٠,		•.		"AMENDED	RETURN -	SECT	ION AY 1	512(A)(7)	REPEAL	" ISt	56	2
1	Form	990-T	🔨 E	Exempt O				s Income	Tax Ret	turn	L	OMB No 1545-0687
		γ Ĺ,		•				ction 6033(e))			1	2017
	_	· \ 990	For cal					. and ending		<u> 2018</u>		ZU 17
	Depar	tment of the Treasury						ns and the latest info e public if your orga		1(c)(3)	Į.	pen to Public Inspection for 1(c)(3) Organizations Only
	A	Check box if						and see instructions.		DE	mploy	er identification number
		address changed	l	Number of organizati	on (oncor or		-			17	Employ nstructi	ees' trust, see ons)
	B E	xempt under section	Print	ALU LIKE	, INC.	_ 29	39	315800	900	}	51	-0151095
	X] 501(c)(3)	or	Number, street, an	d room or suite no.							d business activity codes tructions)
		408(e) 220(e)	Туре	2969 MAP	UNAPUNA P	LACE,	NO.	200				•
	<u>_</u>	408A 1530(a)	ł		or province, country		foreign	postal code				
		529(a) ok value of all assets	L	HONOLULU						<u> 5.</u>	<u> 311</u>	20
	Cat	and of year	26	G Check organizati	n number (See instr		erotion	501/a) true	.,	401(a) tru	ot.	Other trust
l	H De	scribe the organization						501(c) trus		40 I(a) II u	- SI	Other trust
		ring the tax year, was									Yes	X No
2020		Yes," enter the name a			_		. 000010	nary controlled group	· ·			
		e books are in care of						Tele	phone number	▶ (80	08)	535-6700
0.8	Pa	rt I Unrelate	d Trac	de or Busines	s Income			(A) Income	(B) Ex	penses		(C) Net
	1 a	Gross receipts or sale	s						, ,		.	,
員	b	Less returns and allow			c Balance	▶	1c	 				
_	2	Cost of goods sold (S		•	/		2					
SCANNED	3	Gross profit. Subtract			1,	. }	3		<u> </u>			
Z		Capital gain net incom	•	•	5 5 a san 4 2027))	4a		 	-	+	
A		Net gain (loss) (Form Capital loss deduction		, -	n Form 4/(9/)	<i>)</i>	4b 4c					
Š	5	Income (loss) from pa			ons (attach statemen	,,,	5					
Q.i	6	Rent income (Schedu		iips and o corporatio	ms (attach statemer	'''	6					
	7	Unrelated debt-financ		ne (Schedule E)		Ī	7		_			
	8	Interest, annuities, roy			olled organizations ((Sch. F)	8					
	9	Investment income of	a sectio	on 501(c)(7), (9), or	(17) organization (S	Schedule G)	9					
	10	Exploited exempt activities].	10		<u> </u>			
	11	Advertising income (S					11	<u>.</u>			-	
	12	Other income (See ins		•		}	12			`		
	Pa	rt II. Deductio	ns No	gn iz ot Taken Elsev	where (See inst	ructions fo	13					
		(Except for d	contribi	utions, deductions	must be directly	connected	with th	ne unrelated busin	ess income)		_	
	14	Compensation of off	icers, di	rectors, and trustees	(Schedule K)			RECEIV	FD		4	
	15	Salaries and wages									5	
	16 17	Repairs and mainten Bad debts	ance				92	MAR 1 8	020	<u> </u>	7	
	18	Interest (attach sche	dule)				C29	I WIAN X & '	RS-(-	_	8	
	19	Taxes and licenses	duloj				- 1		· · · · · · · · · · · · · · · · · · ·		9	
	20	Charitable contribution	ons (See	e instructions for lim	itation rules)			OGDEN,	UI		0	
	21	Depreciation (attach	Form 45	562)	•			21				
	22	Less depreciation cla	aimed or	n Schedule A'and els	sewhere on return			22a		2:	2b	
	23	Depletion									3	
	24	Contributions to defe		mpensation plans							4	
	25	Employee benefit pro	-							_	5	
	26	Excess exempt exper			ABRETA			मिंग्रेड स्थाप	T A CT	_	6	
	27 28	Excess readership co	•	nedule J)	WINTEL			RETU	KIN		8	
	28 29	Other deductions (at Total deductions, Ad		· ·						2		0.
	30	Unrelated business to		=	erating loss deducti	ion, Subtract	line 29	from line 13		3	_	0.
	31	Net operating loss de							TEMENT		1	
	32	Unrelated business t		•	•	act line 31 fro	m line 3	••			2	0.
	33	Specific deduction (0		•							3	1,000.
	34	Unrelated business						nan line 32, enter the	smaller of zero o	or		
		line 32				-				3	4	0.
	72370	1 01-22-18 LHA FO	r Paper	work Reduction Act	Notice, see instruc	tions.						Form 990-T (2017)

Form 990-	1120 2212/ 22/01		<u>51-0</u> :	<u> 151095 </u>	Page
Part I	II Tax Computation				
35	Organizations Taxable as Corporations. See	e instructions for tax computation.			
	•	nd 1563) check here 🕨 🔲 See instruction	s and:	•	
а		d \$9,925,000 taxable income brackets (in that		1.	
	(1) \$ (2) \$	(3) [\$	· 1		
b	Enter organization's share of: (1) Additional				
	(2) Additional 3% tax (not more than \$100,0				
c	Income tax on the amount on line 34	(4		→ 35c	0 .
36		ons for tax computation. Income tax on the amo	ount on line 34 from:		
		D (Form 1041)	1	36	
37	Proxy tax. See instructions	2 (1 0 1 1 1 1 1 7 1 7	ĭ	37	
38	Alternative minimum tax		•	38	
39	Tax on Non-Compliant Facility Income. See	Instructions		39	
40	Total. Add lines 37, 38 and 39 to line 35c or 3			40	0.
Part I		, , , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Foreign tax credit (corporations attach Form	1118: trusts attach Form 1116)	41a		
b	Other credits (see instructions)	Tro, a doto alador rom troy	41b		
C	General business credit. Attach Form 3800		41c		
d	Credit for prior year minimum tax (attach For	m 8801 or 8827)	41d	7	
	Total credits. Add lines 41a through 41d	000 1 01 0021 /	1.710.1	41e	
42	Subtract line 41e from line 40			42	0.
43	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 Other (attach schedul	 	
44	Total tax. Add lines 42 and 43		Other lattach school	44	0.
	Payments: A 2016 overpayment credited to 2	2017	45a	-77	
	2017 estimated tax payments	2017	45b	_	
	Tax deposited with Form 8868		45c		
	Foreign organizations: Tax paid or withheld a	t course (see instructions)	45d	-	
	Backup withholding (see instructions)	source (see manuchons)	45e	- 1	
	Credit for small employer health insurance pr	emume (Attach Form 8041)	45f	\dashv]	
'	Other credits and payments:	Form 2439	431		
y		X Other 93. Total	► 45g9	3.	
46	Total payments. Add lines 45a through 45g		TATEMENT 3	46	93.
47	Estimated tax penalty (see instructions). Chec		***	47	
48	Tax due. If line 46 is less than the total of line		ı	48	
49	Overpayment. If line 46 is larger than the total		i	49	93.
50	Enter the amount of line 49 you want: Credite	· ·	Refunded	50	93.
Part V		tain Activities and Other Inform			
51		d the organization have an interest in or a signa			Yes No
•		other) in a foreign country? If YES, the organiza			190 110
		d Financial Accounts. If YES, enter the name of			
	here	a i manolari isocomo. Il 120, onto tho namo e	and foreign obtaining		X
52		ve a distribution from, or was it the grantor of,	or transferor to a foreign trust?		X
	If YES, see instructions for other forms the or		or a anotor or to, a rororgir a docr		· ·
53	Enter the amount of tax-exempt interest recei	-			
	Under penalties of perjury, I declare that I have ex	amined this return, including accompanying schedules	and statements, and to the best of my	knowledge and belief,	it is true,
Sign	correct, and complete Declaration of preparer (oth	ner than taxpayer) is based on all information of which p	reparer has any knowledge		
Here	XMIDITMA) K.M/	A Sh KARA BALLOZON PREST	DENT/CEO	May the IRS discuss the preparer shown by	
	Signatule of officer	Date Title	DENT/CEO	instructions)?	`—
	Print/Type preparer's name	Preparer's signature	Date Check	ıf PTIN	700 100
Deid	Time Type property 3 flattic	Tropulor a signature	self- employ	- 1	
Paid	rer GUY S. NISHIHIRA	GUY S. NISHIHIRA	02/25/20	P0016	7026
Prepa	5 NUDIU TIO	POT D. MIDHINITIM	Firm's EIN		292355
Use C	745 FOR	T ST STE 2100	T HITT 3 LIV	- 22 02	,,,,,,,
	Firm's address HONOLULI	_	Phone no	808-521-	3962
	TIME COSTOS P LICTION			~~~ ~~~	

AMENDED RETURN

Form **990-T** (2017)

Schedule A - Cost of Good	is Sold. Enter	method of inver	ntory v	valuation ► N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year						
2 Purchases	2		7	Cost of goods sold. Su	btract	line 6			
3 Cost of labor	3	<u> </u>	7	from line 5. Enter here					
4a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		8	Yes	No				
b Other costs (attach schedule)	4b			property produced or a	cquire	d for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					<u>X</u>
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty) 	
1. Description of property									
(1)			_			· ·			
(2)		· · · · · · · · · · · · · · · · · · ·							
(3)		.				·			
(4)									
	2. Rent receiv	ed or accrued	•		-				
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for p	persona	sonal property (if the percental property exceeds 50% or if sed on profit or income)	ige	3(a) Deductions directi columns 2(a) a	y conne ind 2(b)	ected with the income i (attach schedule)	n
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part 1, line 6, colum	n (A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated De	bt-Financec	income (see	instru	ictions)		0.0.1			
			2	. Gross income from		 Deductions directly control to debt-finant 	ced pro	perty	
1. Description of debt-f	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ıs
(1)			1						
(2)			+				+		
(3)			1				1		
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property in schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)			+	%			+		
(2)			†	%			1		
(3)				%			1		
(4)			†	%					
		~				nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column (
Totals						0			0.
Total dividends-received deductions in	ncluded in columi	n 8		~ 1	<u> </u>		<u> </u>		0.

Form 990-T (2017)

AMENDED RETURN

Page 4

Schedule F - Interest,	- 41116161		, di		Controlled O				(300 (1)8	- COLIOIT		
Name of controlled organize	ition	2. Employer identification number		3. Net unr	related income a instructions)	4. Tot	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1) ALU LIKE												
(2) ENTERPRISES,	INC.	99-031	1424									
(3)		<u> </u>										
(4)												
Nonexempt Controlled Organ	ızatıons										·	
7. Taxable Income		unrelated income see instructions)	(loss)	9. Total	of specified pay made	ments	10 Part of colu in the controll gross	mn 9 tha ing orgar s income	t is included nization's	11. De with	ductions directly connected i income in column 10	
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here and line 8, c		1, Part I,	Enter h	id columns 6 and 11 lere and on page 1, Part I, line 8, column (B)	
Totals							<u> </u>		0.		0.	
Schedule G - Investme	ent inco	me of a S	ection	501(c)(7), (9), or	(17) Or	ganization	1				
	ription of inc	ome			2. Amount of	ıncome	3. Deductio directly conne (attach sched	cted	4. Set-a		5 Total deductions and set-asides (col 3 plus col 4)	
(1)			·				(2112011 001102	,			(66. 6 p.25 66. 7)	
(2)		***					···					
(3)												
(4)												
				-	Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)	
Totals				•		0.					0.	
Schedule I - Exploited	-	t Activity	Incom	e, Othe	r Than Ac	lvertisi	ng Income	•		****		
1. Description of exploited activity	2 unrelated	Gross d business ne from business	directly of with pro of unr	penses connected oduction related s income	4. Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribute colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)												
(4)	Enter he	ere and on	Enter her	re and on							Enter here and	
		1, Part I, , col (A)	page 1 line 10,								on page 1, Part II, line 26	
Totals		0.		<u> 0 </u>	<u>l</u>						<u> </u>	
Schedule J - Advertisi Part I Income From					solidated	Basis	<u></u>					
	· oncan					Daoio						
1. Name of periodical		2. Gross advertising income		3. Direct string costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain, comput	5. Circulat		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)			A	AMICI			LHA		2 N			
(3)			<u> </u>	. V . i.i i.i. i.i. i.i. i.i. i.i. i								
(4)											•	
		_		_							•	
Totals (carry to Part II, line (5))	<u> </u>	0	•	0	<u>.l</u>			_			0 .	
											Form 990-T (2017	

Total. Enter here and on page 1, Part II, line 14

Part II Income From Perio			rate Basis (For ea	ich periodic	al listed in P	art II, fill ın	<u> </u>
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. Circula		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.	, .		•		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)	ا. ه	0.					l 0.
Schedule K - Compensatio				structions)			
1. Name			2. Title		3. Percent of me devoted to business		pensation attributable irelated business
(1)					%		
(2)			. <u></u>		%		
(3)					%		

Form 990-T (2017)

AMENDED RETURN

(4)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMEN BUSINESS ACTIVITY	r 1

PARKING FACILITY USED IN CONNECTION WITH QUALIFIED PARKING

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/04 06/30/06	94,837. 1,927.	80,547.	14,290. 1,927.	14,290. 1,927.	
NOL CARRYOV	VER AVAILABLE THIS	YEAR	16,217.	16,217	
FORM 990-T	ОТН	ER CREDITS AND PA	YMENTS	STATEMENT	
FORM 990-T DESCRIPTION		ER CREDITS AND PA	YMENTS	STATEMENT	
	1		YMENTS		

AMENDED RETURN

AMENDED FORM 990-T	Explanation of Changes	STATEMENT 4

51-0151095

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 1a - Gross receipts or sal	les 17,732	(17,732)	0
Part I, Line 13 - Total unrelated business taxable income	17,732	(17,732)	0
Part II, Line 30 - Unrelated business taxable income before net operating loss deduction	17,732	(17,732)	0
Part II, Line 31 - Net operating loss deduction	16,217	(16,217)	0
Part II, Line 32 - Unrelated business taxable income before specific deduction	1,515	(1,515)	0
Part II, Line 34 - Unrelated business taxable income	515	(515)	0
Part III, Line 35c - Income tax on amount of line 34	93	(93)	0
Part III, Line 40 - Total	93	(93)	0
Part IV, Line 44 - Total tax	93	(93)	0
Part IV, Line 45g - Other credits and payments	0	(93)	93
Part IV, Line 48 - Tax due	93	(93)	0
Part IV, Line 49 - Overpayment	0	(93)	93
Part IV, Line 50 - Amount to be refunded	AMENDED	(93) RET	93 J RI V