

	(990-T∕⊊⊊	Exempt Organiza	ation Busin	ess Ind	come Tax	Retur	1	OMB No. 1545-0	687				
	. Form	1000	o (and prox	ky tax under :	section	6033(e))	: 0	\sim 0 $^{-}$	2012					
	Departm	nent of the Treasury	or calendar year 2012 or o			ALKIL .	012, and		en tu Public Inspec	ction for				
∞ ₹		Revenue Service Check box if	ending MARCH 31 , 20		eparate instruc	tions.		1(c)(3) Organizatio	ins Only					
0	, <u>A L </u>	address changed	Name of organization (ee instructions)		Employer identification number Employees' trust, see instructions)							
~		empt under section Print HONOLULU COMMUNITY ACTION PROGRAM, INC												
ear Of I		or as court who expect the see							99-0140622 E Unrelated business activity codes					
Statute clear		, ,,,,,	City or town, state, and ZIP c					(see insti	ructions)					
\$ r	_	29(a)	HONOLULU, HI 96813-4:					90009	9					
쥝 ☎	C Book	value of all assets F Gr	roup exemption number	(see instructions)										
	,	9,249,182 G Ch	neck organization type 🕨	► 📝 501(c) corp	oration		ıst 🗀	401(a) tri	ust 🗌 Othe	er trust				
			n's primary unrelated bu											
∞		*	e corporation a subsidiary	-		ent-subsidiary co	ontrolled g	roup [?]	Yes 5	∡l No				
		If "Yes," enter the name and identifying number of the parent corporation The books are in care of ► CORINNE MURASHIGE Telephone number ► 808-521-4531												
	J In	le books are in care of	le or Business Incom	<u>SE</u>		(A) Income		penses	808-521-453 (C) Net					
C	1a	Gross receipts or sale		ic .	 	(2) 111001110	(2) 2	, Penses	(0)101	1 201				
	b	Less returns and allowance		1c		ر اقال مادي		m 3 7	, '					
	2	Cost of goods sold (S		2		12.0	. 4	" all an	1					
	3	Gross profit Subtract		3		· 1 . Cm	** ** (p.							
	4a	Capital gain net incon	me (attach Schedule D)		4a		13	\$1 \$1 - \$4 "						
	b	Net gain (loss) (Form 4	4797, Part II, line 17) (atta	ach Form 4797)	4b		77, 24500							
	С	Capital loss deduction			4c		*(***) **							
	5		erships and S corporations	(attach statement)	5			7.						
	6	Rent income (Schedu	·		6		 	REC	FIVES					
	7		ced income (Schedule E)	7		B519		EIVED	++-					
	8	organizations (Schedu	-	royalties, and rents from controlled ule F)				001 9	/	SI				
	9	- ·	of a section 501(c)	(7). (9). or (17)			101	<u></u>	4 2018 	Ф/				
		organization (Schedul		(-), (-), (-)	9			000=	18	\$1				
B,	_ 10	Exploited exempt acti	ivity income (Schedule I)	ıvıty ıncome (Schedule I)				UGDE	N. UT					
MARK OF	11	Advertising income (S	Schedule J)		11									
3 2	12	· ·	ructions, attach statemen	t)	12		ري راد.	V 19 17 17						
	13	Total. Combine lines			13	0		-1 (Auto A. a. a.					
OSTMARK DATE	Part	deductions Not	Taken Elsewhere (see	e instructions for	ilmitation d busines	s on aeauctio	ns) (exce	pullor con T	tributions,					
0	14	Compensation of office	be directly connected cers, directors, and trust	ees (Schedule K)	,	STAT	ITE UNI	$\frac{1}{2}$ 14	T					
C7	15	Salaries and wages		ices (conceders ry		REC	EIVE	15		+				
<u>, </u>	16	Repairs and maintena	ance			1.	~ 6 201	R \ 16		1				
9	17	Bad debts				(OCT	2 6 201	17						
2018	18	Interest (attach staten	nent)			7/20	BRAN	CH 18						
3	19	Taxes and licenses				New	GDEN	19	ļ					
	20		ons (see instructions for I	20										
	21		repreciation (attach Form 4562)											
	22	·	s depreciation claimed on Schedule A and elsewhere on return 22a											
	23 24	Depletion Contributions to deferred compensation plans							 					
	25	Employee benefit programs						24 25		+				
	26	Excess exempt exper			26	 	1							
	27	Excess readership costs (Schedule J)								<u> </u>				
6	28	Other deductions (attach statement)												
2019	29	Total deductions. Add lines 14 through 28							0)				
	30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13								<u>) </u>				
2 9	31	Net operating loss de	31	 										
z	32	Unrelated business ta	32											
JAN 2	33		enerally \$1,000, but see taxable income. Subtra				than line	32	1,000					
صُ	34	enter the smaller of ze		ior mie oo ironi iii	16 02 II IIII	ic oo is greater	alan iiile	34		,				
ED ED	For Pa		Notice, see instructions.			at No 11291J			Form 990 -					
		~							-					

1,



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Page	4

	0-1 (2012												
Part	Ш Т	ax Computation											
35	Organizations taxable as corporations (see instructions for tax computation) Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and												
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)												
a	(1) \$ (2) \$ (3) \$												
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$												
_		itional 3% tax (not more th				, ,,	\$			1			
С		tax on the amount on line		,					—	35c		0	
36		taxable at trust rate		instructions 1	for tax	computation	on) li	ncome tax	on				
	the am	ount on line 34 from 🔲 Ta	x rate sch	edule or 🔲 S	Schedul	e D (Form 104	41)		ightharpoons	36			
37		tax (see instructions)							•	37			Ī
38	Alternative minimum tax									38			
39												0	
Part		ax and Payments	***										
40a	Foreign	tax credit (corporations attac	ch Form 11	18, trusts attac	h Form	1116)	40a						
b	Other o	redits (see instructions)					40b						
С	Genera	I business credit. Attach Fo	orm 3800	(see instructioi	ns) .		40c						
d	Credit 1	or prior year minimum tax	(attach Fo	rm 8801 or 88	27)		40d						1
е	Total c	redits. Add lines 40a throu	gh 40d							40e			<u> </u>
41		ct line 40e from line 39		_ •	_					41		0	
42	Other ta	xes Check if from 🔲 Form 4	255 🔲 For	n 8611 🔲 Form	8697 🔲	Form 8866 🗌	Other (a	attach statement))	42			<u> </u>
43		ax. Add lines 41 and 42					1	1 1		43		0	
44a		nts A 2011 overpayment c	redited to	2012			44a						1
b		stimated tax payments					44b			-			
_	Tax deposited with Form 8868 . 44c								-			ĺ	
d	_	organizations Tax paid or		at source (see	instruc	tions)	44d			-			
e •	Backup withholding (see instructions) Credit for small employer health insurance premiums (Attach Form 8941) 446 447									1			
f g		redits and payments	Form		icii i oii	11 0541)	771						1
9	Form	• •	☐ Othe			 Total ▶	44g						
45	_	ayments. Add lines 44a th								45			
46		ed tax penalty (see instruc			20 is at	tached		•	· 🗆	46			
47		e. If line 45 is less than the							•	47		0	
48	Overpa	lyment. If line 45 is larger t	han the to	tal of lines 43	and 46	enter amoun	nt over	paid	\blacktriangleright	48		0	
49	Enter the	amount of line 48 you want	Credited to	2013 estimated	tax ►			Refunded	1 ▶	49			
Part	V S	tatements Regarding C	ertain A	ctivities and	Other	Informatio	n (see	instructions))				
1		time during the 2012										Yes	No
		er authority over a		•				•	_		- 1		
		s," the organization m					, Rep	port of For	eign	Bank	and		
_		al Accounts If "Yes," enter		_									-/-
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file									-			
•		" see instructions for other ne amount of tax-exempt in					~ .	æ					!
School		- Cost of Goods Sold. I					ar –	Φ				<u></u>	
1				ilod of lifeti	6		end o	f vear		6			
2	Inventory at beginning of year Purchases 1												
3	Cost of labor 2												
	Additional section 263A costs In Part I, line 2												
	713311311311311313131313131313131313131									Yes	No		
b	Other o	osts (attach statement)	4b		7			d or acquired	•	•			$\overline{}$
5		Add lines 1 through 4b	5		7	to the organ							~
	Under p	enalties of perjury, I declare that I have	e examined ti	nis return, including	accompa	nying schedules an	nd staten	nents, and to the t	est of	my knowled	lge and l	belief, it	ıs true,
Sign	correct,	and complete Declaration of prepare	r (other than t		/ \	_				May the I			
Here	} _	<i>X</i>		10/18	/ð <u> </u>	Um of	111	mce-		with the p (see instru			
	Signato	re of officer		Date	1	itle				<u> </u>			
Paid		Print/Type preparer's name		Preparer's signa	ture			Date		eck 🗌 ıf		IN	
Prepa	arer			<u></u>				<u> </u>		f-employed	L_		
Use (Firm's name ▶		<u> </u>						n's EIN ►			
	,	Firm's address ▶							Pho	one no			

Schedule C—Rent Incom (see instructions)	ne (From Real I	Property :	and Persor	nal Property	Leased With Real Pro	operty) 				
Description of property										
(1)										
(2)										
(3)	<u> </u>	*******								
(4)		-								
	2. Rent received of	r accrued								
(a) From personal property (if the personal property is more than more than 50%)		ercentage of		property (if the il property exceeds n profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)					
(1)					-					
(2)			-							
(3)										
<u>(4)</u>						MI -				
Total	То	tal								
(c) Total income. Add totals of othere and on page 1, Part I, line 6,	columns 2(a) and 2(b) Enter ▶			(b) Total deductions. Enter here and on page Part I, line 6, column (B)					
Schedule E-Unrelated D	Pept-Financed	income (s	see instruction	ons)	3 Deductions directly co.	nnected with or allocable to				
1. December of d	ebt-financed property			s income from or to debt-financed		ced property				
- Description of a	eot-financed property			property	(a) Straight line depreciation (attach statement)	(b) Other deductions (attach statement)				
(1)										
(2)										
(3)										
(4)										
4 Amount of average 5 Averag acquisition debt on or of or allocable to debt-financed debt-financed		justed basis cable to ed property atement)		G Column 4 divided y 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)				%						
(3)				%						
(4)				<u></u>						
					Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)				
Totals				•						
Total dividends-received deduc										
Schedule F-Interest, Ann	nuities, Royaltie					uctions)				
Name of controlled organization	2 Employer identification numb	oer 3 Net u	ot Controlled	d Organizations 4. Total of specific payments made	5 Part of column 4 that i	connected with income				
-			·		organization's gross incor	ne in column 5				
(1)			<u>.</u>							
(2)				<u></u>						
(3)										
(4)			_							
Nonexempt Controlled Organ	ızatıons									
7 Taxable Income	8. Net unrelated income (loss) (see instructions)			otal of specified yments made	10. Part of column 9 that included in the controllin organization's gross incor	g connected with income in				
(1)										
(2)										
(3)										
(4)										
					Add columns 5 and 10 Enter here and on page 1 Part I, line 8, column (A)					
Totals					>					

Schedule G-Investment Inco	me of a Section	501(c)(zation (see inst	ruction			
1 Description of income	2 Amount of inc		3. dire	Deductions ctly connected ach statement)	4 Set-asides (attach statement	s	5 Total deductions and set-asides (col. 3 plus col. 4)		
(1)									
(2)			-						
(3)									
(4)					L				
Enter here and on p Part I, line 9, colum						ere and on page 1, line 9, column (B)			
Totals	•							0	
Schedule I-Exploited Exemp	t Activity Incom	e, Other	Than	Advertising In	come (see insti	ructions	s)		
Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expe direct connecte product unrela business	etly ed with tion of ated	4 Net 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	column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		 						 	
(2)								 	
(3)									
(4)		 							
	Enter here and on page 1, Part I, line 10, col (A)	n Enter here and or page 1, Part I, line 10, col (B)						Enter here and on page 1, Part II, line 26	
Totals	>							0	
Schedule J-Advertising Inco	me (see instruction	ns)		·		-		<u> </u>	
Part I Income From Perio			onsoli	dated 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)				1				,	
(3)		_					·	-	
(4)								- '	
· · · · · · · · · · · · · · · · · · ·									
Totals (carry to Part II, line (5))	>							0	
Part II Income From Perio through 7 on a line-by-	· -	on a Se	eparat	e Basis (For ea	ch periodical liste	ed in Pa	art II, fill	in columns 2	
1 Name of periodical	2 Gross advertising income	3 Dir advertisin		4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income		idership osts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				-					
(2)									
(3)									
(4)				_					
Totals from Part I									
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A)	Enter here page 1, line 11, c	Part I,			,	•	Enter here and on page 1, Part II, line 27	
Schedule K-Compensation of	f Officers, Direc	tors, an	d Trus	stees (see instru	ictions)				
1 Name				2. Title	3 Percent of 4 Compensa			ation attributable to ted business	
(1)					%	5			
(2)					%				
(3)					%				
(4)					%				
Total, Enter here and on page 1, Part II,	line 14				<u> </u>	•		0	