Exempt Organization Business Income Tax Return

OMB No 1545-0687

Form	(and proxy tax under section 6033(e))								କ(0 4 C	_	
		For cale	ndar year 2016 or other tax year beginningJune	e 1 ,	2016, and ending	Ma	y 31, 2 0	17		$\angle U$	16)
Departme	ent of the Treasury		ormation about Form 990-T and its instructi							an to Rub	lic Inspec	tion for
	Revenue Service	▶ Do i	not enter SSN numbers on this form as it may be				tion is a 50	1(c)(3)	501	(c)(3) Org	ganization	is Only
A Check box if Name of organization (Check box if name changed									Employer identification number (Employees' trust, see instructions			
			HONOLULU FESTIVAL FOUNDATION					_ (E	прюуе	es trust, s	see instruc	ctions)
✓ 50	1(c)(3)	or	Number, street, and room or suite no If a P.O box,	see ins	structions			<u> </u>		99-0352		
	1ype oto Pine STREET TITLE OOK									d busines ructions)	s activity	codes
∐ 40			City or town, state or province, country, and ZIP or	foreign	postal code			`				
	9(a)		HONOLULU, HI 96817					<u> </u>	454110	<u>o :</u>		
at end	value of all assets d of year	<u> </u>	roup exemption number (See instructions.		- F01/	<u> </u>		7 404	/a\ +=-		7 045	4
- D-	992,522.24		neck organization type 7 501(c) corp			c) tru	=] 401	(a) tru	St L] Other	trust
			n's primary unrelated business activity.								V [7	1
			e corporation a subsidiary in an affiliated group			ary co	ontrolled g	group	· · ·	> []	Yes ⊬	סאו [
			and identifying number of the parent corp	oratio			no pumb			(222)		
			► KEIKO EVANS e or Business Income		(A) Income	Prior	ne numbe	хрепзе			397-508: (C) Net	3
1a	Gross receipts			Γ -	(14)000		(5, 2		-: -	 	10) 1461	,
b	Less returns and a			1c	2700	00		> 5	4			ı.
2			Schedule A, line 7)	2	1542	30	10 3 3 3 5 1 1	3 2 2 3	5			~~
3	_		t line 2 from line 1c	3	1157	70			W.		1157	70
4a			ne (attach Schedule D)	4a	7137				7.3		1137	
b	· -		4797, Part II, line 17) (attach Form 4797)	4b			76.					
c			n for trusts	4c				48.3				
5	-		erships and S corporations (attach statement)	5								
6	Rent income (\$	-		6								 -
7	-		ced income (Schedule E)	7								
8			and rents from controlled organizations (Schedule F)	8								
9		-	ction 501(c)(7), (9), or (17) organization (Schedule G)	9								
10			ivity income (Schedule I)	10								
11	Advertising inc	ome (S	Schedule J)	11								
12	Other income (5	See inst	tructions; attach schedule)	12				7.72 7.38				
13	Total. Combin			13	1157	70		0			1157	70
Part			Taken Elsewhere (See instructions for				ns.) (Exc	ept fo	or con	ıtributio	ons,	
			be directly connected with the unrelate		siness income	.)						
14	•		cers, directors, and trustees (Schedule K)					•	14			
15	Salaries and w	-				•		•	15	 		
165	Repairs and m				•	•		••	16			
175	Bad debts .					•		•	17	 		
18	Taxos and los	i sched	lule)		((3)) in	· 1. 7	1017	•	18 19		407	
19 20			ons (See instructions for limitation rules).					•	20		107	10
			Form 4562)					ì	20			
21 22			imed on Schedule A and elsewhere on re						22b	l		
23	-		· · · · · · · · · · · · · · · · · · ·					<u> </u>	23			
24			rred compensation plans						24			
25			grams						25			
26			nses (Schedule I)						26			
27 ₂	•		ests (Schedule J)						27			
28		-	ach schedule)						28			
29			dd lines 14 through 28						29		107	10
30	Unrelated busi	ness ta	xable income before net operating loss de	ductio	on. Subtract line	e 29 f	rom line	13	30		1050	60
31	Net operating	loss de	duction (limited to the amount on line 30)						31		1050	60
32			exable income before specific deduction.						32		0	00
33			enerally \$1,000, but see line 33 instruction						33		1000	00
34			taxable income. Subtract line 33 from lir								7	
	enter the small	er of ze	ero or line 32		<u> </u>		· · ·	•	34		ol	00

Form 99	9Ò-T (2016)					Page 2
Part	III Tax Computation					
35	Organizations Taxable as Corporations. See instructions for tax computat	tion. Controlled gro	oup			1
	members (sections 1561 and 1563) check here ▶ ☐ See instructions and:					İ
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brace	kets (in that order):		İ		
	(1) \$ (2) \$ (3) \$					
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$				İ
	(2) Additional 3% tax (not more than \$100,000)	\$				
С	Income tax on the amount on line 34		▶ 3!	БС	0	00
36	Trusts Taxable at Trust Rates. See instructions for tax computati		on			1 -
	the amount on line 34 from: Tax rate schedule or Schedule D (Form 104	11)	▶ 3	6		
37	Proxy tax. See instructions		▶ 3	7		
38	Alternative minimum tax		. 3	8		1 -
39	Tax on Non-Compliant Facility Income. See instructions		. 3	9		1
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		. 4	0	0	00
Part						
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .	41a			_	
b	Other credits (see instructions)	41b				
С	General business credit. Attach Form 3800 (see instructions)	41c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		1		
е	Total credits. Add lines 41a through 41d		. 41	е		1
42	Subtract line 41e from line 40		. 4	2		
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 G	Other (attach schedule)	4	3		ļ —
44	Total tax. Add lines 42 and 43		. 4	4	0	00
45a	Payments: A 2015 overpayment credited to 2016	45a				
b	2016 estimated tax payments	45b				1
С	Tax deposited with Form 8868	45c				
d	Foreign organizations: Tax paid or withheld at source (see instructions) .	45d		ļ		
е	Backup withholding (see instructions)	45e				
f	Credit for small employer health insurance premiums (Attach Form 8941) .	45f				
g	Other credits and payments:					
	☐ Form 4136 ☐ Other Total ▶	45g				
46	Total payments. Add lines 45a through 45g		. 4	5	0	00
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached		□ 4	7		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		▶ 4	3	0	00
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount	t overpaid	▶ 49	9		
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax ▶	Refunded	▶ 5			
Part	V Statements Regarding Certain Activities and Other Information	n (see instructions)				
51	At any time during the 2016 calendar year, did the organization have an interest				Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YE	S, the organization	may ha	ave to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, er	iter the name of the	e foreig	n country		
	here ► JAPAN				1	
52	During the tax year, did the organization receive a distribution from, or was it the granto		a foreign	trust? .		✓
	If VES, see instructions for other forms the organization may have to file				. 7	. 7

10/12/17 Here PRESIDENT with the preparer shown below (see instructions)? Tes No Title Signature of officer Print/Type preparer's name Preparer's signature Date **Paid** Check I if self-employed **Preparer** Firm's name ▶ Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no

true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

53 Sign

Enter the amount of tax-exempt interest received or accrued during the tax year

\$\infty\$ \$ 77.32

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

May the IRS discuss this return

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_		-	_

Page 3

Sche	dule A-Cost of Good	ds Sold. Er	nter method	of inv	ento	ory va	aluation >	FIFO			
1	Inventory at beginning of		1	1224	83			at end of year	6	840	
2	Purchases		2	1157	76		•	of goods sold. Subtract			
3	Cost of labor	Г	3				line 6 fron	n line 5. Enter here and	1 1	ł	
4a	Additional section 263	A costs				l	ın Part I, İı	ne 2	7	1542	
	(attach schedule)		4a]		8	Do the ru	les of section 263A (w	ith respect to		
b	Other costs (attach sche	edule)	4b				property p	produced or acquired for	r resale) apply		
5	Total. Add lines 1 through		5	2382	59		to the orga	anization?	. <u></u>	1	
	dule C—Rent Income instructions)	(From Re	al Property	and	Pers	onal	Property	Leased With Real Pro	operty)		
1. Desc	ription of property										
(1)											
(2)											
(3)											
(4)											
		2. Rent receiv	ed or accrued								
	om personal property (if the percopersonal property is more than 1 more than 50%)		percentage o	of rent fo	r pers	onal pr	perty (if the operty exceeds ofit or income)	3(a) Deductions directly in columns 2(a) an	y connected with the connected w		
(1)											
(2)											
(3)											
(4)											
Total			Total					(b) Total deductions.			
	al income. Add totals of col							Enter here and on page			
	nd on page 1, Part I, line 6, c							Part I, line 6, column (B	<u> </u>		
Sche	dule E—Unrelated De	bt-Financ	ea income	(see in	nstru	ctions	§)	1 3 Deductions directly co	prooted with or all	oogble to	
	1. Description of deb	t financed proc	och.)			come from or	3. Deductions directly connected with or allocable debt-financed property			
	r. bescription of dea	t-manced prop	erty		anoca	cable to debt-financed property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
/1)								(attach schedule)	(attach sc		
(1) (2)				+				 	 		
(3)								 	+		
(4)								 	 		
(4)	4. Amount of average	5. Averag	e adjusted basis					 	+		
	acquisition debt on or llocable to debt-financed roperty (attach schedule)	of or debt-fin	allocable to anced property ch schedule)			4 dr	olumn vided ilumn 5	7. Gross income reportable (column 2 × column 6)	8. Allocable of (column 6 × total 3(a) and	al of columns	
(1)							%				
(2)							%				
(3)							%				
(4)							%				
					_			Enter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7, o		
Totals							▶				
Total c	lividends-received deducti	ons included	ın column 8	<u> </u>	<u> </u>		<u> </u>	_ <u></u>			
									Form S	990-T (2016	

Sche	edule F-Interest, Ann	uities, Royalties,	and Ren	ts From	Controlled Org	anizations (se	e instruc	tions)	
			Exempt	Controlled	Organizations			, -	
	Name of controlled organization	2. Employer identification number		lated income instructions)	4. Total of specified payments made	5. Part of colum included in the coorganization's gro	ontrolling	conn	eductions directly ected with income in column 5
(1)			-						
(2)									
(3)									
(4)						~			
None	xempt Controlled Organi	zations							
		8. Net unrelated in (loss) (see instruct			otal of specified yments made	10. Part of column included in the coorganization's gro	ontrolling	conne	Deductions directly cted with income in column 10
(1)									
(2)					<u></u>				
(3)								ļ	
(4)		<u> </u>						_	
Totale						Add columns 5 Enter here and c Part I, line 8, co	n page 1,	Enter	columns 6 and 11 nere and on page 1, line 8, column (B)
Sche	edule G-Investment	Income of a Sect	ion 501(c)(7) (9).			ructions	1	
<u>ocne</u>	Description of income	2. Amount o		3. dire	Deductions ctly connected ach schedule)	4. Set-aside (attach schedu	s	5. To and s	otal deductions et-asides (col. 3 plus col. 4)
(1)	- ·		·	(4.1.1					<u> </u>
(2)									
(3)				+					
(4)			 -	 					
Totals	s	Enter here and Part I, line 9, o							re and on page 1, ne 9, column (B).
Sche	edule I - Exploited Exc	empt Activity Inc	ome, Ot	her Than	Advertising In	come (see inst	ructions)	
	Description of exploited activ	2. Gross unrelated business inco from trade of business	ome con	Expenses directly nected with iduction of inrelated ness income	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	6. Exp attribut colui		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								1.00	
(2)									
(3)							<u></u>		
(4)							<u></u>		
Total	s	Enter here and page 1, Part line 10, col (t I, pag	here and on le 1, Part I, 10, col (B)					Enter here and on page 1, Part II, line 26
	edule J-Advertising	Income (see instru	ctions)		<u> </u>	-	-	<u>-</u>	
Par		Periodicals Repo		Consoli	dated Basis				
	1. Name of penodical	2. Gross advertising income	•	3. Direct rtising costs	4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7.	5. Circulation income	6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)] []
(3)					_]
(4)									
Total	s (carry to Part II, line (5))	▶							
								F	orm 990-T (2016)

Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising gain or (loss) (col. 2 minus col 3) If a gain, compute cols 5 through 7 7. Excess readership 2. Gross costs (column 6 3. Direct 6. Readership 5. Circulation 1. Name of penodical advertising minus column 5, but advertising costs costs not more than ıncome column 4) (1) (2) (3) (4) Þ Totals from Part I Enter here and on page 1, Part I, line 11, col (B) Enter here and on Enter here and page 1, Part I, line 11, col (A) on page 1, Part II line 27 Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business Compensation attributable to unrelated business 2. Title (1) % (2) % % (3) (4) %

Form **990-T** (2016)

FORM 990-T	No	OL Carryover		
Taxable Year Ended	Original Carryover	Expired	Used	NOL Carryover
5/31/2006	307.00		307.00	
5/31/2007	3,002.69		3,002.69	-
5/31/2008	3,413.06		3,413.06	
5/31/2009	122.91		122.91	•
5/31/2011	4,849.92		801.07	4,048.85
5/31/2015	36,350.51			36,350.51
	48,046.09	_	7,646.73	40,399.36