,					000		~ 4 ~	
A						93	212	0254
		NDED TO FEB				. 1		45.45.44.7
Form 990-T	Exempt Orga	nization Bus	sines	ss income	lax Returi	ո ի	OWB No	1545-0047
, ** a	1	nd proxy tax und			2003 AR 31, 202	م ا	20	019
	For calendar year 2019 or other tax ye					<u>20</u>	20	<i>J</i> 13
Department of the Treasury Internal Revenue Service	► Do not enter SSN number	irs.gov/Form990T for in				, t	Open to Pul	blic Inspection for
A Check box if	Name of organization (D Emple	oyer identific	cation number
address changed	warne or organization (L	Check box ii hame c	ilaliyeu c	and see mondenions.)			loyees' trust actions)	i, see
B Exempt under section	Print HONOLULU CO	אאווואדייץ אכיזי	TON.	PROGRAM.	INC.	9	9-014	40622
X 501(cf)(3)	or Number, street, and roor					E Unrela	ated busines	ss activity code
408(e) 220(e)	Type 1132 BISHOP				•	(5661)	nstructions))
408A 530(a)	City or town, state or pro					1		
529(a)	HONOLULU, H	-	Ū					
C Book value of all assets at end of year	F Group exemption num							
11,226,9	20. G Check organization typ	e ► X 501(c) corp	oration	501(c) trus	t 401(a) trust		Other trust
H Enter the number of the	organization's unrelated trades or	businesses. 🕨		Describ	oe the only (or first) u	nrelated		
trade or business here	NONE			If only on	ie, complete Parts I-V.	. If more	than one,)
describe the first in the b	lank space at the end of the previo	us sentence, complete Pa	arts I and	II, complete a Sched	ule M for each additio	nal trade	e or	
business, then complete				 -	·			
	the corporation a subsidiary in an		nt-subsid	liary controlled group	? ▶ !	Ye	s X	J No
	nd identifying number of the parer							
	► SPENCER LAU,		· ·		hone number > 8			
	d Trade or Business Inc	come		(A) Income	(B) Expense	s	(1	C) Net
1a Gross receipts or sale			1.1				İ	
b Less returns and allow		c Balance	1c					_/_
2 Cost of goods sold (S	• •		2					/ -
3 Gross profit. Subtract			3				_/	
4a Capital gain net incom	•	4707)	4a 4b		 		/	
b Net gain (loss) (Formc Capital loss deduction	4797, Part II, line 17) (attach Forn	14797)	40 4c					
•	rior trusts partnership or an S corporation (a	ttach etatoment\	5		+	_		
6 Rent income (Schedu		, indensity	6	•				
,	ed income (Schedule E)		7			\dashv		
	valties, and rents from a controlled	organization (Schedule F)	8		/			
	a section 501(c)(7), (9), or (17) o							
	vity income (Schedule I)	, gameanom (201102210 2)	10		-			
11 Advertising income (S	•		11					
•	structions; attach schedule)		12					
13 Total. Combine lines	3 through 12		13	0	•			
	ns Not Taken Elsewhei				i.)			
(Deductions	must be directly connected w	ith the unrelated busin	iéss inc	ome.)				
•	icers, directors, and trustees (Scho	edule K)				14		
5 Salaries and wages						15		
16 Repairs and mainten	ance					16_		
317 Bad debts 318 - Interest (attach sche						17		
	dule) (see instructions)					18		
19 Taxes and licenses				1 1		19		
20 Depreciation (attach				20		 -		
Less depreciation cla	umed on Schedule A and elsewher	e on return	ľ	21a		21b		
22 Depletion 23 Contributions to defe	urrad aamnahaattaa alaaa		- 1	RECEI	VED	22		_
	erred compensation plans		1.			23		
24 Employee benefit pro25 Excess exempt exper	- /		i c	3	ည်/	25		
26 Excess readership co	<i>,</i>		15	FEB 2 3	2021	26	-	
27 Other deductions (at	The state of the s		1			27		
	dd lines 14 through 27		j	OGDEN	. UT	28		0.
<i>y</i>	axable income before net operating	I loss deduction. Subtract	ــــ t line 28 t		, , , , , , , , , , , , , , , , , , , ,	29		0.
	moomo oororo net operating	,	EU			⊢~~ →		

Unrelated business taxable income. Subtract line 30 from line 29 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

(see instructions)

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Form **990-T** (2019)

		HONOLULU COMMUNITY ACTION PROGRAM, INC.		99.	<u>-0140</u>	<u> </u>	Page
Part	t Hr	Total Unrelated Business Taxable Income					
32 /	Total	f uncelated business taxable income computed from all unrelated trades or businesses (see instructions)		32			0.
33	Amou	nts paid for disallowed fringes	33				
34		able contributions (see instructions for limitation rules)		34			0.
35		inrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of	lines 32 and 33	35			
36		tion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		36	_		
				37			
37		of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	0	38	<u> </u>	1 0	00.
38		ic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8	88		<u>, , , , , , , , , , , , , , , , , , , </u>	00.
39		sted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	_				_
		he smaller of zero or line 37		39			<u>0.</u>
Part	t IV	Tax Computation					
40	Organ	izations Taxable as Corporations. Multiply line 39 by 21% (0.21)	•	40			<u> </u>
41	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:					
		fax rate schedule or Schedule D (Form 1041)	•	- 41			
42	Proxv	tax. See instructions	•	42			
43		ative minimum tax (trusts only)	-	43			
44		Noncompliant Facility Income. See Instructions		44			
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45			0.
Pari		Tax and Payments		1 45			
46a	-	n tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		┥.			
b		credits (see instructions)					
C	Gener	al business credit. Attach Form 3800		_ `			
d	Credit	for prior year minimum tax (attach Form 8801 or 8827)		_			
е	Total	credits. Add lines 46a through 46d		46e			
47	Subtra	ct line 46e from line 45		47			0.
48	Other	axes. Check if from: 🔲 Form 4255 🤙 Form 8611 🔲 Form 8697 🔲 Form 8866 🔲 Other 🛭	ittach schedule	48			
49	Total	ax. Add lines 47 and 48 (see instructions)		49			0.
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50			0.
_		ents: A 2018 overpayment credited to 2019		٠.١			
	-	instituted tax payments 51b		- 1			
				~ ,			
		posited with Form 8868 51c		- ,,			
		n organizations: Tax paid or withheld at source (see instructions) 51d	·				
		p withholding (see instructions) 51e		- .			
f		for small employer health insurance premiums (attach Form 8941) 51f		_			
g	_	credits, adjustments, and payments: Form 2439		1 .1			
		orm 4136 Other Total ▶ <u>51g</u>					
52	Totaí	payments. Add lines 51a through 51g		52			_
53	Estima	ted tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		53			_
54	Tax d	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	>	54			
55	Overp	syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	•	55			
56			ınded 🕨	56			-
		Statements Regarding Certain Activities and Other Information (see instruc					-
57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority				Yes	No
٠,		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			ŀ		
						1	
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country					 -
	here				 }		_ <u>X</u> _
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	n trust?		ļ		_X_
		see instructions for other forms the organization may have to file.			İ		
59		he amount of tax-exempt interest received or accrued during the tax year 🕨 💲					
O: -		inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to th orrect, and complete. Declaration of prepare (other than taxpayer) is based on all information of which preparer has any knowledg	e best of my kr	nowledge and	d belief, it is t	rue,	
Sign		101.1		May the IRS			with
Here		DIRECTOR OF FIR	73 37AT	the preparer			••••
		Signature of officer Date Title		instructions)	? Yes	X] No
		Print/Type preparer's name Preparer's signature // Date C	Check	if PTIN			
D	•	1 Call and	elf- employe				
Paid		QIANYING NICHOLS QIANYING NICHOLS 02/15/21	Unipioyo	I	1236	69	
-	arer		Firm's EIN		-0292		
Use	Only		I IIIII S E IIV	- 33	0434		<u> </u>
		745 FORT ST STE 2100	Dhona no	909 5	21 20	162	`
		111 /0020	Phone-no:	808-5			
923711	01-27-2				Form-99	⊎≌l≆(2019)

Schedule A - Cost of Good	Is Sold. Enter	method of inve	ntory v	aluation N/A			-		
1 Inventory at beginning of year	Inventory at beginning of year 1			6 Inventory at end of year			6		
2 Purchases	2	2		7 Cost of goods sold. Subt from line 5. Enter here an line 2		btract line 6			
3 Cost of labor	3					Part I,			
4a Additional section 263A costs							7		,
- (attach schedule)	4a -	4a -		8 Do the rules of section 263A		(with respect to -		Yes	No
b Other costs (attach schedule)	4b	<u>.</u>	_	property produced or a	acquired	d for resale) apply to			لنـــا
5 Total. Add lines 1 through 4b	5		the organization?					X	
Schedule C - Rent Income (see instructions)	(From Real	Property an	nd Per	sonal Property	Leas	ed With Real Pro	pert	y) 	
1. Description of property						<u></u>			
(1)		,,,							
(2)									
(3)									
(4)									
	2. Rent receiv	red or accrued				0(2) 20 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		A	
(a) From personal property (if the personal property is more 10% but not more than 50%)	re 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 connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns		nter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0:
Schedule E - Unrelated De	bt-Financed	I Income (see	ınstru	ctions)					
			2	. Gross income from or allocable to debt-		3. Deductions directly con to debt-finance		erty	
1. Description of debt-	financed property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	S
(1)			+						
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to unced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(4	8. Allocable deductroclumn 6 x total of column 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		inter here and on page Part I, line 7, column (
Totals				•		0			0.
Total dividends-received deductions	ncluded in columi	n 8							0.

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99-0140622

Page 4

INC

	1-1 -7 110110110110 CO111111111 1101111 111001111					
Part II	Income From Periodicals Reported on a Separate Basi	S (For each	periodical liste	d in Parl	t II, fill i	ın
41	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)		<u>-</u> ,		_	-	_	-
(3)							
(4)							
Totals from Part I	▶	0.	0.	- Beller Comment	AND THE PARTY TO A	المالية المناجعة المناجعة المناجعة	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 26
Totals, Part II (lines 1-5)	▶	0.	0.	Mary and Strateging of the	有意的 \$11 克克姆	1. T. J. J. C. T.	0

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

1. Name	2. Title	3. Percent of time devoted to business	 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

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