

AMENDED RETURN - Section 512(a)(7) Repeal

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) 1812

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning , and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets, D Employer identification number, E Unrelated business activity code, F Group exemption number, G Check organization type.

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

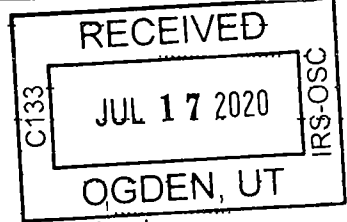
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of ANGELA KUO MIN Telephone number 808-528-7046

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 2 columns: Deduction description, Amount. Rows 14-32.



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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Rows 33-38.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Rows 39-44.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Rows 45a-55.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Line number, Description, and Yes/No columns. Rows 56-58.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Sign Here: Signature of officer, Date, Title (TREASURER), and a box for 'May the IRS discuss this return with the preparer shown below (see instructions)?' with Yes/No options.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

FORM 990-T

EXPLANATION OF CHANGES

		AS ORIGINALLY FILED	AS AMENDED	EXPLANATION
LINE 34	AMOUNTS PAID FOR DISALLOWED FRINGES	\$ 4,752	\$ -	REPEAL OF SECTION 512(A)(7)
LINE 36	TOTAL OF UNRELATED BUSINESS TAXABLE INCOME BEFORE SPECIFIC DEDUCTION	\$ 4,752	\$ -	REPEAL OF SECTION 512(A)(7)
LINE 38	UNRELATED BUSINESS TAXABLE INCOME	\$ 3,752	\$ -	REPEAL OF SECTION 512(A)(7)
LINES 39 & 44	TOTAL TAX	\$ 788	\$ -	REPEAL OF SECTION 512(A)(7)
LINES 46 & 48	TAX DUE AFTER CREDITS	\$ 788	\$ -	REPEAL OF SECTION 512(A)(7)
LINE 54	OVERPAYMENT	\$ 12	\$ 800	REPEAL OF SECTION 512(A)(7)
LINE 55	AMOUNT OF LINE 54 TO BE REFUNDED	\$ -	\$ 788	REPEAL OF SECTION 512(A)(7)