Form	990-T	Exempt Organization Bu						1			
	(and proxy tax under section 6033(e))  For calendar year 2018 or other tax year beginning							i	2	018	
	Go to www irs gov/Form990T to					instructions and the latest information.			-	0.0	
	ment of the Treasury I Revenue Service	▶			ly be made public if your organization is a 501(c)(3			Open to Public Inspection for 501(c)(3) Organizations Only			
Α	Check box if address changed				nanged and see instructions.)			DEmployer identification number (Employees' trust, see instructions)			
B Ex	empt under section	Print	HAWAII HOMEOWNERSHIP CENTER					68-0544935			
	501(c) 3 )	or Number, street, and room or suite no. If a P.O. box, see instructions.						E Unrelated business activity code (See instructions.)			
	408(e) 220(e)	Туре	1259 AALA STREET, NO. 201					(286)	nstructions	• )	
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code								
	529(a)		HONOLULU, H			900	099				
C Boo	k value of all assets F Group exemption number (See instructions.)										
	1,825,613. G Check organization type $\blacktriangleright$ $X$ 501(c) corporation $\bot$ 501(c) trust						401(a)	trust		Other trust	
	ter the number of the organization's unrelated trades or businesses.										
		SEE STATEMENT 1 . If only one, complete Parts I-V.								<del>)</del> ,	
	cribe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional								e or		
	ness, then complete Parts III-V.									∐ No	
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  If "Yes," enter the name and identifying number of the parent corporation.										_ 140	
	books are in care of TERRENCE Y. AKAMINE					Telephone number			(808)941-0500		
			de or Business Inc			(A) Income	(B) Expenses			(C) Net	
<u> </u>	Gross receipts or sale						1 3		-	· · · · ·	
$\sim$	Less returns and allov			c Balance	1¢		ı	o	, .		
<b>e</b> -62 (	Cost of goods sold (Schedule A, line 7)						- 4				
<b>3</b>	Gross profit. Subtract line 2 from line 1c							o.			
<b>≥</b> 4a (	Capital gain net income (attach Schedule D)										
$\exists$	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)						u '				
	Capital loss deduction for trusts										
5 1	Income (loss) from a partnership or an S corporation (attach statement)							, 1			
<b>2</b> 6 5	Rent income (Schedule C)								ļ		
•	Unrelated debt-financed income (Schedule E)										
) 8 i 9 j	Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)										
	Exploited exempt activity income (Schedule I)  Advertising income (Schedule J)  Other income (See instructions; attach schedule)									<del></del>	
						<del></del>					
							u - a				
	Total. Combine lines 3 through 12					0.			· · · · · · · ·		
			t Taken Elsewher	e (See instructions fo	or limita	tions on deductions )				····	
	(Except for contributions, deductions must be directly connected with the unrelated business income)										
14	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions)							14	ļ		
15	Salaries and wages Repairs and maintenance					70 /		15	ļ		
16								16	ļ		
17	Bad debts	dula) (a	an unatrustiona)				17				
18 19	Interest (attach sche Taxes and licenses	oule) (se	ee instructions)			18	ļ				
20		res and licerises aritable contributions (See instructions for limitation rules)						20	<u> </u>		
21		cable contributions (see instructions for infiltration rules)									
22		n claimed on Schedule A and elsewhere on return				21 22a					
23	Depletion							22b 23		<del></del>	
24	Contributions to deferred compensation plans							24	-		
25		nployee benefit programs						25			
26	xcess exempt expenses (Schedule I)							26			
27	Excess readership co	osts (Sc	hedule J)				27				
28	Other deductions (attach schedule)							28			
29	Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13									0.	
30										0.	
31		Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Inrelated business taxable income. Subtract line 31 from line 30									
32			ncome. Subtract line 31 fro work Reduction Act Notice					32	Form	990-T (2018)	

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SUITE

Firm's EIN

26-1659234

Form 990-T (2018)

Phone no. 808-531-1040

STREET,

HI 96813

Firm's name ► CW ASSOCIATES

Firm's address ► HONOLULU,

700 BISHOP

Use Only

823711 01-09-19

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

QUALIFIED TRANSPORTATION FRINGE BENEFITS EXPENSE, TAX CUTS & JOBS ACT 2017 TO FORM 990-T, PAGE 1