V 18-7.6F

For Paperwork Reduction Act Notice, see instructions.

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Unrelated business taxable income. Subtract line 31 from line 30.

-4,081. Form **990-T** (2018)

Form	990-T (20	118)			F	age 2
	t III	Total Unrelated Business Taxable Income				
33		of unrelated business taxable income computed from all unrelated trades or businesses (see				
33		ions)	33		-4,()81.
24		s paid for disallowed fringes	34		40,8	
34		on for net operating loss arising in tax years beginning before January 1, 2018 (see			<u> </u>	
35			35			
		ions)	35			
36		f unrelated business taxable income before specific deduction. Subtract line 35 from the sum			26 -	727
		33 and 34	36		36,7	
37		deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		Τ, (000.
38		ed business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,		•	25 2	707
		e smaller of zero or line 36	38		35,	121.
Par		Tax Computation				
39	Organiz	ations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39		/,:	503.
40	Trusts	Taxable at Trust Rates. See instructions for tax computation income tax on				
	the amo	ount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
41	Proxy t	ax. See instructions	41			
42	Alterna	ive minimum tax (trusts only)	42			
43	Tax on	Noncompliant Facility Income See instructions	43			
44	Total. A	dd lines 41, 42, and 43 to line 39 or 40, whichever applies	44		7,5	503.
Par	t V	Tax and Payments				
45 a		tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
		redits (see instructions)				
		business credit Attach Form 3800 (see instructions)				
		or prior year minimum tax (attach Form 8801 or 8827)				
u a	Total	edits. Add lines 45a through 45d	45e			
46		t line 45e from line 44	46		7,5	503.
47		tes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47		-	
		-	48		7.5	503.
48		x. Add lines 46 and 47 (see instructions)	49	-		
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	43			
		its A 2017 overpayment credited to 2018				
		stimated tax payments				
		osited with 1 of the occor 1 in the contract of the contract o				
		organizations Tax paid or withheld at source (see instructions)	} }			
		withholding (see instructions)				
		or small employer health insurance premiums (attach Form 8941) 50f	 			
g		edits, adjustments, and payments Form 2439				
	F	orm 4136 Other Total ▶ [50g			10	200
51		ayments. Add lines 50a through 50g	51		12,0	
52		ed tax penalty (see instructions) Check if Form 2220 is attached	52			316.
53		. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54		yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid ▶	54		4,	<u> 181.</u>
55	Enter the	e amount of line 54 you want Credited to 2019 estimated tax ▶ 4 , 181 . Refunded ▶	55			
Par	t VI	Statements Regarding Certain Activities and Other Information (see instructions	s)			
56	At any	time during the 2018 calendar year, did the organization have an interest in or a signature or	other	authority	Yes	No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	ay have	e to file		
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country		
	here >					X
57	During	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	an trust	2		Х
٠.	·	see instructions for other forms the organization may have to file	J			
58	•	the amount of tax-exempt interest received or accrued during the tax year > \$				
<u></u>	Uı	nder penalties of penury I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of m	y knowledge a	and bel	ef, it is
Sign	In.	e, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Her		/ // NI N	•	RS discuss preparer sh		
1101				ons)? X Ye		No
		Prot/Tune property name		PTIN	~ 1	1.40
Paid		1 1/1/0 1/4 Check		P012	4 Q 1 D	ı R
	arer	DYD IID	mployed	44-0160		
	Only	010 - 07 1000 /PO POY 1100 CPPTYCHTPT NO CFOOC 2502	EIN ►	7 865-8		
		Firm's address ► 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 65806-2523 Phone	eno 41			(0010)
ICA				Form 99	7U-1	(2018)

JSA

Form 990-T (2018)			^					Page 3	
Schedule A - Cost of Go	oods Sóld. En	ťer method	d of invento	ry valuation	_				
1 Inventory at beginning of y	rear 1	<u>-</u>		6 Inventory	at end of year	ar	6		
						ld Subtract line			
					-	iter here and in			
4 a Additional section 263A costs				Part I, line 2					
(attach schedule)	1 1					section 263A (v	1 34	es No	
b Other costs (attach schedule) . 4b						or acquired for	· —	1	
5 Total Add lines 1 through	·-/ · 								
Schedule C - Rent Income		roperty a	nd Person	al Property	Leased V	Vith Real Prope	rtv)		
(see instructions)	, , , o , , , , , , , , , , , , , , , ,	. орону ш	0.00	ш оро,					
Description of property					-				
(1)	· · ·			•			·		
(2)							· ·		
(3)			• •						
(4)									
(4)	2. Rent recei	ued or accrui	 ed	- .					
					(.E.A.L	- 2(a) Dadwalaa d			
(a) From personal property (if the for personal property is more the				personal property personal property		3(a) Deductions directly connected with the inco in columns 2(a) and 2(b) (attach schedule)			
more than 50%)		50% or	r if the rent is based on profit or income)						
(1)									
(1) (2)							•		
	·								
(3)									
		Total				 			
Total	alumna 2(a) and 2((b) Total deduction			
(c) Total income. Add totals of c here and on page 1, Part I, line 6		•				Enter here and or Part I, line 6, colui			
Schedule E - Unrelated D			e instructio	ins)		T dit i, mic o, cold	(6)		
ochedule E - Omelated B	CSt-1 manoca n	icome (se			3 [Deductions directly co	nnected with or allocable to		
1 Description of del	ot-financed property		1	s income from or		debt-financed property			
			1	operty	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
					(\		
(2)									
(3)									
(4)						· · · · · · · · · · · · · · · · · · ·			
4 Amount of average	5 Average adju	sted basis							
acquisition debt on or	of or alloca	ble to		Column Jivided		income reportable	8 Allocable deducts (column 6 x total of co		
allocable to debt-financed property (attach schedule)	debt-financed (attach sche		1	olumn 5	(colum	n 2 x column 6)	3(a) and 3(b))		
(1)	(4.1.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	,		%					
(2)				<u>%</u>					
(3)				%					
				<u>%</u>					
(4)			l		Enter her	e and on page 1,	Enter here and on p	 age 1	
						ne 7, column (A)	Part I, line 7, column		
Totals									
Total dividends-received deduct	ions included in co	numn 8	• • • • • •	 		<u> ▶ </u>	- 000		

Schedule F-Interest, Annu	' ' '			ntrolled Or			ations (see	, matraotic	71137		
Name of controlled organization	2 Employer identification numb) (i	3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		ied included	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	ations										
7 Taxable Income	8 Net unrelated in (loss) (see instruc	1		otal of specifi syments made		inc	Part of column luded in the co inization's gros	ntrolling		. Deductions directly nected with income in column 10	
(1)											
2)										<u> </u>	
(3)											
(4)											
Totals	come of a Sec	 ction 501(c	: c)(7),	(9), or (17		Pa		mn (A) tructions)		er here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount of	fincome	ļ <u>-</u>	directly col (attach sci	nnected			t-asides schedule)		and set-asides (col 3 plus col 4)	
(1)			-								
(2)											
(3)											
(4)										Enter here and on page	
Totals	2 Gross unrelated business income	3 Expens directly connected productio	ses / with	4 Net incor from unrela or business 2 minus co	ne (loss) ted trade (column lumn 3)	5 G from	ross income activity that of unrelated	6 Expe	able to	7 Excess exempt expenses (column 6 minus column 5, but not	
	from trade or business	unrelate business in		If a gain, c cols 5 the		busi	ness income	Colum	III J	more than column 4)	
(1)											
2)											
(3)						İ					
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,				•			Enter here and on page 1, Part II, line 26	
Totals				datad Da	-i-						
Part I Income From Peri	odicais Report	eu on a C	UNSUII	ualeu Dai	515						
1 Name of periodical	2 Gross advertising income	3 Directadores advertising		4 Adver gain or (lo: 2 minus c a gain, co cols 5 thr	ss) (col ol 3) If mpute	5	Circulation income	6. Reado		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)		-					-			7	
(3)										7	
(4)					,					7	
	-										
Totals (carry to Part II, line (5))			-							Form 990-T (201)	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in 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)						
(3)						
(4)						
Totals from Part I ▶				,		
	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 27
Totals, Part II (lines 1-5) ▶						<u> </u>

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

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

Form 990-T (2018)

ATTACHMENT	1

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD) LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	0. 0. 0.
-	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	
CHARITABLE CONTRIBUTION	4,081.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	4,081.

WAIKIKI HEALTH 99-0159253 12/31/2018

CHARITABLE CONTRIBUTION CARRYOVER SCHEDULE ATTACHMENT TO FORM 990-T, PART II, LINE 20

	C C.	СС	СС	C C
	GENERATED	UTILIZED	EXPIRED	CARRYFORWARD
12/31/2018	13,212	4,081	-	9,131