

Form **990-EZ**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 7/1/2009, and ending 6/30/2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CRIME STOPPERS HONOLULU, INC.		D Employer identification number 99-0207302
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number
		P. O. BOX 22375		(808) 955-8300
		City, town, or country State ZIP + 4	F Group Exemption Number	
HONOLULU HI 96823-2375		▶		

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.honolulucrimestoppers.org

J Tax-exempt status (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 60,623

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	19,578				
2	Program service revenue including government fees and contracts	2					
3	Membership dues and assessments	3					
4	Investment income	4	406				
5a	Gross amount from sale of assets other than inventory	5a	0				
b	Less: cost or other basis and sales expenses	5b	0				
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0				
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>						
a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	40,639				
b	Less: direct expenses other than fundraising expenses	6b	17,079				
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	23,560				
7a	Gross sales of inventory, less returns and allowances	7a					
b	Less: cost of goods sold	7b					
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0				
8	Other revenue (describe ▶)	8	0				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	43,544				
10	Grants and similar amounts paid (attach schedule)	10	0				
11	Benefits paid to or for members	11					
12	Salaries, other compensation, and employee benefits	12					
13	Professional fees and other payments to independent contractors	13	446				
14	Occupancy, rent, utilities, and maintenance	14					
15	Printing, publications, postage, and shipping	15					
16	Other expenses (describe ▶ See Attached Statement)	16	42,078				
17	Total expenses. Add lines 10 through 16	17	42,524				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,020				
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	80,914				
20	Other changes in net assets or fund balances (attach explanation)	20	0				
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	81,934				

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	79,536	79,525
23	Land and buildings		
24	Other assets (describe ▶ PREPAID EXPENSES)	3,228	2,956
25	Total assets	82,764	82,481
26	Total liabilities (describe ▶ AUTHORIZED REWARDS)	1,850	547
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	80,914	81,934

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

(HTA)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses	
What is the organization's primary exempt purpose? <u>CRIME REDUCTION INTERMEDIARY VIA VOLUNTEER</u>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28	<u>RECEIVE ANONYMOUS TIPS FROM THE PUBLIC AND PROVIDE THE SAME TO THE LAW ENFORCEMENT AGENCIES RESULTING IN CRIME REDUCTIONS, PROPERTY RECOVERIES, AND NARCOTICS SEIZURE.</u> (Grants \$ <u>0</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	<u>0</u>
29	<u>RELATE STUDENT CRIMESTOPPERS TIPS FROM PARTICIPATING MIDDLE AND HIGH SCHOOLS TO THE SCHOOL MANAGEMENT THAT HAVE RESULTED IN A SAFER STUDY ENVIRONMENT AND REDUCED SCHOOL PROPERTY DAMAGES AND VIOLENCE.</u> (Grants \$ <u>0</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	<u>0</u>
30 (Grants \$ <u>0</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	<u>0</u>
31	Other program services (attach schedule) (Grants \$ <u>0</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	<u>0</u>
32	Total program service expenses. (add lines 28a through 31a) ▶	32	<u>0</u>

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BRIAN ISHIKAWA P. O. BOX 22375 HONOLULU HI 96823	Title PRESIDENT/DIRECTOR Hr/WK 5.00	0	0	0
ALBERT DENIS P. O. BOX 22375 HONOLULU HI 96823	Title 1ST V.P./DIRECTOR Hr/WK 1.00	0	0	0
RONALD JONES P. O. BOX 22375 HONOLULU HI 96823	Title 2ND V.P./DIRECTOR Hr/WK 1.00	0	0	0
JON NAKAMOTO P. O. BOX 22375 HONOLULU HI 96823	Title TREASURER/DIRECTOR Hr/WK 5.00	0	0	0
JOE ALLEN P. O. BOX 22375 HONOLULU HI 96823	Title SECRETARY/DIRECTOR Hr/WK 1.00	0	0	0
MICHAEL CARVALHO P. O. BOX 22375 HONOLULU HI 96823	Title DIRECTOR Hr/WK 1.00	0	0	0
BERNARD CHING P. O. BOX 22375 HONOLULU HI 96823	Title DIRECTOR Hr/WK 1.00	0	0	0
VLADIMIR DEVENS P. O. BOX 22375 HONOLULU HI 96823	Title DIRECTOR Hr/WK 1.00	0	0	0
LEE DONOHUE P. O. BOX 22375 HONOLULU HI 96823	Title DIRECTOR Hr/WK 1.00	0	0	0
WARREN FERREIRA P. O. BOX 22375 HONOLULU HI 96823	Title DIRECTOR Hr/WK 1.00	0	0	0
TERRI HANSEN P. O. BOX 22375 HONOLULU HI 96823	Title DIRECTOR Hr/WK 1.00	0	0	0
CARON INAGAKI P. O. BOX 22375 HONOLULU HI 96823	Title DIRECTOR Hr/WK 1.00	0	0	0
RENETTE KAAHANUI P. O. BOX 22375 HONOLULU HI 96823	Title DIRECTOR Hr/WK 1.00	0	0	0
KALEO KEOLANUI P. O. BOX 22375 HONOLULU HI 96823	Title DIRECTOR Hr/WK 1.00	0	0	0
BILL LAFFEA P. O. BOX 22375 HONOLULU HI 96823	Title DIRECTOR Hr/WK 1.00	0	0	0
DAVE MINKIN P. O. BOX 22375 HONOLULU HI 96823	Title DIRECTOR Hr/WK 1.00	0	0	0
SANJ SAPPAL P. O. BOX 22375 HONOLULU HI 96823	Title DIRECTOR Hr/WK 1.00	0	0	0
EUGENE UEMURA P. O. BOX 22375 HONOLULU HI 96823	Title DIRECTOR Hr/WK 1.00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 0		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a		
b	Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	List the states with which a copy of this return is filed. ▶		
42 a	The organization's books are in care of ▶ JON K. NAKAMOTO Telephone no. ▶ (808) 955-8300 Located at ▶ P. O. BO 22375 City HONOLULU ST HI ZIP + 4 ▶ 96823-2375		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? ▶		X
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City ST ZIP	Title Hr/WK	0	0	0
Name City ST ZIP	Title Hr/WK	0	0	0
Name City ST ZIP	Title Hr/WK	0	0	0
Name City ST ZIP	Title Hr/WK	0	0	0
Name City ST ZIP	Title Hr/WK	0	0	0
f Total number of other employees paid over \$100,000		0		

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
d Total number of other independent contractors each receiving over \$100,000		0

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

Sign Here
 Signature of officer: *Jon K. Nakamoto* Date: 1/21/2011
 Type or print name and title: JON K. NAKAMOTO TREASURER

Paid Preparer's Use Only
 Preparer's signature: *Nick Chu* Date: 1/17/2011 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: NICK CHU CPA 1188 BISHOP STREET, SUITE 906, HONOLULU, HI 96813-3303 Preparer's identifying number (See instructions): P00446327
 EIN: Phone no.: (808) 521-7885

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp. benefit plans & deferred compensation	Expense account and other allowances
KEONI VAUGHN P. O. BOX 22375 HONOLULU HI 96823	Title DIRECTOR Hr/WK 1.00	0	0	0
LUCIEN WONG P. O. BOX 22375 HONOLULU HI 96823	Title DIRECTOR Hr/WK 1.00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0				0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0				0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38,458	23,599	34,890	21,825	19,578	138,350
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,957	26,649	23,219	54,330	40,639	148,794
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 Total. Add lines 1 through 5	42,415	50,248	58,109	76,155	60,217	287,144
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						287,144

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	42,415	50,248	58,109	76,155	60,217	287,144
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		181	576	461	406	1,624
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	181	576	461	406	1,624
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
13 Total support. (Add lines 9, 10c, 11, and 12.)	42,415	50,429	58,685	76,616	60,623	288,768
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.44%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.57%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.56%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.43%

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area with horizontal dashed lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization CRIME STOPPERS HONOLULU, INC.	Employer identification number 99-0207302
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CRIME STOPPERS HONOLULU, INC.	Employer identification number 99-0207302
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HAWAII HOTEL INDUSTRY FOUNDATION 2270 KALAKAUA AVENUE, #1506 HONOLULU HI 96815-2552 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	FRIENDS OF HAWAII CHARITIES, INC. 733 BISHOP STREET, SUITE 2160 HONOLULU HI 96813-4012 Foreign State or Province: _____ Foreign Country: _____	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	LEWIS ELECTRIC, LLC 737 BISHOP STREET, SUITE 2920 HONOLULU HI 96813 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		FORMAL DINNER (event type)	DINNER (event type)	NONE (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	35,160	5,479	0	40,639
	2	Less: Charitable contributions	0	0	0	0
	3	Gross income (line 1 minus line 2)	35,160	5,479	0	40,639
Direct Expenses	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	0	0	0
	6	Rent/facility costs	10,050	0	0	10,050
	7	Food and beverages	0	0	0	0
	8	Entertainment	1,950	0	0	1,950
	9	Other direct expenses	4,453	626	0	5,079
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(17,079)
11	Net income summary. Combine line 3, column (d), and line 10				23,560	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			0
Direct Expenses	2	Cash prizes			0
	3	Noncash prizes			0
	4	Rent/facility costs			0
	5	Other direct expenses			0
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				(0)
8	Net gaming income summary. Combine line 1, column d, and line 7				0

- 9 Enter the state(s) in which the organization operates gaming activities: _____
- a Is the organization licensed to operate gaming activities in each of these states? _____
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____
- b If "Yes," explain: _____
- 11 Does the organization operate gaming activities with nonmembers? _____
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility		
	13a %		
b	An outside facility		
	13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
c	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$ 0		
	Description of services provided ▶		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		

Part I, Line 16 (990-EZ) - Other Expenses

		42,078
1	Travel	5,063
2	Meals and entertainment	381
3	Fundraising	
4	Amortization	0
5	Conferences, conventions, and meetings	902
6	Depreciation	0
7	Depletion	
8	Equipment rental and maintenance	
9	Interest	
10	Supplies	3,914
11	Telephone	849
12	Unrelated business income taxes	0
13	Advertising & promotions	1,045
14	Bank service charge	75
15	Dues & subscriptions	446
16	Insurance	1,545
17	Internet & website	1,887
18	License & fees	3
19	Office expense	72
20	Taxes	1,970
21	Tipster rewards	19,337
22	Volunteer relations	4,589
23		
24		
25		
26		
27		
28		
29		

Part II, Line 24 (990-EZ) - Other Assets

3,228

2,956

Description		Beginning	End
1	PREPAID EXPENSES	3,228	2,956
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

1,850

547

Description		Beginning	End
1	AUTHORIZED REWARDS	1,850	547
2			
3			
4			
5			
6			
7			
8			
9			
10			

