Form 990-T	Exempt Or	ganization Bus	sines	ss Incon	ne T	ax Ret	urn	L	OMB No 1545-0687
, ,	•	(and proxy tax und						- 1	0047
e)	For calendar year 2017 or other	tax year beginning JUL 1,	20	17 , and endir	1g <u>JU</u>	N 30, 2	2018	<u>8</u>	2017
Department of the Treasury Internal Revenue Service	·	www.irs.gov/Form990T for in numbers on this form as it may					c)(3).	O 50	pen to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed	Name of organizati	on (Check box if name o	hanged	and see instruct	ions.)			D Employ (Employ (nstruct	ver identification number yees' trust, see tions)
B Exempt under section *	Print LEGAL AII	SOCIETY OF H	AWAI	I				99	0-0076020
B Exempt under section (X) 501(C)(3)		d room or suite no. If a P.O. bo						E Unrelat	ed business activity codes
408(e) 220(e)	Type 924 BETH		,					(See Ins	structions)
408A 530(a)	City or town, state	or province, country, and ZIP o	r foreigi	n postal code					
529(a)	HONOLULU			•				5411	.00
C Book value of all assets	F Group exemption	number (See instructions)	>						
at end of year 5, 360, 8	32. @ Check organizati	on type 🕨 💢 501(c) cor) trust	4	101(a)	trust	Other trust
H Describe the organization	s primary unrelated busines	ss activity. LEGAL S	ERV.	ICES					
		ın an affiliated group or a parei	nt-subsi	diary controlled (group?		▶ L	Yes	X No
	d identifying number of the	parent corporation.					. ,	0001	F26 4200
J The books are in care of	Trade or Business	Incomo		(4) (====			<u> </u>	<u>808)</u>	536-4302
			т —	(A) Incom	16	(B) Exp	enses		(C) Net
1a Gross receipts or sale			.	22 1	220			ľ	```
b Less returns and allow		c Balance	1c	22,2	230.	9		~ _	, F.,
2 Cost of goods sold (S3 Gross profit. Subtract	•		3	22,2	230			. 1	22,230.
3 Gross profit. Subtract 4a Capital gain net incom			4a	22,2	230.	œ.		`	
. •	1797, Part II, line 17) (attacl	h Form 4797)	4b	-		, , ,		•	
c Capital loss deduction		11 01111 47 57)	4c						
•	rtnerships and S corporatio	ns (attach statement)	5			. `	•	:	
6 Rent income (Schedu	•	··· (-···-,	8						
•	d income (Schedule E)		7						
8 Interest, annuities, roy	alties, and rents from contro	olled organizations (Sch. F)	8						
9 Investment income of	a section 501(c)(7), (9), or	(17) organization (Schedule G)	9						
10 Exploited exempt activ	ty income (Schedule I)		10						
11 Advertising income (S	chedule J)		11						
12 Other income (See ins	ructions; attach schedule)	STATEMENT 1	12		360.	•			3,360.
13 Total. Combine lines			13	25,5					25,590.
		vhere (See instructions for must be directly connected				ıncomo l			
			A WILLIE	ne dillelated bi	12111622	income)	1	Г	
•	ers, directors, and trustees	(Schedule K)					ł	14	9,180.
15 Salaries and wages16 Repairs and mainten							ŀ	15 16	9,100.
16 Repairs and mainten17 Bad debts							ł	17	
18 Interest (attach sche	ule)	RECEIVED	1				ł	18	
	اين (دان						j	19	
20 Charitable contributi	ns (See instructions for lim	MADY (Desp 2019 SS)					1	20	
		77.0		2	1		İ		
22 Less depreciation cla	med on Schedule A and els	empere on Lajaun		22				22b	
23 Depletion		GDEN, UT						23	
24 Contributions to defe	red compensation plans							24	
25 Employee benefit pro	grams							25	704.
26 Excess exempt expe	ses (Schedule I)							26	
27 Excess readership co							_	27	
28 Other deductions (at	•			SEE	STAT	EMENT	2	28	1,136.
	d lines 14 through 28						}	29	11,020.
		erating loss deduction. Subtrac	t line 29		C m x m	EMENT	,	30	14,570.
•	duction (limited to the amou		om kac		OTAT	PMPMT.	٠ 	31	14,570.
		c deduction Subtract line 31 fr 33 instructions for exceptions		JU			ł	32	1,000.
		ne 33 from line 32. If line 33 is		than line 32 ent	ar tha em	naller of zero o	,	33	1,000+
line 32	unabie income. Subtract il	55 nom mie 52. ji mie 55 iS	A. oarei	02, 6110	or 1110 311	.a.io: 01 2010 U	·	34	0.
								-7	5 000 T (0047)

Part II	Tax Computation						
35	Organizations Taxable as Corporations. See instructions for tax computation.			ę,			
•	Controlled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and,			4			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):						
	(1) \$ (2) \$ (3) \$	1		1.71			
Ь	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	i		1131			
	(2) Additional 3% tax (not more than \$100,000)	i		•			
	Income tax on the amount on line 34		•	35c			0.
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount or	line 34 from:		1 1			
•	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			-	•		0.
40 Part I\				40			
		44.					
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a		1 1			
	Other credits (see instructions)	41b		- '			
	General business credit. Attach Form 3800	41c		1			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		I			
8	Total credits Add lines 41a through 41d			41e			
42	Subtract line 41e from line 40			42			0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	6 L Other (a	ttach schedule)	43			
44	Total tax. Add lines 42 and 43			44			0.
45 a	Payments: A 2016 overpayment credited to 2017	45a]			
b	2017 estimated tax payments	45b		.			
C	Tax deposited with Form 8868	45c		1			
d	Foreign organizations; Tax paid or withheld at source (see instructions)	45d]			
6	Backup withholding (see instructions)	45e] *			
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f]			
g	Other credits and payments: Form 2439			1			
•	Form 4136 Other Total	45g					
46	Total payments. Add lines 45a through 45g	-		46			
	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🗌			47			
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		•	48			0.
	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		•	49			0.
	Enter the amount of line 49 you want: Credited to 2018 estimated tax	Ref	unded 🕨	50			
Part V				1 00 1			
	At any time during the 2017 calendar year, did the organization have an interest in or a signature oi	<u>_</u>				Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization m	-				, , , , ,	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the for	-				,	'
	here	roigii oodiiti y					X
50	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tran	anforor to a for	uan trunt?			Н	X
		1518101 10, 4 1016	ngn nustr			 	
	If YES, see instructions for other forms the organization may have to file.	0					l
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$\Bigsis\$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state.			dae and beli	of it is true		<u> </u>
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer h		est of my knowle	uge and bein	ei, it is a de	٠ <u>. </u>	
Here	The state of a property	D.T.D.E.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	lay the IRS d	iscuss this	return w	/ith
11010	X 4/2011 EXECUTIVE Date	/E DIREC		e preparer s			٦
				structions)?	XY	S	No
	Print/Type preparer's name Preparer's signature Date			f PTIN			
Paid		ł ·	self- employed		4		
Prepa		24, 2019			<u> 1755</u>		
Use O	nly Firm's name ► N&K CPAS, INC.		Firm's EIN	<u>99</u>	-016	<u>913</u>	<u>1</u>
_	1001 BISHOP ST., STE 1700						
	Firm's address ► HONOLULU, HI 96813-3696		Phone no. 8	<u> </u>	<u> 24-2</u>	<u> 255</u>	

Form **990-T** (2017)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation > N/A		· ·		
1 Inventory at beginning of year	1		1	Inventory at end of year	ar		6	
2 Purchases	2		7	Cost of goods sold. St	ubtract	line 6	,	
3 Cost of labor	3			from line 5. Enter here		J		
4 a Additional section 263A costs				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 a	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				X
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Per	sonal Property L	.ease	d With Real Prope	erty)	
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 more 10% but not more than 50%)	e than	` of rent for p	personal	onal property (if the percental property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connec d 2(b) (a	ted with the income in attach schedule)
(1)				i				
(2)								
(3)		i						-
(4)						1		
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)				
			2	. Gross income from or allocable to debt-	L.,	3 Deductions directly conne to debt-finance		erty
Description of debt-fi	inanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)						 	1	
(2)							1	
(3)			1			•	1	
(4)	-		1					
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 h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8 Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)			 	%		·	T	
(2)			1	%		· ·		
(3)			1 -	%			1	
(4)				%			1	
	•	-	•			nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I line 7, column (B)
Totals				.		0.		0.
Total dividends-received deductions	ncluded in columi	ı 8				<u> </u>	\dagger	0.

Form 990-T (2017)

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions drecity connected (statch schedule) (attach s	Schedule F - Interest,		,		Controlled O					struction	_ 	
And columns are done or some column for the service of the service of column for the service o	Name of controlled organization	ıdentı	fication					ınclud	included in the controlling		g connected with income	
And columns are done or some column for the service of the service of column for the service o	(1)			1			-					
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Activation Section S												
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8 Net service (see not rectore) 9. Total of specified payments 10. Period Column 5 that is column 5 that is column 5 that is column 6 that in the controlling organization's gross income in the controlling organization's gross income in column 10 that is the column 6 that is the c		nizations		<u> </u>				1				
Part	`	8 Net unrelated inco		9. Total		nents	in the controlli	ng organ	ization's			
Part	(1)											
Add columns 3 and 10 Enter here and on page 1, Part 1 line 9, column (9)							-					
Add columns 6 and 11 Enter here and on page 1, Part 1, the 6, column (5) O . O												
Add columns and 10 Enter here and on page 1, Part 1, line 8 column (8) Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions (set instructions) (1) (2) (3) (4) Criter here and on page 1 Part 1, line 9, column (8) Criter here and												
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(4) Enter here and on page 1, Part I, line 10, col (A) Totals O. O. O. Schedule J - Advertising Income (see instructions) Part I I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2. Gross advertising income (see instructions) 2. Gross advertising costs advertising costs of line advertising gain or (floss) (col 2 minus cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) D. O.												
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Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2. Gross advertising income (see instructions) 2. Gross advertising costs (column 6 minus col 3) If a gain compute cols 5 through 7 (1) (2) (3) (4) (4) (5) (0) (0) (0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		page 1, Part I, line 10, col (A)	page	1, Part I, , col (B)		, ,			•	*	on page 1, Part II, line 26	
Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2. Gross advertising income 3. Direct advertising costs (col 2 minus col 3) If a gain compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) ▶ 0. 0. 0. 0. 0. 0.	Totals		<u> </u>		_ ′	_ `		· <u> </u>	٠,		1 0.	
1 Name of periodical 2. Gray advertising advertising costs advertising costs advertising costs (col 3) If a gain compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) A divertising advertising costs of advertising costs advertising costs of a gain compute costs of advertising costs of advertising costs of a gain compute costs of advertising costs of a gain compute costs of a gain cost of a gain compute costs of a gain cost of a gain compute costs of a gain cost				-	solidated	Basis	·		- -			
(2) (3) (4) Totals (carry to Part II, line (5)) 0. 0. 0.	1 Name of periodical	advertising	adv		or (loss) (co	ol 2 minus iin compute					costs (column 6 minus column 5 but not more	
(4) Totals (carry to Part II, line (5)) ▶ 0. 0. 0.	(1)					- 1					\$, X	
Totals (carry to Part II, line (5)) ▶ 0. 0.	(3)				٦٠ ^٢ -	F					•	
	(4)		_			-	+				• •	
	Totals (carry to Part II, line (5))	•	0.	0							0 Form 990-T (2017	

Part II	Income F	rom Periodica	ils Reported o	n a Separate Ba	asis (For each periodical listed in Part II, fill i
	columns 2 t	through 7 on a line-	by-line basis)		

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col-2 minus col-3) if a gain, compute cols-5 through 7	5. Circulation income	6. Readership , costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)	, ,	-				
(4)				•		· - · · · · · · · · · · · · · · · · · ·
Totals from Part I	0.	0.	CAPTE TO THE			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 of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	time devoted to business	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 INCOM	E	STATEMENT 1
DESCRIPTION	1			AMOUNT
DISALLOWED	FRINGES UNDER SEC	TION 274		3,360
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 12		3,360
FORM 990-T		OTHER DEDUC	TIONS	STATEMENT 2
DESCRIPTION	1			AMOUNT
MISCELLANE	OUS EXPENSES			1,136
TOTAL TO FO	DRM 990-T, PAGE 1,	LINE 28	-	1,136
FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/01	26,681.	26,681.		0.
06/30/02	19,088.	19,088.		0.
06/30/03 06/30/05	14,378. 5,874.	12,858.		1,520. 5,874.
06/30/03	35,622.	0.		35,622.
06/30/08	17,209.	0.	•	17,209.
06/30/09	6,962.	0.		6,962.
06/30/10	8,194.	0.	8,194.	8,194.
06/30/11	20,429.	0.	•	20,429.
06/30/16	8,791.	0.	8,791.	8,791.