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Request for 45R Credit Only

Exempt Organization Business Income Tax Return (and proxy tax under section 60

033(e)	1) 1812	201
d ending	, 20	

Q

OMB No. 1545-0687

	,	For cale	ndar year 2018 or other tax year beginning	,:	2018, and ending	, 20		<u> </u>	•		
Depar	tment of the Treasury		► Go to www.irs.gov/Form990T for instru				On	en to Rublio Inches	tion (or		
Interna	al Revenue Service	▶Do	not enter SSN numbers on this form as it may be	made	public if your organiza	tion is a 50°	1(c)(3). 50	en to Public Inspect 1(c)(3) Organization	is Only		
\overline{A}	Check box if address changed		Name of organization (Check box if name changed and see instructions) D Employer identification number								
B Exe	mpt under section	Print	ANGEL NETWORK CHARITIES, INC. (Employees' trust, see instructions)								
×	501(c 0(3-)	or	Number, street, and room or suite no. If a P.O. box,	see ins	structions		99-02	290412			
	408(e) 220(e)	Type	5339 KALANIANAOLE HIGHWAY					d business activity	code		
	408A 🔲 530(a)	**	City or town, state or province, country, and ZIP or	foreign	postal code		(See inst	ructions)			
	529(a)		HONOLULU, HI 96821				0				
C Boo	ok value of all assets and of year	F Gr	roup exemption number (See instructions)	▶		<u>.</u>					
	<u> </u>	G CH	neck organization type 🕨 🗵 501(c) corp	oratic	on 🔲 501(c) tru	ıst 🗀] 401(a) tru	ust 🗌 Other	trust		
HE	nter the number	of the c	organization's unrelated trades or business	es. 🕨	·	Describe	e the only	(or first) unrelat	ted		
_	rade or business				nly one, complete F						
			at the end of the previous sentence, com	plete	Parts I and II, com	iplete a S	chedule M	l for each addi	itional		
t	rade or business,	, then c	omplete Parts III-V.								
I	During the tax year,	, was th	e corporation a subsidiary in an affiliated grou	p or a	parent-subsidiary co	ontrolled g	roup?	► ☐ Yes 🗵	No [
	f "Yes," enter the	name a	and identifying number of the parent corp	oratio	n ▶						
JT	he books are in o	care of	▶ BY THE NUMBERS INC		Telepho	ne numbe	r ▶ (808	949-2443			
Pa	rt'i Unrelated	d Trad	e or Business Income		(A) Income	(B) Ex	penses	(C) Net			
1a	Gross receipts	or sale	es				• -				
b	Less returns and	allowance	es c Balance ▶	1c							
2	Cost of goods	sold (S	Schedule A, line 7)	2				_			
3	Gross profit. S	Subtract	t line 2 from line 1c	3							
4a	ı Capıtal gaın ne	et incor	ne (attach Schedule D)	4a							
b	Net gain (loss)	(Form 4	4797, Part II, line 17) (attach Form 4797)	4b		1	, d				
c	Capital loss de	eductio	n for trusts	4c			11				
5	Income (loss) fro	m a par	tnership or an S corporation (attach statement)	5		}					
6	Rent income (Schedu	ıle C)	6	_						
_7	Unrelated deb	t-financ	ced income (Schedule E)	7							
€\$	Interest, annuities,	royalties,	and rents from a controlled organization (Schedule F)	8							
~ ₽	Investment income	e of a sec	ction 501(c)(7), (9), or (17) organization (Schedule G)	9							
78626	Exploited exer	npt act	ivity income (Schedule I)	10							
	Advertising inc	come (S	Schedule J)	11							
₹ 12	Other income (See inst	ructions; attach schedule)	12							
<u> 13</u>	Total. Combin			13							
Par	t II Deduction	ns Not	Taken Elsewhere (See instructions for	limita	ations on deductio	ns.) (Exce	ept for co	ntributions,			
7			be directly connected with the unrelate	d bus	siness income.)						
14	Compensation	of office	cers, directors, and trustees (Schedule K)				. 14				
4-	0-1		I PEVELVE	- N			45				

Salaries and wages 16 Repairs and maintenance 16 17 17

18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation 21 Depreciation (attach Form 4562) . . 22 Less depreciation claimed on Schedule A and elsewhere on return. 23

19 20 21 22a 22b 23 24 25 26 27

18

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25 Employee benefit programs . . . 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30

Form 990-T (2018)

Contributions to deferred compensation plans

24

10111133	0 1 (2010)				raye z
Part i		otal Unrelated Business Taxable Income			
33	Total o	f unrelated business taxable income computed from all unrelated trade	es or businesses (see	e	
	instruct	33			
34	Amoun	34			
35		ion for net operating loss arising in tax years beginning before J	anuary 1, 2018 (see	e	
	instruct			35	
26		f unrelated business taxable income before specific deduction. Subtract	ling 25 from the our		
36			. line 35 from the Sun		
		33 and 34		36	
37		c deduction (Generally \$1,000, but see line 37 instructions for exceptions		37	
38		ted business taxable income. Subtract line 37 from line 36. If line 37 is	s greater than line 36	,	
	enter th	ne smaller of zero or line 36		38	0
Part I	V T	ax Computation			
39		zations Taxable as Corporations. Multiply line 38 by 21% (0.21)	•	39	0
		Taxable at Trust Rates. See instructions for tax computation			- 0
					Ì
		ount on line 38 from: Tax rate schedule or Schedule D (Form 104	1)	40	
41	-	ax. See instructions		41	
42	Alterna	tive mınımum 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 \		ax and Payments	· · · · · · · · · · · · · · · · · · ·	'	
		tax credit (corporations attach Form 1118; trusts attach Form 1116) .	45a		
_	_		45b		
b		· · · · · · · · · · · · · · · · · · ·		_	
_		business credit Attach Form 3800 (see instructions) .	45c		
d		or prior year minimum tax (attach Form 8801 or 8827)	45d		
e	Total c	redits. Add lines 45a through 45d		45e	
46	Subtrac	ct line 45e from line 44		46	0
47	Other tax	kes Check if from 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🔲 C	Other (attach schedule)	47	
		ax. Add lines 46 and 47 (see instructions)		48	0
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49	
		nts: A 2017 overpayment credited to 2018	50a	70	
		· · · · · · · · · · · · · · · · · · ·			
		stimated tax payments	50b	()	
		posited with Form 8868	50c		
d	Foreign	organizations Tax paid or withheld at source (see instructions)	50d		
е	Backup	withholding (see instructions)	50e		
f	Credit f	or small employer health insurance premiums (attach Form 8941)	50f		
		redits, adjustments, and payments: 🗌 Form 2439 519			
•	Form		509 \ 959	;	
51		ayments. Add lines 50a through 50g	7-31 A 3031	51	959
	_			_	
		ed tax penalty (see instructions) Check if Form 2220 is attached	_	_	
		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount ow		53	
	-	yment. If line 51 is larger than the total of lines 48, 49, and 52, enter am			959
		amount of line 54 you want	S	· <u>\$</u> 5	959
Part \	/ St	atements Regarding Certain Activities and Other Information	(see instructions)		
56	At any t	ime during the 2018 calendar year, did the organization have an interes	t in or a signature or	other au	ithority Yes No
	over a f	inancial account (bank, securities, or other) in a foreign country? If "Yes	s," the organization n	nay have	to file
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," en			
	here >			Ū	×
		to tay year did the arganization reading a distribution from an use at the greater	of automologoute of		
	_	ne tax year, did the organization receive a distribution from, or was it the grantor	or, or transferor to, a to	oreign tru	St!
		see instructions for other forms the organization may have to file.			
_58		e amount of tax-exempt interest received or accrued during the tax year			
O: -		penalties of perjury, I declare that I have examined this return, including accompanying schedules irrect, and compl <u>ete. Declar</u> ation of preparer (other than axpayer) is based on all information of whic			knowledge and belief, it is
Sign	L ude, co	infect, and complete tradaration of preparer (objecting saxpayer) is based on all information of which	in preparer has any knowledg	May the	e IRS discuss this return
Here		130 we PRESIDENT			e preparer shown below
	Signer	re of officer Date Title		(see ins	structions)? XYes No
D-::		Print/Type preparer's name Preparer's signeture	Date ,		PTIN
Paid-	-	STEVEN T. DOI		Check 📙 self-employ	l it
Prepa	arer	Del CD3 IIG			
Use C)niv	Firm's name ▶ Doi, CPA, LLC			45-4976134
		Firm's address ▶ P.O. BOX 11773, HONOLULU, HI 96828	F	hone no.	(808) 591-8480

Schedule A-Cost of Goo	ods Sold. En	ter method of	invento	ory va	luation >		-			
1 Inventory at beginning	of year	1		6	Inventory a	at end of year	6			
2 Purchases .		2		7	Cost of	goods sold. Subtract				
3 Cost of labor	[3			line 6 from	n line 5. Enter here and				
4a Additional section 26	63A costs				ın Part I, lır	ne 2	7			
(attach schedule) .	4	la		8	Do the rul	les of section 263A (w	ith res	pect to	Yes	No
b Other costs (attach sc	hedule)	lb		•		roduced or acquired fo				
5 Total. Add lines 1 thro		5				anization?				
Schedule C—Rent Incom (see instructions)	e (From Rea	al Property an	d Pers	sonal	Property I	Leased With Real Pr	operty	/)		
Description of property								_		
(1)	-	······								$\overline{\cup}$
(2)										
(3)					•			-		
(4)					-					
	2. Rent receive	ed or accrued								
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real a percentage of rent 50% or if the ren			t for pers	onal pro	perty exceeds	3(a) Deductions directly connected with the incom in columns 2(a) and 2(b) (attach schedule)				ie
(1)										
(2)									·	
(3)										
(4)										
Total		Total				(b) Total deductions.				
(c) Total income. Add totals of c here and on page 1, Part I, line 6,	column (A)					Enter here and on page Part I, line 6, column (E				
Schedule E—Unrelated D	ebt-Finance	ed Income (see	e instru	ctions)	0.00				
1. Description of de	ebt-financed propi	erty		Gross income from or allocable to debt-financed		3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (b) Other deductions				
		property		(attach schedule)	`	(attach sch				
(1)										
(2)										
(3)										
(4)										
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	e adjusted basis allocable to inced property h schedule)		4 div	olumn vided umn 5	7. Gross income reportable (column 2 × column 6)		Allocable d mn 6 × tota 3(a) and	of colu	
(1)					%					
(2)					%					
(3)					%					
(4)					%					
					,	Enter here and on page 1 Part I, line 7, column (A)		here and I, line 7, c		
					•					
Total dividends-received deduc	tions included i	n column 8	·			, <u> </u>	<u> </u>			
								Form 9	9U-1	(2018)

Schedule F-Interest, Ann	uities, Royalties,	and Rer	nts From	Controlled Org	anizations (se	e instruc	tions)		
		Exempt	Controlled	d Organizations					
Name of controlled organization	2. Employer identification number		elated income instructions)	4. Total of specified payments made	5. Part of column included in the organization's gro	controlling		eductions directly ected with income in column 5	
(1)									
(2)	· ·							***	
(3)									
(4)									
Nonexempt Controlled Organia	zations								
7. Taxable Income	8. Net unrelated in (loss) (see instruct			9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10	
(1)									
(2)				_ <u></u> _		_			
(3)									
(4)									
					Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 nere and on page 1, line 8, column (B)	
Totals		: 504	(-)(7) (O)	(17) 0	> 4: (
Schedule G-Investment	income of a Sect	ion 501		Or (17) Organia			5 T	otal deductions	
1. Description of income	2. Amount o	2. Amount of income		ctly connected ach schedule)	4. Set-asides (attach schedule)		and set-asides (col 3 plus col 4)		
(1)									
(2)			_						
(3)								_	
(4)		_		<u>.</u>					
Totals .	Enter here and Part I, line 9, c	column (A)						re and on page 1, ne 9, column (B)	
Schedule I—Exploited Exe	empt Activity Inc	ome, Ot	<u>her Than</u>	Advertising In	come (see inst	ructions)		Υ	
Description of exploited activity	2. Gross unrelated business inco from trade of business	me con	Expenses directly nected with oduction of inrelated ness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)									
(2)									
(3)									
(4)									
Totals	Enter here and page 1, Part line 10, col. (I, pag	here and on ge 1, Part I, 10, col (B)					Enter here and on page 1, Part II, line 26	
Schedule J-Advertising I	ncome (see instru	ctions)						1	
	eriodicals Repor		Consoli	dated Basis	. , -				
1. Name of penodical	2. Gross advertising income		3. Direct rtising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)			•						
(2)								i.	
(3)						1			
(4)	_				· · · · · · · · · · · · · · · · · · ·			†	
· · · · · · · · · · · · · · · · · · ·									
Totals (carry to Part II, line (5))	•							990-T (2018	

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	>		لا برع حيد			
-	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	1 20		# 7, 19,	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	>		اللبو ا	,		

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

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

Form 990-T (2018)