
(2)									
(3)									
(4)						_			
	_	Total			· · · · · · · · · · · · · · · · · · ·			 -	
Total (c) Total income. Add totals of columns 2(a) ar			Enter	-			(b) Total deductions. Enter here and on page		
here and on page 1, Part I, line 6, Schedule E—Unrelated D		ad Inc	ome (see	Instruction	nel		Part I, line 6, column (B)	<u> </u>	
Ochequie E - Officiated B	ebt-i mane	eu iiiu	one (see	1		Т	3. Deductions directly con-	nected with or allocable to	
1. Description of de	ht-financed oron	ertv			income from or to debt-financed		debt-financ		
	ot illianous prop				property		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)									
(2)									
(3)						Т			
(4)						\top			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	acquisition debt on or of or allocable locable to debt-financed debt-financed pro			to 4 divided by column 5			7 Gross income reportable (column 2 × column 6)	8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))	
(1)					%				
(2)						1			
(3)					%				
(4)				 	%	T			
							nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals		_	_		•	`	0		
Total dividends-received deduct							<u> </u>		
Schedule F-Interest, Ann	uities, Roya	ilties,					anizations (see instru	ctions)	
			Exempt 0	Controlled	Organization	s_			
Name of controlled organization	2 Employ identification r		3 Net unrela (loss) (see in				5 Part of column 4 that is included in the controlling organization's gross incom	connected with income	
(1)	-								
(2)									
(3)									
(4)									
Nonexempt Controlled Organia	zations		·					<u> </u>	
7 Taxable Income	8. Net unrelated income		9 Total of specified payments made		10 Part of column 9 that is included in the controlling organization's gross incom-	connected with income in			
	 								
(1)							 	 	
(2)							<u> </u>	<u> </u>	
(3)									
(4)	<u> </u>								
		•					Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	
Totals						•	•		

1. Description of income	2 Amount of inc	ome	dıre	Deductions ctly connected	4 Set-aside (attach schede			Fotal deductions set-asides (col. 3	
		(at		ach schedule)	(under series		ļ	plus col 4)	
1)		-					 		
2)							 		
(3)									
(4)	 				<u></u>		 		
	Enter here and on Part I, line 9, colu							ere and on page 1 line 9, column (B)	
Totals	>						İ		
Schedule I—Exploited Exemp	ot Activity Incom	e, Othe	er Than	Advertising Ir	ncome (see inst	ruction	s)		
				4. Net income					
Description of exploited activity	2 Gross unrelated business income from trade or business	dir connec produ unre	penses ectly cted with iction of elated is income	(loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5		7. Excess exemp expenses (column 6 minus column 5, but no more than column 4)	
(1)									
(2)								 	
(3)		†							
(4)									
	Enter here and on page 1, Part I, line 10, col (A)	page '	ere and on 1, Part I, , col (B)					Enter here and on page 1, Part II, line 26	
Totals	<u> </u>	<u> </u>						<u> </u>	
Schedule J-Advertising Inco									
Part I Income From Perio	odicals Reported	on a (Consoli	dated Basis					
1 Name of periodical	2 Gross advertising income		Direct sing 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 readershii costs (column 6 minus column 5 bu not more than column 4)	
1)								•	
2)		<u> </u>						7	
3)				ì				1 _	
4)				ì				- -	
Totals (carry to Part II, line (5))									
Part II Income From Perio	ndicals Reported	on a S	Separat	e Basis (For ea	sch periodical l	isted ii	Part II	fill in columns	
2 through 7 on a line		0	oopu.u.	 	.o., poliodical .			, 00.01	
2 throagh 7 on a min	U Dy III C Dasis.)	I	-	4 Advantage				7 5	
1 Name of periodical	2 Gross advertising income		Direct ing costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7			adership osts	7 Excess readershill costs (column 6 minus column 5, bu not more than column 4)	
1)									
2)									
3)									
4)									
Totals from Part I									
Fotals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A)	page 1	re and on I, Part I, col (B)					Enter here and on page 1, Part II, line 27	
Schedule K—Compensation		tors o	nd True	stees (see instri	ictions)				
1 Name	tors, a		Title	3 Percent of	3 Percent of time devoted to 4. Compens		tion attributable to ed business		
1)	- .				9/	ó			
2)					9/				
3)	· -	_			%				
4)					9/	+		·	
Fotal. Enter here and on page 1, Part I	L line 14		_	-		-			
Lines here and on page 1, Fait I	1, 1110 17				<u>_</u>			Form 990-T (201	