Form 990-T	Exempt Organization Bus			ax Return	1	OMB No 1545-0687
	(and proxy tax und			D 21 2016	-	0045
	For calendar year 2015 or other tax year beginning APR 1,				-	2015
Department of the Treasury	► Information about Form 990-T and its instruction Do not enter SSN numbers on this form as it may		•		-	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed			and see instructions.)		Emplo (Empl	oyer identification number oyees' trust, see ctions)
B Exempt under section	Print HONOLULU COMMUNITY ACT	ION	PROGRAM. IN	ic.	9	9-0140622
X 501(c)(3)	or Number, street, and room or suite no. If a P.O. bo				Unrela	ated business activity codes
408(e) 220(e)	I Tuna I				(366 !!	istractions)
408A 530(a)			n postal code			
529(a)	HONOLULU, HI 96813-43	<u>23</u>			900	099
C Book value of all assets at end of year 9,200,653.	F Group exemption number (See instructions.)	<u> </u>				_
	G Check organization type ► X 501(c) corporatio	n L	501(c) trust	401(a) trust	L	Other trust
	on's primary unrelated business activity. NONE s the corporation a subsidiary in an affiliated group or a parei	nt cube	idiary controlled group?		Ye	s X No
	and identifying number of the parent corporation.	111-5UUS	idially controlled group?			5 (<u>21</u> NU
	CORINNE MURASHIGE		Teleph	one number 🕨 (808) 521-4531
	d Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a Gross receipts or sale	es					
b Less returns and allo	owances c Balance	1c				
2 Cost of goods sold (S	Schedule A, line 7)	2				
3 Gross profit. Subtrac		3	· · · · · · · · · · · · · · · · · · ·			
· -	me (attach Schedule D)	4a_				
	n 4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction		4c 5				
, , ,	partnerships and S corporations (attach statement)	6				
6 Rent income (Schedu	ced income (Schedule E)	7				
ī .	byalties, and rents from controlled organizations (Sch. F)	8				
	of a section 501(c)(7), (9), or (17) organization (Schedule G)					
	ivity income (Schedule I)	10				
11 Advertising income (•	11				
12 Other income (See in	nstructions; attach schedule)	12				
13 Total. Combine lines		13	0.			
	ons Not Taken Elsewhere (See instructions for contributions, deductions must be directly connected			income)		
	ficers, directors, and trustees (Schedule K)				14	
15 Salaries and wages	•			ŀ	15	
16 Repairs and mainter				ļ	16	
17 Bad debts					17	
18 Interest (attach sche	edule)				18	
19 Taxes and licenses	·		_		19	
20 Charitable contribut	tions (See instructions for limitation rules)			ļ	20	
21 Depreciation (attach	Form 4562)	1/FT	21			
22 Less depreciation cl	laimed on Schedule A and elsewhere on return ECEI	•)SO SE		<u>22b</u>	
Zu Depletion	ferred compensation plans	201		-	23	
	ferred compensation plans	, -	<u> </u>	}	24	
Excess exempt expe	ograms	AT			25	
Excess exempt expe	ी भी होती में भिन्न	I.A.	Sali 6	ļ	26 27	
≥ 27 Excess readership c ≥ 28 Other deductions (a	i and the same of			ļ	28	<u> </u>
29 Total deductions	s. Add lines 14 through 28			ļ	29	0.
	taxable income before net operating loss deduction. Subtrac	t line 29	9 from line 13	ļ	30	0.
31 Net operating loss d	deduction (limited to the amount on line 30)				31	
32 Unrelated business	taxable income before specific deduction. Subtract line 31 fr	om line	30		32	0.
NP I	Generally \$1,000, but see line 33 instructions for exceptions				33	1,000.
34 Unrelated business	taxable income. Subtract line 33 from line 32. If line 33 is	greater	than line 32, enter the sm	naller of zero or		•
line 32	Paris De division And Maria				34	0.
01-06-16 LHA For Par	perwork Reduction Act Notice, see instructions			_		Form 990-T (2015)

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	90-T (20 15)		MMUNITY	ACTION	PROG	RAM, I	NC.		99-0	014	0622	2		Page 2
Par	t III .	Tax Computation												
3	5 Orga	inizations Taxable as Corpora	tions See inst	ructions for tax c	omputation	n.					1			
	Cont	rolled group members (section	ns 1561 and 15	63) check here	▶ □ 8	See instructio	ns and:				٠			
		r your share of the \$50,000, \$2												
į	(1)	\$	(2) \$			3) [\$		1						
				(not more than		-								
ŀ		r organization's share of: (1) A		ax (not more than	ф11,750)	<u>[\$</u>								
ľ		Additional 3% tax (not more that				\$								_
		me tax on the amount on line 3									35c			<u>0.</u>
3	6 Trust	ts Taxable at Trust Rates See	e instructions f	or tax computatio	n. Income	tax on the am	nount on Iir	ne 34 from:						
		Tax rate schedule or	Schedule D (F	orm 1041)							36			
3	7 Prox	y tax See instructions									37			
3	8 Alter	native minimum tax									38			
3	9 Total	I. Add lines 37 and 38 to line 3	35c or 36, which	never applies							39			0.
	t IV	Tax and Payments												
		ign tax credit (corporations atta	ach Form 1119	truete attach For	m 1116\		40	. [···			
"			acii i oi iii i i i io	, ii usis allacii i oi	111 1110)									
ľ		r credits (see instructions)					40							
		eral business credit. Attach For					40							
ľ	d Cred	it for prior year minimum tax ((attach Form 88	01 or 8827)			40	d L						
	e Total	I credits. Add lines 40a throug	gh 40d								40e			
4	1 Subt	ract line 40e from line 39									41			0.
4:	2 Other	r taxes. Check if from: Fo	orm 4255 🗀	Form 8611	Form 86	697 🔲 Fo	rm 8866 [Other	(attach sched	dule)	42			
4;	3 Total	I tax Add lines 41 and 42			_						43			0.
		nents: A 2014 overpayment cr	redited to 2015				44	a				· -		
'		s estimated tax payments	00.100 10 20 10				44							
		deposited with Form 8868					44							
			theald at aa	/			_	_						
		ign organizations: Tax paid or v		rce (see mstructio	ons)		44	T i						
		up withholding (see instruction					44							
į		it for small employer health ins		·	8941)		44	lf						
	g Other	r credits and payments:	F	orm 2439							-			
ļ		Form 4136	[(Other		Total	▶ 44	g l			<u>.</u>			
4	5 Total	I payments. Add lines 44a thro	ough 44g								45			
40	6 Estin	nated tax penalty (see instructi	ions). Check if F	orm 2220 is atta	ched 🕨						46			
4		due. If line 45 is less than the t	•								47			0.
48		payment If line 45 is larger th		•							48			0.
		r the amount of line 48 you wa				in overpula		l pa	fundad		49			<u> </u>
Par		Statements Regardir				er Inform	ation		efunded		43			
<u> </u>													T.,	г
li li	-	ne during the 2015 calendar ye	· -			-		-				ınk,	Yes	No
		, or other) in a foreign country	•		ave to file l	FINCEN Form	114, Repo	rt of Foreig	n Bank and	Finan	cial			- <u></u>
A .	Accounts.	. If YES, enter the name of the	foreign country	here harman	ar of ar trans	fores to a fores	an truct?							X
2 [f YES, see	tax year, did the organization receive instructions for other forms the organ	nization may have	to file	or or, or trans	sieror to, a ioreiç	yn trust?							X
		amount of tax-exempt interest												
Sch	edule .	A - Cost of Goods So	old. Enter m	nethod of invent	ory valua	tion 🕨 🕽	N/A							
1	nventory	at beginning of year	1		6 Inv	entory at end	of year				6			
· '	urchase	3 3 3	2		1	st of goods so	•	ct line 6						
1	Cost of la	-	3		1	m line 5. Ente			no 2		7			
	טטני טויומ	lb Gi	4a		1			•		,				Al a
			1 421] 8 Do	the rules of s	860000 509	A (With res	pect to				Yes	No
		section 263A costs (att schedule)			1								1 1	نــــا
li .	Other cos	sts (attach schedule)	4b		1 '	perty produce	•	red for res	ale) apply t	0				
li .	Other cos	sts (attach schedule) d lines 1 through 4b	4b 5		the	organization'	? .		, , , ,					X
5 1	Other cos Fotal Ad	sts (attach schedule)	4b 5	d this return, includin	the g accompany	organization' ying schedules a	and statemer	nts, and to the	best of my k		ge and be	elief, it is tru	Θ,	Х
5 T	Other cos	sts (attach schedule) Id lines 1 through 4b Inder penalties of perjury, I declare th	4b 5	ın taxpayer) is based	the g accompany on all inform	Organization' ying schedules a ation of which p	and statemer ereparer has a	nts, and to the any knowledg	best of my k	nowled		elief, it is tru		
5 1	Other cos	sts (attach schedule) Id lines 1 through 4b Inder penalties of perjury, I declare the orrect, and complete Declaration of p	4b 5	d this return, including taxpayer) is based	the g accompany on all inform	Organization' ying schedules a ation of which p	and statemer	nts, and to the any knowledg	best of my k	nowled	y the IRS		s return w	
5 T	Other cos	sts (attach schedule) Id lines 1 through 4b Inder penalties of perjury, I declare th	4b 5	ın taxpayer) is based	the g accompany on all inform	Organization' ying schedules a ation of which p	and statemer ereparer has a	nts, and to the any knowledg	best of my k	Ma	y the IRS	discuss this	s return w	
5 T	Other cos	sts (attach schedule) Id lines 1 through 4b Inder penalties of perjury, I declare the orrect, and complete Declaration of p	4b 5	n taxpayer) is based	the g accompany on all inform	organization' ying schedules a ation of which p	and statemer ereparer has a	nts, and to the any knowledg	best of my k	Ma	y the IRS preparer tructions)	discuss this shown belo ? X Y	s return w	vith
Sign Here	Other cos	sts (attach schedule) Id lines 1 through 4b Inder penalties of perjury, I declare the orrect, and complete Declaration of perjury of	4b 5	in taxpayer) is based	the g accompany on all inform	organization' ying schedules a ation of which p	and statemer reparer has a	of the control of the	NANCE	Ma the ins	y the IRS preparer tructions)	discuss this shown belo ? X Y	s return w	vith
Sign Here	Other cos	sts (attach schedule) Id lines 1 through 4b Inder penalties of perjury, I declare the Declaration of perfect, and complete Declaration of perfect. Signature of perfect. Print/Type preparer's name	4b 5 nat I have examine- preparer (other tha	n taxpayer) is based	the g accompany on all inform	organization' ying schedules a ation of which p	and statemer preparer has a	of the control of the	best of my k	Ma the ins	y the IRS preparer tructions)	discuss this shown below 7 X Y	s return w ow (see es	vith
Sign Here Paic Pre	Other cos Total Ad Unicode	sts (attach schedule) Id lines 1 through 4b Inder penalties of perjury, I declare the Declaration of perfect, and complete Declaration of perfect. Signature of officer Print/Type preparer's name CHAD K. FUNAS.	4b 5 nat I have examine-preparer (other tha	Date Preparer's sign	the g accompany on all inform	organization' ying schedules a ation of which p	and statemer reparer has a	of the control of the	NANCE Check self- empl	Ma the ins	y the IRS preparer tructions)	discuss this shown belo	s return wow (see es	No
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Sign Here Paid Pre Use	Other cos Total Ad Unicode	ists (attach schedule) Id lines 1 through 4b Inder penalties of perjury, I declare the prect, and complete Declaration of perjury and complete Declaration of perjury. X Signature of bfficer Print/Type preparer's name CHAD K FUNAS. Firm's name N&K C	AKI PAS, IN	Date Preparer's sign NC. DP ST.,	the g accompany on all inform	organization/ ying schedules a ation of which p DIRE(Title	and statemer reparer has a	of the control of the	NANCE Check self- empl	Ma the ins if	y the IRS preparer tructions) PTIM	discuss this shown belo	832 913	No

	ule C - Rent Inco							v Lease	99−0. d With Real Pr			
	ion of property	<u>(.</u>			<u>.,</u>	<u> </u>		y modes.		<u> </u>		
							 -	·				
(1)			-									
(2)									 _	 	·	
(3)									<u> </u>			
(4)		2.	Rent receive	ed or accrue								
<u> </u>	a) From personal property (if t		_			nd personal propert	ty (if the perc	entage	3(a) Deductions dir	rectly cor	nnected with the income in 2(b) (attach schedule)	
, ,	rent for personal property a 10% but not more that	s more than		``'	of rent for pe	ersonal property ex t is based on profit	ceeds 50% o	or If	Columns 2	(a) and 2	(b) (attach schedule)	
(1)												
(2)												
(3)												
(4)												
Total			0.	Total				0.		-		
c) Total in	ncome. Add totals of colu	umns 2(a)	and 2(b). En	ter	-		_		(b) Total deduction			
here and c	on page 1, Part I, line 6, c	olumn (A)						0.	Enter here and on page Part I, line 6, column (B	2 1, } ►	· 0.	
Schedı	ıle E - Unrelated	Debt-F	inanced	Incom	e (see i	nstructions)						
ŀ						2 Grana in	some from		3 Deductions directly to debt-f			
	1 Description of	dobt figures	d property	Gross income from or allocable to debt-			e to debt-	(a)	Straight line depreciation		(b) Other deductions	
li I	Description of debt-financed property					financed property			(attach schedule)		(attach schedule)	
						-						
(1)												
(2)												
(3)										-		
(4)								-				
debt or	mount of average acquisition n or allocable to debt-financed property (attach schedule)	4	of or a debt-fina	adjusted ba allocable to nced proper a schedule)		6 Column by colu			7 Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)								%				
(2)			•••					%				
(3)								%				
(4)								%	<u> </u>			
								Eı	nter here and on page 1,		Enter here and on page 1,	
- }								P	art I, line 7, column (A)		Part I, line 7, column (B)	
Totals										0.	0.	
Total divi	dends-received deduction	ons include	ed in column	18							0.	
Schedu	ile F - Interest, A	nnuities	s, Royalt	ies, an					zations (see	ınstruc	ctions)	
					Exemp	t Controlled C	rganizati	ons				
1. 6	Name of controlled organization Emplo		Employer ide numb	lentification Net unrela				4. I of specified ments made			ling connected with income	
(1)					1							
(2)												
(3)												
(4)												
Vonexem	pt Controlled Organization	ations										
7.	Taxable Income		nrelated incomi ee instructions		9 . To	tal of specified pay made	ments	in the con	column 9 that is included trolling organization's ross income	11.	Deductions directly connected with income in column 10	
i	ı									+		
(1)					1							
							l					
(2)									 		-	
(1) (2) (3) (4)									· · · · · · · · · · · · · · · · ·		······································	
(2)								Enter here	olumns 5 and 10 and on page 1, Part I, 8, column (A)	En	Add columns 6 and 11 hter here and on page 1, Part I, line 8, column (B)	
(2) (3)								Enter here	and on page 1, Part I,		nter here and on page 1, Part I,	

(1) (2) (3) (4) Enter here and on page 1, Part 1, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2 Gross unrelated business income from trade or business unrelated business income (see instructions) 1. Description of exploited activity income for the page 1, Part 1, line 9, column 2 in sort unrelated trade or business income from unrelated trade or business (column 5 from unrelated trade or business income from unrelated trade or business (column 5 from unr	e and on page 1, e 9, column (B) Coess exempt the esses (column us column 5, ot more than column 4) er here and in page 1, t II, line 26 O .
(2) (3) (4) Enter here and on page 1, Part 1, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity uncome from a consolidated Basis (1) (2) (3) (4) Enter here and on page 1, Part 1, line 9, column (A) Jensel Basis (column 2 column 3) If a gain, compute cols 5 through 7 Enter here and on page 1, Part 1, line 10, col (B) Totals 1. Description of exploited activity Enter here and on page 1, Part 1, line 10, col (B) Enter here and on page 1, Part 1, line 10, col (B) Enter here and on page 1, Part 1, line 10, col (B) Enter here and on page 1, Part 1, line 10, col (B) Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising and or (loss) (col 2 minus coll shough 7 7. Excess column 2 A. Net income (loss) from archity that is not unrelated business income to the page 1, Part 1, line 10, col (B) Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising costs advertising costs advertising costs advertising costs (col 2 minus costs) (loss) (foci 2 minus costs (col 2 minus costs) (loss) (foci 2 mi	ccess exempt nses (column 5, ot more than olumn 4) er here and n page 1, t II, line 26
(3) (4) Enter here and on page 1, Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2 Gross unclated business income from trade or business uncome from trade or business income from drumelated trade or business income from trade	ccess exempt nses (column 5, ot more than olumn 4) er here and n page 1, t II, line 26
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(See Instructions) 1. Description of exploited activity unrelated business income from trade or business surrelated business income from trade or business income of trade or business income from activity that is not unrelated business income from trade or business income from activity that is not unrelated business income from trade or business income from trade or business income from activity that is not unrelated business income from trade or business income from trade or business income from activity that is not unrelated business income from trade or business income from trade or business income from trade or business income from activity that is not unrelated trade or business (obtains 2 through 7 business (column 5 through 7 business (column 6 through 7 business (col	er here and n page 1, till, line 26
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(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising micome 3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) 5 Circulation income 6. Readership costs (col column 5, than of page 1, Part I, line 10, col (B) 7 Excess costs (col column 5, than of page 1, Part I, line 10, col (B) 9 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	n page 1, 1 II, line 26
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Enter here and on page 1, Part I, line 10, col (A) Enter here and on page 1, Part I, line 10, col (B)	n page 1, 1 II, line 26
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Part I Income From Periodicals Reported on a Consolidated Basis 2. Gross advertising an or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 1. Name of periodical 2. Gross advertising costs advertising costs advertising costs from the cols 5 through 7 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 6. Readership costs (col column 5, than collins) (2)	s readership
2. Gross advertising and or (loss) (col 2 minus cols 5 through 7 1. Name of periodical 2. Gross advertising costs advertising costs advertising costs or (loss) (col 2 minus cols 5 through 7 4. Advertising gain or (loss) (col 2 minus cols 5 through 7 5. Circulation income costs costs (col column 5, than coll 1) (1) (2)	s readerehin
1. Name of periodical 2. Gross advertising solution income 3. Direct advertising costs col 3) If a gain, compute cols 5 through 7 5 Circulation income 6. Readership costs (col column 5, than compute cols 5 through 7	is readerehin
(2)	lumn 6 minus , but not more column 4)
(3)	
(4)	
Totals (carry to Part II, line (5))	0.
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)	
7.5	ss readership
1. Name of periodical 2 Gross advertising advertising costs col 3) lif a gain, compute income 5 Circulation 6 Readership costs (col advertising costs) column 5,	lumn 6 minus , but not more column 4)
(1)	
(2)	
(3)	
(4)	
	here and page 1,
Fotals, Part II (lines 1-5) ■ 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0	11, line 27
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)	
1 Name 2. Title 2. Title 4 Compensation attribution to unrelated business	
(1) %	
(2) %	
(3) %	
(4) %	
Total. Enter here and on page 1, Part II, line 14 Form 9	0.

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