Form 99 0	0-T	E	xempt C	EXTENDEI Organizatio							8 t	OMB No 1545-0687
101111	•			(and proxy	y tax und	er se	ction 6033	(e))		101	$\sqrt{\Gamma}$	00.40
		For cale	endar year 2018 or ot	ner tax year beginning	JUL 1,	20	18 and end	ing JU	N 30,	2019	30	2018
Department of	f the Trescury		▶ Go	to www irs gov/For	rm990T for in	structio	ons and the late	st informa	ation		_	
Internal Reven		•	Do not enter SSI	I numbers on this fo	orm as it may	be ma	de public if you	r organiza	ition is a 501(50	pen to Public Inspection for 01(c)(3) Organizations Only
	eck box if dress changed		Name of organiz	ation (Check	box if name c	hanged	and see instruc	ctions.)				rer identification number yees trust see tions)
B Exempt	under section	Print	LEGAL A	D SOCIETY	Y OF H	AWA]	[I]					-0076020
X 501(club)	or Type		and room or suite no		x, see ır	structions.			ļ		ed business activity code structions)
408(1,700		HEL STREE								
408	, ,		City or town, sta	te or province, coun	try, and ZIP oi 813	r foreig	n postal code				5411	0.0
529(d) of all assets			on number (See ins						<u>-</u>	7411	.00
at end of v	5,279,2	45.		ation type X		noration	501	(c) trust		401(a)	trust	Other trust
				ades or businesses	<u> </u>	1		` 	the only (or fi	• •		
		-	AL SERV				 . If		complete Par			han one.
				e previous sentence	, complete Pa	ırts I an			•			
	, then complete				,							
I During th	ne tax year, was	the corp	oration a subsidia	ry in an affiliated gro	oup or a parer	nt-subs	idiary controlled	group?	•		Yes	X No
If "Yes," 6	enter the name a	nd ident	ifying number of	he parent corporation	_							
			IM GAGN								<u>808)</u>	
Part I	Unrelated	Trac	le or Busine			,	(A) Inco	me	(B) Exp	oenses		(C) Net
	receipts or sale		34,	194.	_	İ .	2.4	404				
	returns and allov			c Balance	₽ ▶	1c	34,	494.			-	
	of goods sold (S		•			2	2.4	494.				34,494.
	profit Subtract					3	34,	494.				34,434.
	al gain net incom		n Schedule D) art II, line 17) (att	ach Form 4707)		4a 4b	RF	CEN	/ED	7		
-	all loss deduction			acii i Oitii 4737)		4c	6	OLIV		1	$\neg \uparrow$	
•				ration (attach staten	nent)	5	(4)	Λ 9 α	₀₂₀ S			
	income (Schedu		mip of all o corpo	ration (attaon staton	101117	6	MAI MAI	(∪ Z /	1020 10			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ated debt-financ		ne (Schedule E)			7				1		
				ntrolled organization	(Schedule F)	8	UGL	EN.				
9 Inves	tment income of	a sectio	on 501(c)(7), (9),	or (17) organization	(Schedule G)	9	THE STREET		*3:11	, 		
10 Explo	ited exempt acti	vity inco	me (Schedule I)			10						
11 Adver	rtising income (S	Schedule	: J)			11						
			is; attach schedul	9)		12	2.4	101				24 404
	i. Combine lines					13		494.				34,494.
Part II				ewhere (See in ns must be direct					income)			
	-	icers, de	rectors, and trusto	es (Schedule K)							14	6 442
	ries and wages										15	6,442.
	airs and mainter	ance									16 17	
	debts	dula) /a	an instructions)								18	
	rest (attach sche es and licenses	iuule) (S	ee instructions)								19	
		ons (Se	e instructions for	imitation rules)							20	
	reciation (attach	•		n, nation raise,			1	21				
•	•		,	elsewhere on return				22a			22b	
	letion										23	
24 Con	tributions to def	erred co	mpensation plans								24	
25 Emp	oloyee benefit pr	ograms									25	2,290.
	ess exempt expe	•									26	
	ess readership c		·				ann.	CI M A T	TOMESTO.	1	27	4 500
	er deductions (a						SEE	STA'	PEMENT	296	28	4,590. 13,322.
	al deductions A			operating loss ded:	iction Cubtra	et line o	9 from line 12			עס	2 9 30	21,172.
				operating loss dedu years beginning on				etions)			31	22/11/20
				ine 31 from line 30	טו מונטו טמווטמ	∠ی ایک	o io jour monut	, aono j		31	32	21,172.
JE UIII				Act Notice see insti	runtione					-4	<u> </u>	Form 990-T (2018)

Part II	Total Unrelated Business Taxable	Income				
33	Total of unrelated business taxable income computed fro	om all unrelated trades or businesses ((see instructions)		33	21,172.
34 `	Amounts paid for disallowed fringes				34	
35	Deduction for net operating loss arising in tax years beg	inning before January 1, 2018 (see ins	structions) ST	MT 2	35	21,172.
	Total of unrelated business taxable income before specif		·			
	ines 33 and 34				36	
	Specific deduction (Generally \$1,000, but see line 37 ins	tructions for exceptions)		33	37	1,000.
	Unrelated business taxable income Subtract line 37 fi	· ·	ne 36.	· ·		
	enter the smaller of zero or line 36	on me oc. ii me or io gradio mani	110 00,		38	0.
	Tax Computation				00	
	Organizations Taxable as Corporations Multiply line 3	8 hy 21% (0.21)			39	0.
	Trusts Taxable at Trust Rates See instructions for tax		nt on line 38 from			
10	Tax rate schedule or Schedule D (Form 10		111 011 11110 00 11 0111		40	
41	Proxy tax See instructions	54 1 <i>)</i>			41	· · · · · · · · · · · · · · · · · · ·
						
	Alternative minimum tax (trusts only)				42	
	Tax on Noncompliant Facility Income See instructions				43	0.
Part V	Total. Add lines 41, 42, and 43 to line 39 or 40, whichev Tax and Payments	er applies	· 		_44	<u></u>
		a Attach Form 111C)	455			
	Foreign tax credit (corporations attach Form 1118; trusts	s attach Form 1116)	45a			
	Other credits (see instructions)		45b			
	General business credit Attach Form 3800	0007)	45c			
	Credit for prior year minimum tax (attach Form 8801 or	8827)	_45d		l	
	Total credits Add lines 45a through 45d				45e	
	Subtract line 45e from line 44				46	0.
		n 8611 Form 8697 Form	8866 [] Other (a	ittach schedule)	47	
	Total tax Add lines 46 and 47 (see instructions)				48	
	2018 net 965 tax liability paid from Form 965-A or Form	965-B, Part II, column (k), line 2	1 1	i	49	0.
	Payments. A 2017 overpayment credited to 2018		50a			
	2018 estimated tax payments		50b			
	Tax deposited with Form 8868		50c			
	Foreign organizations: Tax paid or withheld at source (se	ee instructions)	50d			
	Backup withholding (see instructions)		50e			
	Credit for small employer health insurance premiums (a		50f			
g	Other credits, adjustments, and payments: Form 2					
	Form 4136 Other	Total	► 50g			
	Total payments. Add lines 50a through 50g	. —			51	
52	Estimated tax penalty (see instructions) Check if Form 2				52	
53	Tax due If line 51 is less than the total of lines 48, 49, a			.	53	
	Overpayment If line 51 is larger than the total of lines		I	>	54	
	Enter the amount of line 54 you want. Credited to 2019			unded 🕨	55	
Part V						
	At any time during the 2018 calendar year, did the organ	_		1		Yes No
	over a financial account (bank, securities, or other) in a	_				
	FinCEN Form 114, Report of Foreign Bank and Financial	Accounts. If "Yes," enter the name of t	the foreign country			-
	here >					$ \frac{X}{X}$
	During the tax year, did the organization receive a distrib		r transferor to, a fore	eign trust?		X
	If "Yes," see instructions for other forms the organization		0			
58	Enter the amount of tax-exempt interest received or acci		0		ige and belief it	us true
Sign	Under penalties of perjury declare that have examined this recorrect and complete Declaration of preparer (other than taxpa					.5 de
Here		Lation - N EVECTO	BTITE DIDE	TIMOD M	-	ss this return with
	Signature of officer	Date EXECUT	rive dire		e preparer shows	
			Data			. res No
_	Print/Type preparer's fame Pre	eparer's signature	Į.	Check i	f PTIN	
Paid	CHAD K BIINIACART			self- employed	ם חמם	55832
Prepa			Feb 6, 2020 I	Europia FIAI		169131
Use O	1001 BISHOP	ST., STE 1700		Firm's EIN	J J - (.	<u> </u>
	Firm's address HONOLULU, HI			Phone no 8	08-524	-2255
823711 01-		20012 2020		, none no O		m 990-T (2018)
					1 01	(2010)

Schedule A - Cost of Goods	s Sold. Enter	method of invent	tory va	aluation > N/A					
1 Inventory at beginning of year	1		T	Inventory at end of year	,		6		
2 Purchases	2		7	Cost of goods sold Su	btract I	line 6			
3 Cost of labor	3		1	from line 5. Enter here a			1		
4a Additional section 263A costs			1	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 ac	cquired	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	Pers	sonal Property Lo	ease	d With Real Prop	erty	<i>'</i>)	
1 Description of property	·								
(1)						<u>,,</u>			
(2)				······································		······································			
(3)								····	
(4)									
	2 Rent receiv	ed or accrued				T			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)		of rent for p	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	je	3(a) Deductions directly columns 2(a) a	y conne nd 2(b)	ected with the income in (attach schedule)	
(1)	····	***************************************	. 10 000	a di promor incomo,					
(2)			•						
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions Enter here and on page 1 Part I, line 6 column (B)	•		0.
Schedule E - Unrelated Dek		Income (see	ınstru	ctions)					
			2	Gross income from		3 Deductions directly cor to debt-finan			
1 Description of debt-fit	nanced property		ŀ	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)							+		
(2)									
(3)			1					· · ·	
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property h schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deductio (column 6 x total of colu 3(a) and 3(b))	
(1)				%					
(2)	<u> </u>		<u> </u>	%				······································	
(3)			$oldsymbol{ol}}}}}}}}}}}}}}}}}$	% _					
(4)				%			\perp		
						Enter here and on page 1 Part I line 7 column (A)		Enter here and on page Part I, line 7 column (B	
Totals				▶		0			0.
Total dividends-received deductions	ncluded in colum	n 8		- 1					0.

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Schedule F - Interest,			,	, · · · · · · · · · · · · · · · · · · ·	Controlled O				(230 1110	tructions	7	
1 `Name of controlled organization		2 Em identifi num	cation	3 Net unr (loss) (see	related income 4 Tot payr		ments made inc		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)												
(2)				ļ				<u> </u>				
(3)			<u>.</u>	<u></u>				<u> </u>				
_(4)		<u> </u>		<u> </u>				<u> </u>				
Nonexempt Controlled Organ	nizations											
7 Taxable Income		inrelated incom see instructions		9 Total	of specified payi made	ments	10 Part of colu in the controlli gross	mn 9 tha ing orgar s income	nization's		ductions directly connected income in column 10	
_(1)												
(2)												
(3)												
(4)												
							Add colun Enter here and line 8		1 Part I	Enter he	d columns 6 and 11 ere and on page 1 Part I line 8 column (B)	
Totals	<u></u>					<u> </u>			0.		0.	
Schedule G - Investm		ne of a S	Section	501(c)(7	'), (9), or (17) Org	anization					
	structions)				2 Amount of	income	3 Deductio	ected	4 Set-a		5 Total deductions and set-asides	
					 		(attach sched	uie)	,		(col 3 plus col 4)	
(2)											 	
(3)									 		 	
(4)							····				 	
_(<u>-</u> (-)					Enter here and	on page 1			1		Enter here and on page 1	
					Part I line 9 co	lumn (A)					Part I line 9 column (B)	
Totals				<u> </u>	<u> </u>	0.					0.	
Schedule I - Exploited	I Exempt ructions)	Activity	Income	e, Other	Than Adv	ertisin/	g Income					
1 Description of exploited activity	2 (unrelated	Gross I business ne from business	directly of with pro of uni	penses connected oduction related is income	4 Net incor from unrelated business (communication) minus column gain, compute through	d trade or olumn 2 in 3) If a e cols 5	5 Gross inco from activity is not unrelated business inco	that ted	6 Exp attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)						T						
(4)									L			
Totals	page 1	re and on Part I col (A)	page 1	re and on 1 Part I, col (B)							Enter here and on page 1 Part II line 26	
Schedule J - Advertis	ing Incor		nstruction									
Part I Income From			orted o	n a Con	solidated	Basis	···					
1 Name of periodical		2 Gross advertising income	adv	3 Direct rertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain computi hrough 7	5 Circula e income		6 Reade		7 Excess readership costs (column 6 minus column 5 but not more than column 4)	
(1)												
(2)												
(3)												
(4)									<u> </u>			
Totals (carry to Part II, line (5))		(0.	0					}		0	
, , , , , , , , , , , , , , , , , , ,									·		Form 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	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)		T						
(2)								
(3)								
(4)								
Totals fro	m Part I	▶	0.	0.			- <u> </u>	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, Pa	art II (lines 1-5)	ightharpoonup	0.	0.				0.

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		•	0.

Form **990-T** (2018)

FORM 990-T OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION	AMOUNT
MISCELLANEOUS EXPENSES	4,590.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	4,590.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/01	26,681.	26,681.	0.	0.
06/30/02	19,088.	19,088.	0.	0.
06/30/03	14,378.	14,378.	0.	0.
06/30/05	5,874.	5,874.	0.	0.
06/30/07	35,622.	7,176.	28,446.	28,446.
06/30/08	17,209.	0.	17,209.	17,209.
06/30/09	6,962.	0.	6,962.	6,962.
06/30/10	8,194.	0.	8,194.	8,194.
06/30/11	20,429.	0.	20,429.	20,429.
06/30/16	8,791.	0.	8,791.	8,791.
NOL CARRYO	VER AVAILABLE THIS	YEAR	90,031.	90,031.