	TOO T		Exempt Orga	anization E	lucin	000	noomo Tox	, Dat		ļ	OMB No 1545-0047	
Forn	990-T	For sale	an) endar year 2019 or other ta	d proxy tax	under	section	on 6033(e))	0  °	) }		2019	
	artment of the Treasury		►Go to www ir	s gov/Form990T f	or instru	ctions a	and ending and the latest info	mation	<b>v</b> .	Opi	en to Public Inspection	for
Interr	nal Revenue Service Check box if	▶ Do r	not enter SSN numbers					nızatlon	Is a 501(	c)(3) 501	(c)(3) Organizations O	
A I	address changed  Exempt under section		Name of organization	( Check box if	name char	iged and	see instructions),				ation number ee instructions )	
	X 501( C)(03)	Print	AUMAKUA H	AWAII						,	<b>,</b>	
[	408(e) 220(e)	or	Number, street, and room						45	-249 <u>9</u>	818	
-	408A 530(a)	Type	4885 A Mc							ted busines:	s activity code	
]	529(a)		City or town, state or pro-		or foreign	•	15237		•	1000		
	Book value of all assets at end of year	F G	roup exemption numb		ns ) ▶		10201		01	1000		
	96,079		heck organization typ			ration	501(c) tru	ıst	401(a)	trust	Other trust	_
H	Enter the number of the					-	Describe the only					
	<b>-</b>	Ū					<b>,</b>	,	,		nly one, complete	
	Parts I–V If more than	one, des	scribe the first in the b	lank space at the	end of	the pre	vious sentence, co	omplete	Parts I a			
	Schedule M for each ac					•						
J	During the tax year, wait If "Yes," enter the name	s the co	rporation a subsidiary	in an affiliated gi	roup or a	a paren	t-subsidiary contro	olled gro	oup?		Yes X	No
i	<u> </u>											
<u>J</u>	The books are in care o							Telepho	one num!	ber ▶ 4	12-881-089	<u>92</u>
Pa			<u>le or Business l</u>	ncome			(A) Income		(B) Expe	enses	(C) Net	
Id	Gross receipts or sale							2 32 3 7 4				
ь	Less returns and allow		-	<b>c</b> Balance		1c		[ ]	11375	Conf. De (	Availate of state in	<b>Z</b>
2	Cost of goods sold (S					2		(-14)	5 3 6	<u> </u>	電流 四级原	7.55
3	Gross profit Subtract					3		3,5				<u>.                                    </u>
4a	Capital gain net incon		•			_4a		14,18	The state of the s	<b>生产工作</b> ,		
b	Net gain (loss) (Form 479			797)		4b		K),				_
C	Capital loss deduction					4c	<del></del>	- T.				
5	Income (loss) from pa	rtnershij	p and S corporation (		_			7.1.4 4.1.4 5.1.4				
_	statement)			See Stmt	. 1	5	67,3	334	产业的和	典的工作是	67,33	34
6	Rent income (Schedu					6		_				
7	*Unrelated debt-finance		,			7						
8	Interest, annuities, royalti		_	•	,	8					·	
9	Investment income of a s			nization (Schedule (	3)	9	/					_
10	Exploited exempt active					10/				-		
11	Advertising income (S		•			<u>/11</u>			dil. Doubletch fo	and a service of the		
12	Other income (See in		•			12	60.0		一种心理学	統成と語		
13	Total. Combine lines			<u> </u>	<u>/</u>	13	67,3				67,33	
	Deductio connected	ns No 1 with	t Taken Elsewh the unrelated but	e <b>re</b> (See instr siness incomé	ructions ; )	s for I	imitations on o	deduct	ions.) (	Deducti	ons must be di	irec
14	Compensation of office	ers, dire	ectors, and trustees (S	Schedule K)						14		
15	Salanes and wages							-		15		
16	Repairs and maintena	ınce			<u> </u>	DEC	CEIVED	- 1		16		
17	Bad debts		y		1	KE		اں۔		17		
18	Interest (attach sched	ule) (se	e instructions)		1 -		•	ોલી		18		
19	Taxes and licenses				A008	<u>ብ</u> ሮ1	2 6 2020	RS-0	•	19		
20	Depreciation (attach F				181	UC	20	181		16.77	1	
21	Less depredation dail	med on	Schedule A and else	where on return	1 6		21a			21b		_0
22	Depletion	_			1	OG	DEN, UT			22		
23	Contributions to defen		pensation plans		ــــــــــــــــــــــــــــــــــــــ					23	<b></b>	
24	Employee benefit pro		<b>/</b>							24		
25	Excess exempt expen									25	ļ	
26	Excess readership co	, ,								26		
27	Other deductions (atta									27		
28	Total deductions. A									28		
29	Unrelated business ta	xáble ind	come before net oper	ating loss deduct	on Sub	tract lin	e 28 from line 13	}		29	67,33	<u>34</u>
30	Deduction for net oper	ating lo	ss ansing in tax years	beginning on or	after Jai	nuary 1	, 2018 (see					
										30	I	
<u> 31</u> /	instructions) Unrelated business ta									1 30	67,33	

1 1

Form	990-T (2019) <b>AUMAKUA HAWAII</b>	45-2499818		Page 2
Ra	rt-Hb Total Unrelated Business Taxable income	<del>-</del>		
32	Total of unrelated business taxable income computed from all unrelated trades or	businesses (see	1	
	Instructions)	<b>(</b> ===	32	67,334
33	Amounts paid for disallowed fringes		33	
Cada	Chantable contributions (see instructions for limitation rules)		34	
1,20	Total unrelated business taxable income before pre-2018 NOLs and specific dedu	ictions. Subtract line	. 🗖	
13	·	octions Subtract line	5 1	67,334
"	34 from the sum of lines 32 and 33	0040 /	35	01,334
36	Deductions for net operating loss arising in tax years beginning before January 1,	2018 (see		
	instructions)		7 36	67 224
37	Total of unrelated business taxable income before specific deduction. Subtract line	e 36 from line 35	37	67,334
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		8 38	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is g	greater than line 37,	11   1	
	enter the smaller of zero or line 37		\$9	66,334
₽ã	# <b>III</b> Tax Computation			
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0 21)		▶ 40	13,930
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax	con	. 1 1	
	the amount on line 39 from Tax rate schedule or Schedule D (For	rm 1041)	<b>▶</b> 45	
420	Proxy tax. See instructions		▶ 42	
4370	Alternative minimum tax (trusts only)		43	
44 <b>Y</b>	Tax on Noncompliant Facility Income. See instructions		_ 44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	13,930
Pa	nt♥ Tax and Payments			
46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a		
ь	Other credits (see instructions)	46b		
С	Geogral business credit Attach Form 3800 (see instructions)	46c		
a a	Cedit for pnor year minimum tax (attach Form 8801 or 8827)	46d		
-	Votal credits Add lines 46a through 46d	400	46e	
47	Subtract line 46e from line 45		47	13,930
	Other taxes	/-m - 1 >	46	13,330
48		(att sch)	u <del>  2</del> 2	13,930
49	Total tax. Add lines 47 and 48 (see instructions)	t	7 49 50	13,330
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k)		- an	
51a	Payments A 2018 overpayment credited to 2019	51a		
b	2019 estimated tax payments	51b		
C	Tax deposited with Form 8868	51c	<del></del> -	
d	Foreign organizations Tax paid or withheld at source (see instructions)	51d		
е	Backup withholding (see instructions)	51e		
f	Credit for small employer health insurance premiums (attach Form 8941)	51f		
9	Other credits, adjustments, and payments Form 2439	.		İ
	Form 4136 Other Total	▶ 51g		
52	Total payments. Add lines 51a through 51g	_	52	
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached		X 53	547
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owe	ed $\P$	<b>▶</b> 54	14,477
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amo	ount overpaid	<b>▶</b> 55	
56	Enter the amount of line 55 you want Credited to 2020 estimated tax	Refunde	d ▶ 56	
Pa	art VI Statements Regarding Certain Activities and Other I	nformation (see instructi	ons)	
57	At any time during the 2019 calendar year, did the organization have an interest in	n or a signature or other author	onty	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "YES,"	the organization may have to	file	<u> </u>
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter ►	er the name of the foreign cou	intry	x
E0				
58	During the tax year, did the organization receive a distribution from, or was it the significant of the forms the organization may have to file	graditor of, or transferor to, a f	oreign trust	´ <del>    ^</del>
59	Enter the amount of tax-exempt interest received or accrued during the tax year	▶\$		
Sig	Under genalties of penuty. I declare that I have examined this return including accompanying schedules a	and statements, and to the best of my kn	owledge and be	elief, it is May the IRS discuss this return
		nich preparer has any knowledge		with the preparer shown below
He	7 20 10 10 10 10 10 10 10 10 10 10 10 10 10	irman		(see instructions)?
	Signature of officer Date Title			
	Preparer's name Preparer's signature	Date	Check	<b>-</b>
Paid		05/2	7/20 self-er	
•	parer Firm's name BookSmarts	· · · · · · · · · · · · · · · · · · ·	Firm's EIN	46-1957166
Use	Only 3824 Northern Pike Ste 815		ĺ	448 884 885
	Firm's address Monroeville, PA 15146-1331		Phone no	412-881-0892
				Form <b>990-T</b> (2019)

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Form	990-T (2019) <b>AUMAKU</b>	<u>IIAWAII</u>				4	<u> 15-2</u>	<u>499818</u>		_	Pa	age <b>3</b>
<u>Sch</u>	edule A - Cost of Goo	ds Sold. Ent	er met	hod of inv	vent	ory valuation ▶						
1	Inventory at beginning of year	г 1			6 li	nventory at end of y	ear		6			
2	Purchases	_2			7 (	Cost of goods sold	I. Subtr	act				
3	Cost of labor	3			li	ne 6 from line 5 En	e and		_]			
4a	Additional sec 263A costs				11	n Part I, line 2			7			
	(attach schedule)	4a			8 Do the rules of section 263A (with respect to						Yes	No
b	Other costs (attach schedule)	_4b			property produced or acquired for resale) apply							
5	Total. Add lines 1 through 4b					o the organization?						
Sch	edule C - Rent Incom	e (From Rea	Prop	erty and	Per	sonal Property	Leas	ed With Real P	rop	erty)		
	e instructions)											
1 Des	cription of property											
<u>(1)</u>	N/A											
(2)												
(3)												
(4)										- · · · · · · · · · · · · · · · · · · ·		
		2 Rent receiv	ed or acco	ued								
	(a) From personal property (if the personal	centage of rent		(b) From real	and p	ersonal property (if the		3(a) Deductions of	directly	connected with the	ncome	
	for personal property is more than	10% but not	р	ercentage of rea	rent for personal property exceeds in columns			ın columns 2	(a) and 2(b) (attach schedule)			
	more than 50%)			50% or if the re	ent is b	ased on profit or income)				<u></u>		
(1)												
(2)												
(3)												
(4)												
Tota			Total					(b) Total deduction	ns			
	otal income. Add totals of co		(b) Ente	er				Enter here and on p	٠.			
	and on page 1, Part I, line 6,					<u> </u>		Part I, line 6, column	n (B) I	<u> </u>		
<u>Scr</u>	iedule E - Unrelated D	<u>Jebt-Finance</u>	Inco	<b>me</b> (see ii	nstru	ictions)						
				2 G	iross ir	come from or		3 Deductions directly of			e to	
	1 Description of debt-finar	nced property		alloca	able to	debt-financed		debt-fina	inceo	· · ·		
					ρn	operty	(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)		
	N/A							(allaci) scredule)	-	(allaci) sci	- Councy	
(1)	N/A								+			
(2)												
(3)		<del></del>										
(4)	4 Amount of average	5 Average adjusted	hacie	<del></del>				·····	+	<del></del>		
	acquisition debt on or	of or allocable to	)			Column divided	7 G	ross income reportable		8 Allocable de (column 6 x total		
	allocable to debt-financed property (attach schedule)	debt-financed prop (attach schedule				olumn 5	(0	olumn 2 x column 6)		3(a) and		
	, , , , , , , , , , , , , , , , , , , ,		,			%						
(1) (2)									+			
(3)				·		%			$\dashv$			
(4)				<u> </u>		% %			-			
<u> </u>			_		-		Enter	here and on page 1	, † ,	Enter here and	00.020	ne 1
								I, line 7, column (A)		Part I, line 7,		
Tota	ils					<b>.</b>		. ,		·		•
. 540 Taba	 	في ما المراجع المراجع المراجع المراجع		0		- 1				··································		

Form 990-T (2019) AUMAKUA HAWAII 45-2499818 Page 4 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) Exempt Controlled Organizations 1 Name of controlled 2 Employer 4 Total of specified 3. Net unrelated income 5 Part of column 4 that is 6 Deductions directly organization identification number included in the controlling (loss) (see instructions) payments made connected with income organization's gross income ın column 5 N/A (3) (4) Nonexempt Controlled Organizations 10 Part of column 9 that is 11 Deductions directly 8 Net unrelated income 9 Total of specified 7 Taxable Income included in the controlling connected with income in (loss) (see instructions) payments made organization's gross income column 10 (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1. Enter here and on page 1. Part I, line 8, column (A) Part I, line 8, column (B) Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions 3 Deductions 5 Total deductions 1 Description of income 2 Amount of income directly connected and set-asides (col 3 4 Set-asides (attach schedule) (attach schedule) plus col 4) (1) N/A (2) (3) (4) Enter here and on page 1, Enter here and on page 1, Part I, line 9, column (A) Part I, line 9, column (B) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Net income (loss) 2 Gross 3 Expenses 7 Excess exempt 5 Gross income from unrelated trade unrelated directly 6 Expenses expenses connected with from activity that or business (column (column 6 minus 1 Description of exploited activity business income attributable to production of 2 minus column 3) is not unrelated column 5, but not from trade or column 5 unrelated If a gain, compute business income more than business husiness income cols 5 through 7 column 4) (1) N/A (2) (4) Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 10, col (A) line 10, col (B) Part II, line 25 **Totals** Schedule J - Advertising Income (see instructions) Income From Periodicals Reported on a Consolidated Basis 7 Excess readership gain or (loss) (col costs (column 6 3 Direct 6 Readership 5 Circulation advertising 1 Name of periodical 2 minus col 3) If minus column 5, but advertising costs income costs лсоте a gain, compute not more than cofs 5 through 7 column 4) (1) N/A (2) (3)

Totals (carry to Part II, line (5))

				<b>45-2499818</b> or each periodic		Page 5 t II, fill in columns
1 Name of penodical	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) N/A						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		٠.,	e · ·	Enter here and on page 1, Part II, line 26

Schedule K - Compensation of Officers, Direct	tors, and Trustees (see instructions)		
1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	

Form **990-T** (2019)

AUMAKUAHAWA AUMAKUA HAWAII

Federal Statements

FYE: 12/31/2019

45-2499818

## Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

Name of Partnership or S-Corp		Gross Income	Direct Deductions (Par	t. only)	Net Income
Information Technology Soluti RRC Consulting Group Walter Envronmental Group	\$	-19,975 89,674 -2,365	\$	\$	-19,975 89,674 -2,365
Total	\$_	67,334	\$	0 \$	67,334

5/27/2020 11:59 AM