| | , | | - | | |
|------------|--|--|----------|--|--|
| | | For cal | endar y | | |
| | Department of the Treasury Internal Revenue Service | ▶ Do no | | | |
| 0 | A Check box if address changed | | Name | | |
| 2020 | B Exempt under section | Print | FAI | | |
| | X 501(C)(3) 408(e) 220(e) | or Type | Numb | | |
| ^ 0 | 408A 530(a) 529(a) | | City o | | |
| = | C Book value of all assets at end of year | L— | F Gro | | |
| 7 E | 1,397,023. GChe | | | | |
| ¥.5 | H Enter the number of the organization's i | | | | |
| | trade or business here | | | | |
| 5 E | | cribe the first in the blank space at th | | | |
| 12 | business, then complete | | | | |
| | I During the tax year, was | | | | |
| | If "Yes," enter the name a | | <u> </u> | | |
| | J The books are in care of Part I Unrelated | | HE | | |
| | 1a Gross receipts or sale | | 10 01 | | |
| | b Less returns and allow | | | | |
| | 2 Cost of goods sold (S | - | Δ line | | |
| : | 3 Gross profit. Subtract | | • | | |
| | 4 c Constal som net incom | | | | |

| Form | 990-T | E | Exempt Organization Bus | sine | ss Income | Гах Return | 1 | OMB No | 1545-0687 |
|---------------|--|---|--|-----------|--------------------------|------------------------|----------|--|--------------------------------------|
| , | | | . (and proxy tax und | er se | | 181 | 2 | 20 | 018 |
| | tment of the Treasury at Revenue Service | For calendar year 2018 or other tax year beginning and ending 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). | | | | | | Open to Pu | blic Inspection for ganizations Only |
| A | Check box if address changed | | Name of organization (Check box if name c | hanged | and see instructions.) | | (Em | | cation number |
| B E | xempt under section | Print | FAMILY PROGRAMS HAWAII | | | | 9 | 99-02 | 80498 |
| |]501(c)(3) | or | or Number street and room or suite no. If a P.O. box, see instructions | | | | | | ss activity code |
| | 408(e) 220(e) | Туре | 801 SOUTH KING STREET | , | | | (566 | IIISU UCUONS | , |
| |]408A530(a)]529(a) | | City or town, state or province, country, and ZIP or foreign postal code HONOLULU, HI 96813 | | | | | | |
| C Bo | ok value of all assets | F Group exemption number (See instructions.) | | | | | | | |
| at | end of vear | 23. | G Check organization type ► X 501(c) corp | oration | 501(c) trust | 401(a) | trust | | Other trust |
| H En | | | ation's unrelated trades or businesses. | | | the only (or first) un | | | |
| tra | de or business here | ▶ ` | <u> </u> | - | | , complete Parts I-V. | | | • |
| de | scribe the first in the b | lank spa | ace at the end of the previous sentence, complete Pa | rts I an | | | | | |
| bu | siness, then complete | Parts III | I-V. | | · | | | | |
| I Du | ring the tax year, was | the corp | poration a subsidiary in an affiliated group or a parer | nt-subs | idiary controlled group? | ▶L | Y | 'es | No |
| | | | tifying number of the parent corporation. | | | | | | |
| | | | THE ORGANIZATION | | | none number 🕨 8 | | | |
| | | | de or Business Income | | (A) Income | (B) Expenses | | (| C) Net |
| | Gross receipts or sale | | | 1 1 | | | | 3 | |
| | Less returns and allow | | c Balance | 1c | | | | <u> </u> | |
| : 2 | Cost of goods sold (S | | <i>y</i> | 2 | | ļ | | - | |
| 3 | Gross profit. Subtract | | | 3 | | - | | ┿ | |
| | Capital gain net incom | | Part II, line 17) (attach Form 4797) | 4a 4b | | | | | |
| | Capital loss deduction | | | 4c | | | | + | |
| 5 | • | | ship or an S corporation (attach statement) | 5 | | DECE | -11 | | |
| | Rent income (Schedu | • | Compared to the compared to th | 6 | ···· | | - I V | EU_ | +- |
| 1207 1207 | Unrelated debt-finance | | me (Schedule E) | 7 | | 4 101 | | + | 8 |
| > 8 | Interest, annuities, roy | /alties, a | and rents from a controlled organization (Schedule F) | 8 | | S NUV 1 | 8 2 | P20 | O |
| | Investment income of | a sectio | on 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | | | | 38 |
| 10 | Exploited exempt activ | vity inco | me (Schedule I) | 10 | | OGDE | N | 117 | |
| ¥1 12 | Advertising income (S | | • | 11 | | | 1 4, | ₽- | |
| | Other income (See instructions, attach schedule) | | | | | ļ | | — | |
| 1113 | Total. Combine lines | | | 13 | 0. | | | | |
| Pa | Except for a | | ot Taken Elsewhere (See instructions fourtions, deductions must be directly connected | | | | | | |
| 3 | Compensation of off | | rectors, and trustees (Schedule K) | | | | 14 | | |
| | Salaries and wages | icers, un | rectors, and trustees (Schedule II) | | | | 15 | | |
| 16 | Repairs and mainten | ance | | | | | 16 | + | |
| 17 | Bad debts | | | | | | 17 | 1 | |
| 18 | Interest (attach sche | dule) (se | ee instructions) | | | | 18 | | |
| 19 | Taxes and licenses | | | | | | 19 | | |
| 20 | Charitable contribution | ons (See | e instructions for limitation rules) | | | | 20 | | |
| 21 | Depreciation (attach | Form 45 | 562) | | 21 | | | | |
| 22 | • | umed or | n Schedule A and elsewhere on return | | 22a | | 22b | —— | |
| 23 | Depletion | | | | | | 23 | ├ | |
| 24 | Contributions to defe | | mpensation plans | | | | 24 | | |
| 25 26 | Employee benefit pro | - | phodula () | | | | 25 | | |
| 26 27 | Excess exempt exper | • | • | | | | 26 | | |
| 27 28 | Excess readership co Other deductions (at | • | ř | | | | 27 28 | + | |
| 26 29 | Total deductions (at | | • | | | | 29 | + | 0. |
| 30 | | | ncome before net operating loss deduction. Subtrac | t line 20 | from line 13 | | 30 | + | 0. |
| 31 | | | loss arising in tax years beginning on or after Janua | | | | 31 | | |
| 32 | | | ncome. Subtract line 31 from line 30 | ., ., 20 | (See mondonono) | | 32 | <u> </u> | 0. |
| | | | work Reduction Act Notice, see instructions. | | | | | Form S | 90-T (2018) |

| Form 990 | T (2018) FAMILY PROGRAMS HAWAII | 99-028 | 30498 | Page 2 |
|----------|---|----------------|--------------------|--------------------|
| Part | | | | |
| 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 | 33 | | |
| • | lines 33 and 34 | | 25 | |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 8 | 36 | 1,000. |
| 11 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, | U | 370 | 1,000. |
| 11 00 | enter the smaller of zero or line 36 | | | 0. |
| Part | Tax Computation | | 38 | |
| 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: | | 39 | |
| ••• | Tax rate schedule or Schedule D (Form 1041) | | 10 | |
| 41 | Proxy tax. See instructions | | 40 | - |
| 42 | Alternative minimum tax (trusts only) | | 41 | |
| | Tax on Noncompliant Facility Income. See instructions | | 42 | |
| W 43 | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | | 43 | |
| _ | Tax and Payments | | 44 | 0. |
| | | | | |
| | | _ | - | |
| | | | 4 | |
| | _ , , . | | - | |
| | Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 45a through 45d | | ا 🚛 | |
| 46 | Subtract line 45e from line 44 | | 45e | 0. |
| 47 | | tach schedule) | 46 | |
| 48 | Total tax. Add lines 46 and 47 (see instructions) | tach schedule) | 47 | 0. |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | | | 0. |
| | Payments A 2017 overpayment credited to 2018 | | 49 | |
| | 2018 estimated tax payments | | 1 | |
| | E Tax deposited with Form 8868 | 3,000. | 4 | |
| | Foreign organizations Tax paid or withheld at source (see instructions) 50d | 3,000. | 1 1 | |
| | Backup withholding (see instructions) 50e | | 1 | |
| | Credit for small employer health insurance premiums (attach Form 8941) 507 | | 4 } | |
| | Other credits, adjustments, and payments: Form 2439 | | 1 | |
| | Form 4136 Other Total 50g | | | |
| 51 | Total payments. Add lines 50a through 50g | | 5/1 | 3,000. |
| 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 | 10 | 54 | 3,000. |
| 55 | Enter the amount of line 54 you want: Credited to 2019 estimated tax 425. Refu | 'h | 55 | 2,575. |
| Part | | | 1 68 1 | |
| 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 have 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 the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei | gn trust? | | - X |
| | 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 > \$ | | | 1 1 |
| | Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | | wledge and belief, | it is true, |
| Sign | corect, and complate bed a district or breaker (office standard axpayer) is based on an information of which preparer has any knowledge | _ | ay the IRS discuss | a thus satura with |
| Here | BOARD CHAIR | | e preparer shown i | |
| | Signature of officer. Date Title | ins | structions)? X | Yes No |
| | Print/Type preparer's name Preparer's signature Date C | neck if | f PTIN | |
| Paid | | lf- employed | | |
| Prepa | melanie a king / Melandelking // 11/09/2020 | | P0022 | |
| Use (| Only Firm's name ► CW ASSOCIATES, CPAS | irm's EIN 🕨 | 26-16 | 559234 |
| | 700 BISHOP STREET, SUITE 10/40 | | | |
| | Firm's address ► HONOLULU, HI 96813 | hone no. 8 | 08-531- | |
| 823711 0 | -09-19 | | Form | 990-T (2018) |

EIN: 99-0280498

FAMILY PROGRAMS HAWAII 2018 FORM 990-T AMENDED RETURN - SECTION 512 (a)(7) REPEAL

| Line No. | Originally filed | Amended | Amount of Change | Reason for change |
|----------|------------------|---------|------------------|-----------------------------|
| 34 | 12,766 | - | 12,766 | Repeal of Section 512(a)(7) |
| 39 | 2,471 | • | 2,471 | Repeal of Section 512(a)(7) |
| 52 | 104 | • | 104 | Repeal of Section 512(a)(7) |