		ONM	FICE 2018-100		· <u>·</u> _	27000	Ĭ.	OMB No 1545-0687
For	"990 . T			tax under sect	tion 6033(e))	90V		2018
	artment of the Treasury		lendar year 2018 or other tax year beginn ▶Go to www.irs.gov/Forms not enter SSN numbers on this for	990T for instruction	s and the latest informat	ion.		to Public Inspection for
A	Check box if address changed			box if name changed an		D Employer ide		
В	Exempt under section	1		•	, .	(Employees' tr		
	X 501(C)(3)	Print	Ku_Aloha Ola Ma	au				
Ì	408(e) 220(e)	or	Number, street, and room or suite no. If a			99-01	650	675
Ì	408A 530(a)	Туре	1130 N. Nimitz	Hwy. C-30	02	E Unrelated bu	siness	activity code
[529(a)		City or town, state or province, country,	and ZIP or foreign postal	code	(See instruction	ons)	ı
c	Book value of all assets		Honolulu	HI	96817			
	at end of year	F G	roup exemption number (See in					
				501(c) corporation		401(a) trus		Other trust
Н	Enter the number of the	e organı	zation's unrelated trades or busi	ness <u>es 🕨</u> Des	cribe the only (or first)	unrelated trade or	r busır	ness here
	-							ly one, complete
			scribe the first in the blank space		previous sentence, cor	nplete Parts I and	I II, co	mplete
			I trade or business, then complet					
J	If "Yes," enter the name	s the co e and id	orporation a subsidiary in an affili entifying number of the parent co	ated group or a pai orporation	rent-subsidiary controll	ed group?	•	Yes No
J	The books are in care of	of ▶ I	anny Hughes		Tele	ephone number	▶ 80	8-538-070
			le or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sale	es					,	
b	Less returns and allo	wances	c Baland	ce ▶ <u>10</u>	:	•		· ·
2	Cost of goods sold (S	chedule	e A, line 7)		_		\rightarrow	<u> </u>
3	Gross profit Subtract			()		,		
_4a	Capital gain net incor	•	•	46		r		
2			I, line 17) (attach Form 4797)	4k	- †		\dashv	
0202.2 0 0 0 0 0 0 0 0 0 0	Capital loss deduction			40		-	\longrightarrow	
⊝ ⁵	Income (loss) from partnership		poration (attach statement)	5			-+	
≥ 6 ≥ 7	Rent income (Schedu	•	(O-b-dul- E)	6			-+	
≥ / 8	Unrelated debt-finance		rents from controlled organization (Sch	nedule F) 8			\dashv	
9 9-9		-	1911(c)(7), (9), or (17) organization (Sch		<u>†</u>		-+	· - -
	Exploited exempt act			edule (3) 9			\dashv	
ည် ¹⁰ ည 11	Advertising income (§	-		11	· ·		\dashv	
12	Other income (See in		•	12		•	$\neg +$	
13	Total. Combine lines		•	13	+			0
			ot Taken Elsewhere (See			uctions) (Exc	ept f	or contributions
	deduction	ns mus	st be directly connected wi	th the unrelated	d business income) / (
14	•	cers, dır	ectors, and trustees (Schedule K	()		-	14	
15	Salaries and wages						15	
16	Repairs and maintena	ance				 	16	
17		المانية	an inchesion - V			ŀ	17	
18	Interest (attach sched	iule) (se	e instructions)			⊦	18	
19	Taxes and licenses	'Coc :	ructions for limitation sulces			⊦	19	
20 21	Depreciation (attach I	•	ructions for limitation rules)		21	-	20	
22	•		n Schedule A and elsewhere on r	return	21 22a		22b	0
23	Depletion	ica oi	Outedule A and elsewhere Ult I	etuiii	_ ££a		23	
24	Contributions to defer	red con	npensation plans			 	24	
25	Employee benefit pro			RECEIVE		F	25	
26	Excess exempt exper	_	chedule I)		<u> </u>	F	26	
27	Excess readership co			AUG 1 2 202	101	r	27	-
28	Other deductions (att			~~~ 1 2 20;	20 181	<u> </u>	28	
29	Total deductions. A		· · · · · · · · · · · · · · · · · · ·	00=	181	r	29	
30			ncome before net operating-loss.	deduction Subtrac	tyline 29 from line 13	Γ	30	
31			oss arising in tax years beginning			ions)	31	
32			ncome_Subtract line 31 from line				32	
DAA	For Paperwork Redu	uction A	Act Notice, see instructions.					Form 990-T (2018

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Form	990-T (2018) Ku Aloha Ola Mau	99-01	65675		Page 2
<u>Pa</u>	rt III Total Unrelated Business Taxable income				
33	Total of unrelated business taxable income computed from all unrelated trades or	businesses (se	е		
	instructions)			33	
34	Amounts paid for disallowed fringes			34	
35	Deductions for net operating loss arising in tax years beginning before January 1,	2018 (see			
	instructions)			35	
36	Total of unrelated business taxable income before specific deduction. Subtract line	e 35 from the su	ım		
	of lines 33 and 34			36	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is gi	reater than line	36,		
	enter the smaller of zero or line 36			38	0
Pa	rt IV Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		•	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax	on			
	the amount on line 38 from Tax rate schedule or Schedule D (Form	n 1041)	•	40	
41	Proxy tax. See instructions		•	41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See instructions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0
<u>Pa</u>	rt V Tax and Payments				
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b]	
С	General business credit Attach Form 3800 (see instructions)	45c]	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d]	
е	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att	t sch)		47	
48	Total tax. Add lines 46 and 47 (see instructions)	·		48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k)	line 2		49	
50a	Payments A 2017 overpayment credited to 2018	l 50a l			
	2018 estimated tax payments	50b		1	
c	Tax deposited with Form 8868	50c		1	
d	Foreign organizations Tax paid or withheld at source (see instructions)	50d		1	
e	Backup withholding (see instructions)	50e		1	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		1	
g	Other credits, adjustments, and payments Form 2439	100.		1	
9	Form 4136 X Other Total	50g	3,013	l i	
51	Total payments. Add lines 50a through 50g	0091		51	3,013
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached		▶ □	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount ower	d		53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount of the control of lines 48, 49, and 52, enter amount of the control of lines 48, 49, and 52, enter amount of the control of lines 48, 49, and 52, enter amount of the control of lines 48, 49, and 52, enter amount of the control of lines 48, 49, and 52, enter amount of the control of lines 48, 49, and 52, enter amount of the control of lines 48, 49, and 52, enter amount of the control of lines 48, 49, and 52, enter amount of the control of lines 48, 49, and 52, enter amount			54	3,013
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶	ını övcipala İ	Refunded >	55	3,013
	rt VI Statements Regarding Certain Activities and Other Inf	ormation (se		1 33	
56	-				Yes No
50	At any time during the 2018 calendar year, did the organization have an interest in over a financial account (bank, securities, or other) in a foreign country? If "YES,"	the organization	n may have to file		103 100
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," ente	r the name of th	ne foreign country	•	,,
	here >				X
57	During the tax year, did the organization receive a distribution from, or was it the g If "YES," see instructions for other forms the organization may have to file	rantor of, or tra	nsferor to, a fore	gn trust?	X
58	Enter the amount of tax-exempt interest received or accrued during the tax year	B			
٥.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s truer correct, and penalties peclaration of preparer (other than taxpayer) is based on all information of which p	statements, and to the preparer has any knov	best of my knowledge a /ledge	na bellet, it is f	Marrita IDO danna dha saba
Sig					May the IRS discuss this return with the preparer shown below (see instructions)?
Her	e 7/29/20 Ex. Dir. s:	ince 10/	18		(see instructions)? X Yes No
	Signature of officer Date Title			<u> </u>	
	Profit/Type preparer's name Preparer's signature	nupsti	Date	Check] if PTIN
Paid			07/23/20		
Prep			Firm's	EIN P	<u> 26-2451631</u>
Use					
	Firm's address Honolulu, HI 96813-5113		Phone	<u>no 8</u>	<u>08-522-1042</u>
					Form 990-T (2018)

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Forn	<u> 1990-T (2018) Ku Aloha</u>	Ola M	au _				<u>99-0</u>	<u> 165675</u>			Page 3
Sch	edule A - Cost of Goods	Sold. Ent	er me	thod of inve	entory valuat	on 🕨	•				
1	Inventory at beginning of year	1		6	Inventory at e	nd of	year		6		_
2	Purchases	2		7	Cost of good	ls sol	d. Subti	ract			
3	Cost of labor	3			line 6 from lin	e 5 E	nter her	re and			
4a	Additional sec 263A costs				in Part I, line				7		
	(attach schedule)	4a		8	Do the rules of	of sect	tion 263	A (with respect to			Yes No
b	Other costs	4b						red for resale) apply	,		
5	(attach schedule) Total. Add lines 1 through 4b	5			to the organiz		•	,	,		
	edule C – Rent Income (f		Prop	erty and P				ed With Real P	rope	ertv)	<u> </u>
	ee instructions)			,		,			р	· ,	
	cription of property							•			-
(1)	N/A	-			··· -						
(2)										-	
(3)				···········				-			
(4)											
.,		2 Rent receiv	ed or accr	rued	· · · · · · ·						
	(a) From personal property (if the percenta				nd personal property	/if the		3/3) Deductions d	roctly (connected with the	ıncome
	for personal property is more than 10% i	-			for personal property		ls			2(b) (attach sched	
	more than 50%)		50% or if the rent is based on profit or income)								
(1)										_	
(2)											
(3)											
(4)											
Total			Total					(b) Total doduction			
	otal income. Add totals of colum	ne 2(a) and 1		ter				(b) Total deduction Enter here and on page			
	and on page 1, Part I, line 6, colu		2(0) [11	itei	•			Part I, line 6, column		•	
	edule E - Unrelated Debi		Inco	me (see ins	tructions)				` '		
								3 Deductions directly c	onnecte	ed with or allocable	e to
	Description of debt-financed;	oronedu		i	ss income from or e to debt-financed			debt-fina			
	1 Description of debt-financed	property		allocabi	property		(a) S	traight line depreciation		(b) Other ded	uctions
								(attach schedule)		(attach sche	dule)
1)	N/A										
2)											
3)										_	
4)	-									·	
		verage adjusted			6 Column				i	8 Allocable de	ductions
	acquisition debt on or allocable to debt-financed de	of or allocable to bt-financed prop			4 divided			ross income reportable column 2 x column 6)		(column 6 x total	
		(attach schedule			y column 5		,,,	oldmir 2 x coldmir o)		3(a) and 3	(b))
1)						%					
2)						%					
3)						%					
4)						%					
	· · · ·						Enter	here and on page 1	, E	nter here and	on page 1,
							Part	I, line 7, column (A)	F	Part I, line 7, c	olumn (B)
Γota	ls					•					

}

Total dividends-received deductions included in column 8

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Schodule E Interest Apr			Ponto E	rom Conti			nizatio		otructio	Page 4
Schedule F - Interest, Ann	iuities, Roy	aities, and r	Even	pt Controlle	d Orac	Orga	nizauc	ns (see in	Structio	ons)
Name of controlled organization	ıde	2 Employer entification number	3. Net un	related income se instructions)	4 To	tal of spe	cified ade	5 Part of column included in the corganization's grow	ontrolling	6 Deductions directly connected with income in column 5
(1) N/A	_					_			_	
	-									
			<u> </u>							
(4)	-		<u> </u>							
Nonexempt Controlled Organiz	ations									<u> </u>
				=		10	Doet of colu	ma O that is	44	Deductions directly
7 Taxable Income		Net unrelated incom- oss) (see instructions		9 Total of specific payments made		ıncl	luded in the	mn 9 that is controlling ross income		Deductions directly inected with income in column 10
(1)			_							
(2)						ļ				
(3)										
(4)	ŀ					<u>.</u>				
					_	Ente	dd columns er here and rt I, line 8, c	on page 1,	Ente	ld columns 6 and 11 er here and on page 1, t I, line 8, column (B)
Totals Schedule G – Investment	lnoome of a	Section FO	1/01/71	(O) or (47	\ Orac	l nizot	tion (se			
Schedule G – investment	income or a	Section 501	I(C)(7),	(9), or (17) Orga	ınızaı	uon (se	e instructio	ons)	
1 Description of income		2 Amount of r	ncome	directly	ductions connected schedule)			Set-asides ach schedule)		Total deductions and set-asides (col 3 plus col 4)
(1) N/A				 					+	
•			<u></u>	 		\rightarrow			+	· -··
(2)										
(4)										
Totals	•	Enter here and o	on page 1, olumn (A)		•					ter here and on page 1, art I, line 9, column (B)
Schedule I - Exploited Exc	empt Activi	ty Income, O	ther Th	nan Adver	tising	Inco	me (se	e instructio	ns)	
1 Description of exploited activity	2 Gross unrelated business incom from trade or business	3 Exper	nses ly d with on of ted	4 Net income (from unrelated or business (co 2 minus column of a gain, compacols 5 through	loss) trade lumn n 3) oute	6. Gros from a	ss income ctivity that unrelated ss income	6 Exp attribut colur	enses able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A										
(2)								1		
(3)										
(4)										
Totals •	Enter here and page 1, Part I line 10, col (A	page 1, F	Part I,			. ~			•	Enter here and on page 1, Part II, line 26
Schedule J – Advertising	ncome (see	Instructions)		-				1		
Part I Income From I			a Con	solidated	Basis	:				
1 Name of periodical	2 Gross advertising income	3 Dire	ect	4 Advertisin gain or (loss) (2 minus col 3 a gain, compi	ig (col i) If ute	6 Cır	rculation come	6 Read	- •	7 Excess readership costs (column 6 minus column 5, but not more than
				cols 5 through	n 7	-		_		column 4)
(1) N/A		-		,				_		⊣ ' ,
(2)				•	L					- 1 '
(3)		-			F			+		┨,
(4)								-		+ '
Totals (carry to Part II, line (5))				<u></u>			· -			000 T

3

2 through 7 on a line-by-line basis) 4 Advertising 7. Excess readership 2 Gross gain or (loss) (col costs (column 6 6 Readership 3 Direct 5 Circulation advertising 2 minus col 3) If minus column 5, but 1 Name of periodical advertising costs ıncome costs ıncome a gain, compute not more than column 4) cols 5 through 7 (1) N/A <u>(2)</u> (3) Totals from Part I Enter here and Enter here and on Enter here and on page 1, Part I, line 11, col (A) on page 1, Part II, line 27 page 1, Part I, line 11, col (B) Totals, Part II (lines 1-5)

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns

Schedule K – Compensation of Officers, Director	ors, and Trustees (see instructions)		<u></u>
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** (2018)

Ku Aloḥa O	la Mau		
2018 Amen	ded 990-T attachment		
EIN - 99-01	65675		
	Amount reported on original tax return	Amount reported on amended tax return	Reason for the change
Line 34	\$ 15,347	-	Repeal of Section 512(a)(7)
Line 50g	,	\$ 3,01	-
Line 55	\$ -	\$ 3,01	Repeal of Section 512(a)(7)
Please als	so waive the penalties o	n the attached CP161 r	otice.