D Employer identification number

(Employees' trust, see

EXTENDED TO NOVEMBER 15, 2019

For calendar year 2018 or other tax year beginning

Name of organization (

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

► 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)

Check box if name changed and see instructions.)

Unrelated business taxable income Subtract line 31 from line 30

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

Form 990-T

Department of the Treasury Internal Revenue Service

Check box if

address channed

Form 990-T (2018)

0.

Farm 990-1		99-008	<u> 30460 </u>	Page 2
Part I	II Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes		34	10,371.
35	Deduction 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 35 from the sum of			
	lines 33 and 34	011	36	10,371.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	10	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		1	
00	enter the smaller of zero or line 36	かり	38	9,371.
Part I			1 30 1	2,311.
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	TÍA	39	1,968.
40		40 -	39	1,900.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:			
44	Tax rate schedule or Schedule D (Form 1041)		40	
41	Proxy tax See instructions	•	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income See instructions	145	43	1 060
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	$-\mathcal{W}$	44	1,968.
Part \				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		4	
b	Other credits (see instructions) 45b		4	
C	General business credit. Attach Form 3800		_	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		- \	
е	Total credits Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	1,968.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (a	ttach schedule)	47	
48	Total tax Add lines 46 and 47 (see instructions)	un	48	1,968.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018 5ba		_ '	
b	2018 estimated tax payments 50b		7	
	Tax deposited with Form 8868	3,000	7	
	Foreign organizations: Tax paid or withheld at source (see instructions)		1	
	Backup withholding (see instructions) 50e		7	
f	Credit for small employer health insurance premiums (attach Form 8941)		7	
	Other credits, adjustments, and payments: Form 2439		1	
	Form 4136 Other Total 50g			
51	Total payments Add lines 50a through 50g		5	3,000.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	52	_ 82.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<i>A</i> •	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	50	54	950.
55.		inded 5	55	0.
Part			1 33 1_	
				Yes No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	•		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			\ \ \ v
	here >	1 -10		$-\mid \frac{X}{Y} \mid$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$	- h - st -st l		
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	le	wiedge and belie	er, it is true,
Here	CHIEF FINANCIAL	, [lay the IRS discu	ss this return with
11616	OFFICER THE		ne preparer show	¬ —
	Signature of office Date Title		structions)?	Yes No
	The state of the s		if PTIN	
Paid	11/8/17 S	elf- employed		
Prepa	rer LESTER J. HEE, CPA			88033
Use C	Inly Firm's name ► HEE & CHING CPAS LLC	Firm's EIN 🕨	27-4	174400
	201 MERCHANT STREET, STE 1830			
	Firm's address ► HONOLULU, HI 96813-2977	Phone no	(808)53	2-7322
				~ QQA_T (2018)