



990-T

EXTENDED TO MAY 15, 2020  
Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

201800  
OMB No 1545-0087  
2018  
Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

A Check box if address changed

Name of organization ( Check box if name changed and see instructions )

KALIHI - PALAMA HEALTH CENTER  
(HALE HO'OLA HOU)

D Employer identification number (Employees trust see instructions)

99-0161221

B Exempt under section  
X 501(c)(3) 03  
408(a) 220(e)  
408A 530(a)  
529(a)

Print or Type

Number, street, and room or suite no. If a P O box, see instructions  
915 NORTH KING STREET

City or town, state or province, country, and ZIP or foreign postal code  
HONOLULU, HI 96817

E Unrelated business activity code (See instructions)

C Book value of all assets at end of year

F Group exemption number (See instructions)

G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses Describe the only (or first) unrelated trade or business here  
If only one, complete Parts I-V. If more than one, describe 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 trade or business, then complete Parts III-V

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of LIANE SUGIMOTO Telephone number (808) 843-7238

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
4c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule)	12		
13	Total. Combine lines 3 through 12	13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)  
(Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	0.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	0.

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OGDEN, UT

SCANNED MAY 03 2021

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(HALE HO'OLA HOU)

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**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	part I	33	0.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction Subtract line 35 from the sum of lines 33 and 34		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	8	37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36		38	0.

**Part IV Tax Computation**

39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	▶	39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	▶	40	
41	Proxy tax See instructions	▶	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income See instructions		43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	part III	45a	
b	Other credits (see instructions)		45b	
c	General business credit Attach Form 3800		45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		45d	
e	Total credits Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		47	
48	Total tax Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50a	Payments A 2017 overpayment credited to 2018		50a	
b	2018 estimated tax payments		50b	
c	Tax deposited with Form 8868	6c	50c	50,000.
d	Foreign organizations Tax paid or withheld at source (see instructions)		50d	
e	Backup withholding (see instructions)		50e	
f	Credit for small employer health insurance premiums (attach Form 8941)		50f	
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total		50g	
51	Total payments Add lines 50a through 50g		51	50,000.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached <input type="checkbox"/>		52	
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	10	54	50,000.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded	11	55	50,000.

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 6/5/20 Title: CFO

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

Paid Preparer Use Only	Print/Type preparer's name LORI ROTHE YOKOBOSKY, CPA	Preparer's signature LORI ROTHE YOKOBOSKY, CPA	Date 05/27/20	Check <input type="checkbox"/> if self-employed	PTIN P01273422
	Firm's name ▶ COHNREZNICK LLP			Firm's EIN ▶ 22-1478099	
	Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103			Phone no 959-200-7000	

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