Unrelated business taxable income. Subtract line 31 from line 30 823701 01-99-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

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Form 990-	Form 990-T (2018) HAWAII FOODBANK, INC. 99-02		0699	Page 2
Page	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	,	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		 	
30			36	
37	lines 33 and 34 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	(7	87	1,000.
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	·· ·· P-		1,000.
38			38	0.
enter the smaller of zero or line 36				
			20	0.
30	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	<u> </u>
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	_		
	Tax rate schedule or Schedule D (Form 1041)		40	
41	Proxy tax. See instructions		41	
42	Afternative 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.
	/î Tax and Payments		F 7	
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 45b		l I	
c	General business credit. Attach Form 3800 45c		l ; 'l	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		<u> </u>	
•	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8696 Other (attach se		46	0.
47			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.
50 a	Payments: A 2017 overpayment credited to 2018			
b	2018 estimated tax payments			
	Tax deposited with Form 8868			
	Foreign organizations: Tax paid or withheld at source (see instructions)		} [!]	
e	Backup withholding (see instructions) 50e		<u> </u>	
	Credit for small employer health insurance premiums (attach Form 8941)		j.	
9	Other credits, adjustments, and payments: Form 2439]	<u> </u>	
	Form 4136 Other Total ▶ 50g			
51	Total payments. Add lines 50a through 50g		51	
52	Estimated tax penalty (see instructions). Check If Form 2220 is attached		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	▶	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		55	
Part V	1 Statements Regarding Certain Activities and Other Information (see instructions)			
56	At any time during the 2018 calendar year, did the organization have an laterest in or a signature or other authority			Yos No
	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 >			
57	During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a fereign tru	st?		
	If "Yes," see instructions for other forms the organization may have to file.			F 21 7
	Enter the amount of tax-exempt interest received or accrued during the tax year			
	Under penalties of periury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of	f my know	viedge and be	lief, it is true,
Sign	correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	<u> </u>		
Here	Soul a. Chan 7/15/20 TREASURER		•	cuss this return with wn below (see
	Signature of Officer Date Title		tructions)?	
	Print/Type preparer's name Preparer's signature Date Check	☐ if	PTIN	
	self- em			
Paid	MPLANTE A KING / (MINTER DUNCH ALK KNOW / 107-15-2020)	,, 	POO	220997
Prepa	Firm's area & COU ACCOCTAMPS CDAC	EIN 🕨		1659234
Use O	700 BISHOP STREET, SUITE 1040			
	Firm's address HONOLULU, HI 96813	no. R	08-53	1-1040
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