Form	√990-T	E	Exempt Organization Bu	sine	ess Income	Tax Returr	1	OMB No 1545-0687
			(and proxy tax und	der se	ection 6033(e))	180	$(o \mid$	2047
		Forca	lendar year 2017 or other tax year beginning JUL 1 Go to www irs.gov/Form990T for i				.8	2017
	rtment of the Treasury nal Revenue Service	nation zation is a 501(c)(3)		Open to Public Inspection to 501(c)(3) Organizations Only				
ΑL	Check box if address changed	ļ	Name of organization (L Check box if name HAWAII CHILDREN'S ACT				(Em	ployer identification number ployees' trust, see ructions)
R F	xempt under section	Print	GOOD BEGINNINGS ALLIAN		METWORK DDF	•	1	94-3257650
	501(c)(3)	or	Number, street, and room or suite no. If a P.O. bo		netructions		E Unre	elated business activity codes
	408(e) 220(e)		(See	instructions)				
	408A 530(a)		850 RICHARDS STREET, 1 City or town, state or province, country, and ZIP of				1	
	529(a)		HONOLULU, HI 96813	,	•		900	0099
C Bo	ook value of all assets end of year	•	F Group exemption number (See instructions)					
	1,115,1		G Check organization type ► X 501(c) cor	poratio	n 501(c) trust	401(a)) trust	Other trust
H De	escribe the organization	n's prim	ary unrelated business activity. 🕨					
	• •		poration a subsidiary in an affiliated group or a pare	nt-subs	sidiary controlled group?	▶ L	Y	es X No
			tifying number of the parent corporation.					E 24 E E 20
			DEBORAH ZYSMAN			none number > 8		
			de or Business Income	т	(A) Income	(B) Expenses		(C) Net
	Gross receipts or sale		- Palana			The state of the s) }	温度的
	Less returns and allow		c Balance	10		The reliance excession of the second of the	د د ^{اه} د	1
ANNE	Cost of goods sold (S Gross profit, Subtract		T 1	3		and the second second		
Z,	Capital gain net incom		\ 1	4a		ु । दान गाँचा ।		·
O.		•	art II, line 17) (attach Form 4797)	4b		T	14. +a	
D c	Capital loss deduction			4c		4		
	•		ips and S corporations (attach statement)	5	·	14 14 14 14 14 14 14 14 14 14 14 14 14 1		
6	Rent income (Schedu		,	6				-
oc7	Unrelated debt-finance	•	ne (Schedule E)	7		-		
	Interest, annuities, roy	/alties, a	and rents from controlled organizations (Sch. F)	8				
2020°	Investment income of	a sectio	on 501(c)(7), (9), or (17) organization (Schedule G	9				
ďΰ	Exploited exempt activ	ity inco	me (Schedule I)	10				
11	Advertising income (S		•	11				
12	Other income (See ins		•	12		36 36 3 M	، جریا	
	Total. Combine lines			13	0.	l		<u> </u>
Ра			ot Taken Elsewhere (See instructions for utions, deductions must be directly connecte					
14	Compensation of offi	cers. dı	rectors, and trustees (Schedule K)			· - · · · · · · · · · · · · · · · · · · 	14	
15	Salaries and wages		(22.2.2.2.7.				15	
16	Repairs and maintena	ance					16	
17	Bad debts		RECEIV-	7			17	
18	Interest (attach schee	dule)		. C.			18	
19	Taxes and licenses		O APP a P oo	. [81		19	
20	Charitable contribution	ons (See	e instructions for limitation rules) APR 29 20	20 - Į	OI.		20	
21	Depreciation (attach i	Form 45	062)	~	21		<u></u>	
22	·	imed or	Schedule A and elsewhere on return	, -	22a		22b	ļ .
23	Depletion						23	
24	Contributions to defe		mpensation plans				24	
25 26	Employee benefit pro	-	shodula I)				25	
26 27	Excess exempt exper		•				26 27	
28	Excess readership co Other deductions (att					i	28	
29	Total deductions. Ac		•			ŀ	29	0.
30			notes that the second s	t line 29	9 from line 13	ŀ	30	0.
31			(limited to the amount on line 30)				31	
32			icome before specific deduction. Subtract line 31 fr	om line	30	İ	32	0.
33			\$1,000, but see line 33 instructions for exceptions			36	33	1,000.
34			income Subtract line 33 from line 32 If line 33 is		than line 32, enter the sn	- 1		
	line 32						34	0.
			work Reduction Act Natice see instructions				-	Form 990-T (2017)

HAWAII CHILDREN'S ACTION NETWORK DBA

Form 990-T	0000 ==0===============================	94	-3257650	Page 2
Part II	I Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation.		15 × 15 × 1	
	Controlled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and:	:	F 3. 4	
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	• •		
	(1) \$ (2) \$ (3) \$			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
_	(2) Additional 3% tax (not more than \$100,000) \$			
c	Income tax on the amount on line 34		▶ 35c	0.
	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount or	n line 34 from:	332	
•	Tax rate schedule or Schedule D (Form 1041)		36	
37	Proxy tax. See instructions		37	
	Alternative minimum tax		38	
	Tax on Non-Compliant Facility Income See instructions		39	
	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0.
	Tax and Payments			
		41a	1 77	
		41b		
	· _ · _ · _ · _ · _ · _ · _ · _	41c	الإن الإ	
	F	41d		
	Total credits Add lines 41a through 41d	410	41e	
	Subtract line 41e from line 40		42	0.
. –	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach sci		
	Total tax. Add lines 42 and 43	Other (attach see	44	0.
	The state of the s	45a	334	
	t to the state of	45b		
	-	45c	 , ;;;	
	` <u> -</u>	45d		
		45e		
	Credit for small employer health insurance premiums (Attach Form 8941)	45f		
	Other credits and payments: Form 2439	401		
¥		45g 2	256.	
46		EMENT 1	46	256.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	2112111 1	47	2301
	Fax due If line 46 is less than the total of lines 44 and 47, enter amount owed		_ ▶ 48	
	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<(49	256.
	inter the amount of line 49 you want; Credited to 2018 estimated tax	Refunde	6 50	256.
Part V			<u> </u>	
	At any time during the 2017 calendar year, did the organization have an interest in or a signature or			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization m	•		20 11 2 4 31
f	INCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the for	eign country		
ŀ	nere >	•		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	sferor to, a foreign trus	it?	- x
	f YES, see instructions for other forms the organization may have to file.	, •		हम्बु , सुरुद्ध
53 E	nter the amount of tax-exempt interest received or accrued during the tax year >\$			14 15 1
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of	my knowledge and belief	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer VICE PRE	SIDENT &	May the IRS discus	- 1h 1
Here		E DIRECTOR	the preparer shown	
	Signature of officer Date Title		instructions)?	Yes No
-	Print/Type preparer's name Prepayer's signature // Date	Check	ıf PTIN	
Paid	Syanay Mult	self- em	oloyed	
Prepar	er QIANYING NICHOLS QIANYING NICHOLS 03/	17/20	P012	36169
Use Oi	IN ▶ 99-0	292355		
	745 FORT ST STE 2100			
	Firm's address ► HONOLULU, HI 96813	Phone	no 808-521	-3962
			Form	n 990-T (2017)

HAWAII CHILDREN'S ACTION NETWORK DBA Form 990-T (2017) GOOD BEGINNINGS ALLIANCE

94-3257650

Page 3

Form 990-T (2017)

Schedule A - Cost of Good	s Sold. Enter	r method of inve	ntory v	aluation > N/A		···					
1 Inventory at beginning of year	1			Inventory at end of year	ar	·	6				
2 Purchases	2		7	Cost of goods sold. Si	ubtract	line 6	15	F.			
3 Cost of labor	3			from line 5. Enter here	and in	Part I,		Š			
4a Additional section 263A costs				line 2				<u> </u>			
(attach schedule)	4a		8	Do the rules of section	263A ((with respect to		Yes	No		
 Other costs (attach schedule) 	4b		4	22	1						
5 Total Add lines 1 through 4b	5			the organization?							
Schedule C - Rent Income (see instructions)	(From Real	Property an	nd Per	sonal Property	Leas	ed With Real Pro	per	ty)			
Description of property											
(1)						 		<u> </u>			
(2)				•							
(3)											
(4)											
	2 Rent receiv	red or accrued				2/a)Dadirations disease		antard with the image.			
rent for personal property is more than of rent for pe			personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)											
(2)											
(3)											
(4)											
Total	0.	Total			0.	<u> </u>					
(c) Total income Add totals of columns		iter			•	(b) Total deductions. Enter here and on page 1,			_		
here and on page 1, Part I, line 6, column		<u> </u>			0.	Part I, line 6, column (B)			0.		
Schedule E - Unrelated De	bt-Financed	Income (see	nstruc	ctions)		2 0-4-4		d			
				Gross income from		 Deductions directly cor to debt-finant 					
1 Description of debt-fi	nanced property			or allocable to debt- financed property		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		ıs		
						(attach scheddie)		(attach schoolie)			
(1)	-		+				+				
(2)			+				+				
(3)			+			·-····································					
(4)			+			· · · · · · · · · · · · · · · · · · ·	\top				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deducti (column 6 x total of col 3(a) and 3(b))			
(1)				%			+				
(2)		·		%		· · · · · ·	\top				
(3)				%			$oldsymbol{oldsymbol{oldsymbol{oldsymbol{\Box}}}$				
(4)				%							
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (I			
Totals				▶		0			0.		
Total dividends-received deductions in	icluded in column	. R							0.		

		-	Exempt (Controlled O	rganızat	ions					
1 Name of controlled organiza	ıdent	mployer dication mber	3 Net unrelated income (loss) (see instructions)			otal of specified rments made	5 Part of column 4 that is included in the controlling organization's gross incom		rolling	ling connected with income	
(1)			+								
(2)			1								
(3)											
(4)											
Nonexempt Controlled Organi	izations	-							•		
7 Taxable Income	8. Net unrelated inco (see instructio		9 Total	of specified payi made	nents	10 Part of colur in the controlli gross		nization's		ductions directly connected n income in column 10	
(1)	 			-					·		
(2)				•							
(3)											
(4)											
					_	Add colum Enter here and line 8, c		1, Part I, A)	Enter h	dd columns 6 and 11 lere and on page 1, Part I, line 8, column (B)	
Totals					<u> </u>			0.		0.	
Schedule G - Investme		Section	n 501(c)(7), (9), or	(17) Oi	rganization	1				
· · · · · · · · · · · · · · ·	ription of income			2 Amount of	ıncome	3 Deduction directly conne- (attach sched	cted	4. Set-		5 Total deductions and set-asides (col 3 plus col 4)	
(1)						(attach sonos	5.0,			(cor o plus cor 4)	
(2)								_	•		
(3)											
(4)											
Totals		<u>-</u>	•	Enter here and o Part I, line 9, co	umn (A)					Enter here and on page 1 Part I, line 9, column (B)	
Schedule I - Exploited (see instru	-	y Incon	ne, Othei	r Than Ad	vertisi	ing Income)				
1 Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pr of un	openses connected roduction irelated ss income	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 3) If a cols 5	5 Gross inco from activity the is not unrelate business income	nat ed	6. Exp attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		1									
(2)											
(3)		1								1	
(4)	Enter here and on page 1, Part I,	page	are and on							Enter here and on page 1, Part II, line 26	
Totals	line 10, col (A)	1,1,6 10	, col (8) 0 •							0.	
Schedule J - Advertision		Instruction		THE PROPERTY OF		Secretary and the second	NECESTE N	AUST SERVICE SER	el mana	<u>ы</u>	
Part Is Income From I				solidated	Basis					 	
<u></u>											
1. Name of periodical	2. Gross advertising income	adv	3 Direct vertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, comput rough 7	1	on	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)						\$ <u></u>					
(2)						*]		
(3)						Į.					
(4)						Ţ.				建型间间数据	
Totals (carry to Part II, line (5))	•	0.	0	•						0.	
						•				Form 990-T (2017	

Form 990-T (2017) GOOD BEGINNINGS ALLIANCE 94 – 32576
[Park 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	0.	0.			HER TANK	0.
	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)	0.	0.				0.
Schedule K - Compensation	n of Officers,	Directors, and	Trustees (see in	structions)		

1. Name	2. Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14	•	▲	0.

Form 990-T (2017)

FORM 990-T	OTHER	CREDITS	AND	PAYMENTS		STATEMENT	1
DESCRIPTION						AMOUNT	
REPEAL OF SECTION 512(A LATE PAYMENT INTEREST LATE PAYMENT PENALTY LATE FILING PENALTY)(7)						22. 8. 4. 22.
TOTAL INCLUDED ON FORM	990-т, 1	PAGE 2, I	PART	IV, LINE	45G	2	56.

AMENDED FORM 990-T STATEMENT 1

Internal Revenue Code (IRC) Section 512(a)(7) increased the unrelated business taxable income by amounts paid or incurred for qualified transportation fringes after December 31, 2017. This amount was reported on the originally filed return. The Taxpayer Certainty and Disaster Tax Relief Act of 2019 retroactively repealed IRC Section 512(a)(7). The amended reflects the changes due to the repeal of IRC Section 512(a)(7).

Summary of Changes:

	Amount reported on Originally Filed Return	Net Change	Amount reported on Amended Return
Part I, Line 12 - Other income (amounts paid for disallowed fringes)	1,679	(1,679)	0
Part II, Line 30 - Unrelated business taxable income before net operating loss deduction	1,679	(1,679)	0
Part II, Line 32 - Unrelated business taxable income before specific deduction	1,679	(1,679)	0
Part II, Line 34 - Unrelated business taxable income	679	(679)	0
Part III, Line 35c - Income tax on the amount on line 34	122	(122)	0
Part III, Line 40 - Total	122	(122)	0
Part IV, Line 42	122	(122)	0
Part IV, Line 44 - Total tax	122	(122)	0
Part IV, Line 45g - Other credits and payments	0	256	256
Part IV, Line 46 - Total payments	0	256	256
Part IV, Line 48 - Tax due	122	(122)	0
Part IV, Line 49 - Overpayment	0	256	256
Part IV, Line 50 - Amount to be refunded	0	(256)	256