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Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 31 from line 32 is greater than line 32, enter the smaller of zero or line 32 32 33 33 30 34 34 34 34 36 37 37 38 39 30 30 31 30 30 31 32 34 34 34 34 34	•	•	•			F-		
Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 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 30 -347 31 32 -347								
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Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 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 32 -347 33 1,000 39 -347			· -	ict line 2	9 from line 13	h		
Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 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. 33 1,000	• •	•	•	fear I -	- 20	—		
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. 34347					2 30			
enter the smaller of zero or line 32 -347	· · · · · · · · · · · · · · · · · · ·	-	•		r than line 22	H	33 1 1,000	
				greate	i uiaii iiiie 32,	1.	-347	
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·						リン	7	

	990-T (2015) HOUSING SOLUTIONS,	INCORPORATED	99-025366	55			Pag	ge 2
Pa	rt III Tax Computation							
35	Organizations Taxable as Corporations. See Instruc	tions for tax computation. Co	introlled 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):					
	(1) \$ (2) \$	(3) \$						
b	Enter organization's share of (1) Additional 5% tax (no	ot more than \$11,750)	\$] [
	(2) Additional 3% tax (not more than \$100,000)		\$					
С	Income tax on the amount on line 34			•	35c			
36	Trusts Taxable at Trust Rates. See instructions for ta	x computation Income tax o	n					
	the amount on line 34 from. Tax rate schedule	e or Schedule D (Fo	orm 1041)	•	36			
37	Proxy tax. See instructions		•	•	37			
38	Alternative minimum tax				38			
39	Total. Add lines 37 and 38 to line 35c or 36, whichever	rapplies			39			
	rt IV Tax and Payments							
40a	Foreign tax credit (corporations attach Form 1118; trus	ts attach Form 1116)	40a		Т			
b	Other credits (see instructions)	no dilaon roim rirroj	40b					
c	General business credit. Attach Form 3800 (see instruc	ctions)	40c		1 1			
d	Credit for prior year minimum tax (attach Form 8801 or	·	40d		1 1			
e	Total credits. Add lines 40a through 40d	0021)	1400		40e			
	Subtract line 40e from line 39				41			
41	Other taxes		(att ach)		42	 -		
42 43	Check if from Form 4255 Form 8611 Form 861 Total tax. Add lines 41 and 42	97 Form 8866 Other	(att sch)		43			0
	Payments: A 2014 overpayment credited to 2015		44a					_ _
44a	, ,		44b		1 1			
b	2015 estimated tax payments Tax deposited with Form 8868		44c		1 1			
C	•		44d					
d	Foreign organizations: Tax paid or withheld at source (see msuucuons)	44e		1 1			
9	Backup withholding (see instructions)	Attach Form 9041)	44f					
T	Credit for small employer health insurance premiums (Attach Form 8941)	441					
g	Other credits and payments Form 2439	Total						
46	Form 4136 Other	r Total	▶ 44g		45			
45 46	Total payments. Add lines 44a through 44g	2220 is attached		ightharpoonup	45			
46	Estimated tax penalty (see instructions) Check if Form						 -	
47	Tax due. If line 45 is less than the total of lines 43 and				47			
48	Overpayment. If line 45 is larger than the total of lines	•	•	undad N	48			
49 Po	Enter the amount of line 48 you want Credited to 2016 estimated V Statements Regarding Certain Ac			ınded ▶	49			
<u> </u>							Yes	No
1	At any time during the 2015 calendar year, did the organization of financial account (book, conviction, or other) as		_	-			res	NO
	over a financial account (bank, securities, or other) in a	• •	- •					
	FinCEN Form 114, Report of Foreign Bank and Financ	iai Accounts. Il 1E3, enter tr	e name of the foreign coun	uy				X
_	here >			 4	٠,			$\frac{\Lambda}{X}$
2	During the tax year, did the organization receive a distr	•	antor of, or transferor to, a f	oreign trus	1,			
	If YES, see instructions for other forms the organization	-	•					
3	Enter the amount of tax-exempt interest received or acceptable A. Coot of Coods Sold Enter mother		\$				LL	
	edule A - Cost of Goods Sold. Enter metho							
1	Inventory at beginning of year 1		t end of year		6			
2	Purchases 2		ods sold. Subtract line 6 fro	וזוכ	_			
3 4 a	Cost of labor Additional sec 263A		r here and in Part I, line 2				TVT	N. c
h	costs (attach schedule)		s of section 263A (with resp				Yes	No
_	(attach schedule)		oduced or acquired for resa	ie) appiy			1	
	Total. Add ines ithrough 4b 5 Under penalues of berjury, I be lare that I have examined this return, inc	to the organ		ndae and belief			ــــــــــــــــــــــــــــــــــــــ	
0:	true correct and editates foodbreation of property (other than taxonavor	r) is based on all information of which pr	eparer has any knowledge	euge and benen	, 11 15	May the IRS o	liecuse this r	roturn
Sig						May the IRS d with the prepa (see instructio	arer shown b	elow
Her		TREASURER				(see instructio		No
	Signature of officer Date	Title	7		<u>-</u>			
_	Print/Type preparer's name	Precalers signature	miles	Date	Check	If PTIN		
Paid	CATHA LEE COMBS	CATHA LEE COMES	1	2/02/16	self-emp		11103	-
Prep				Firm's l	EIN	65-1	<u> </u>	11
Use (* I	•	b U	1		000		
	Firm's address HONOLULU, HI 9	6813-3486	 	Phone	no	808-79	1-14	14

. Form 990-T (2015) HOUS	ING SOLU	rions,	INCO	DRP	ORATED	_	99-0253	665		Page 3	
Schedule C - Rent Incor	ne (From Re	al Proper	y and	Per	sonal Propert	y Le	ased With I	Real Propert	y)		
(see instructions)											
1. Description of property											
_								 -			
(3)											
(4)		t received or accri									
		received or accri									
 (a) From personal property (if the for personal property is more the 			٠,		and personal property (nt for personal property					cted with the income attach schedule)	
more than 50%					nt is based on profit or in				,, == =(=, (=	,	
(1)											
(1)											
(3)				_							
(4)											
Total		Total					(6) 7	otal deductions.			
(c) Total income. Add totals of o	columns 2(a) and	d 2(b). Enter						r here and on page			
here and on page 1, Part I, line 6		(-)			>			I, line 6, column (E			
Schedule E - Unrelated	Debt-Financ	ed Income	e (see i	nstru	ictions)						
							3 [Deductions directly con	nnected with	or allocable to	
1. Description of debt-	financed property		}	_	ross income from or able to debt-financed			debt-finan	ced property		
	,		property			(a) Straight t	ine depreciation	(b) Other deductions			
							(attach	schedule)	(attach schedule)		
(1) N/A									<u> </u>		
(2)									<u> </u>		
(3)			ļ						├		
(4)									 		
Amount of average S Average adjusted basis acquisition debt on or of or allocable to			6 Column 4 divided			7. Gross inc	ome reportable	1	Allocable deductions		
allocable to debt-financed debt-financed proper property (attach schedule) (attach schedule)			· ·		by column 5		1	x column 6)	, (COII	umn 6 x total of columns 3(a) and 3(b))	
property (attach schedule)	(altach scr	redule)			· · · · · · · · · · · · · · · · · · ·	0/			 		
(1)	 					<u>%</u>			 	 	
(2)						% %			┼		
(4)						%			 		
(4)			<u> </u>					nd on page 1,	Enter	here and on page 1,	
						Part I, line 7			line 7, column (B)		
Totals						•	,		1		
Total dividends-received dedu	ctions included	ın column 8						•			
Schedule F - Interest, Ar	nnuities, Ro	valties, an	d Rent	ts F	rom Controlle	d Or	ganization	s (see instruct	ions)		
				Ex	empt Controlled	Orga	anizations		_		
1. Name of controlled	1	2 Employ		3.1	Net unrelated income	4	Total of specified	5 Part of colum	n 4 that is	6 Deductions directly	
organization]	identification n	umber	(loss) (see instructions)			payments made	included in the o		connected with income	
								organization's g	gross inc	ın column 5	
(1) N/A											
(2)								-			
(3)			_	<u> </u>							
(4)				l						<u></u>	
Nonexempt Controlled Organ	izations										
		8. Net unrelat	ed income	l l	9 Total of specifi	ied	10 Part of	column 9 that is	1	1 Deductions directly	
7 Tavable Income		(loss) (see in	structions)		payments made	9	I	n the controlling n's gross income	cor	nnected with income in column 10	
	+			\dashv	 _		Organizatio	groos moone	 	COLUMN 10	
(1)				-+		——	+		 		
(2)				\dashv	 _		+		 		
(3)			-	\dashv			 		 		
(4)							Add colu	mns 5 and 10	A	dd columns 6 and 11	
							Enter here	and on page 1,	Ent	er here and on page 1,	
Totals						h	Paπ I, line	8, column (A)	l Pa	rt I, line 8, column (B)	
							·				

Form 990-T (2015) HOUSIN	G SOLUTIO	NS, IN	CORPOR	ATED	99-02	53669	5		HOU0001 12/02/2016 1 20 Page
Schedule G - Investment I									
1 Description of income		2 Amount of income		3 Deductions directly connect (attach schedu		et-asides h schedule)		5. Total deductions and set-asides (col 3	
- V/2				(attach schedu		(attaci	m scriedule)		plus col 4)
(1) N/A		<u> </u>		 	$-\!\!+\!\!$			$-\!\!+\!\!-$	
(2)				 					
(3)				 					
(4)				 	L				
-		Enter here a Part I, line 9	nd on page 1, , column (A)						nter here and on page 1, art I, line 9, column (B)
Totals Schodule I Explained Eve			the There	6 d		· .			
Schedule I - Exploited Exe	HIPL ACTIVITY II	ncome, O	iner inan	Advertising in	Come (se	ee instru	ctions) T		1
2 Gross unrelated 1. Description of exploited activity business income from trade or business		production of unrelated		or business (column from 2 minus column 3) is n ff a gain, compute busi		5. Gross income from activity that is not unrelated business income		penses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than
		Dusine	ss income	cols 5 through 7			<u></u>		column 4)
(1) N/A	 				<u> </u>		 		
(2)	 				 _		 _		 -
(3)	 						<u> </u>		
(4)	Enter here and on	Enter h	ere and on		L		<u> </u>		Enter here and
	page 1, Part I, pa		1, Part I,), col (B)	ι,					on page 1, Part II, line 26
Totals >			<u>.</u> .	<u></u>			<u></u>		
Schedule J - Advertising In				It de de el De elle					
Part Income From I	Periodicais Re	ported or	a Conso		ı — — — — — — — — — — — — — — — — — — —				
1 Name of penodical	2 Gross 1 Name of penodical advertising income adv		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 readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						_			
(2)	<u> </u>								
(3)					 				_
(4)		-		<u> </u>					
Totals (carry to Part II, line (5))	<u> </u>		_						
Part II Income From F 2 through 7 on			a Separa	te Basis (For e	each peri	odical li	sted in F	Part II, fi	ll in columns
1 Name of penodical	2. Gross advertising income	3 [Direct sing costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circu inco		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A									
(2)									
(3)									
(4)									
Totals from Part I	<u> </u>								
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A)	page 1	ere and on I, Part I, , col (B)						Enter here and on page 1, Part II, line 27
Schedule K – Compensatio	n of Officers	Directors	and Trus	tees (see instru	ctions)		<u></u>		
1 Nam		3. Percent of time devoted to				npensation attnbutable to unrelated business			
				business			├		
			 			+-	<u>%</u>		
(A)			 	·· 		- 	% %		
(4)			 				%		
Total. Enter here and on page 1, Pa	rt II. line 14		<u> </u>						
nin in and and on page 1, 1 a								L	

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HOU0001 HOUSING SOLUTIONS, INCORPORATED
99-0253665 Federal Statements

FYE: 6/30/2016

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Statement 1 - Form 990-T, Part I, Line 12 - Other Income

Description		Amount
PARKING FEES	\$_	6,900
TOTAL	 \$	6,900