	_							2	93930	51	28601 1
	Forn	990-T		(an	anization Bus	der sed	ction	come Tax Ro 6033(e)) \9	eturn		OMB No 1545-0687
	Dono	etmont of the Treasury	For cal	endar year 2018 or other t	ax year beginning 7 / (01/18	B, and	l ending 0 6 / 3 0 /	19 '	<u>_</u>	
ď		irtment of the Treasury hal Revenue Service	Do n		s.gov/Form990T for II						n to Public Inspection for (C)(3) Organizations Only
•	A	Check box if address changed		Name of organization	(Check box if name				D Employer id		
	В	xempt under section		Maui Coun	ty Communi	-		·			e instructions)
		K 501(C)(13)	Print	Televisio		•			İ		
		408(e) 220(e)	or	Number, street, and room	or suite no If a P O box, see	e instruction	s		99-0	300	906
	. [408A 530(a)	Туре	333 Dairy	Road Suit	e 10	4		E Unrelated b	usines	s activity code
	[529(a)		City or town, state or pro-	vince, country, and ZIP or fe	oreign post	al code	- 	(See instruc	ions)	1
	CE	Book value of all assets		Kahului		H.	I 9	6732	5311	<u> 20</u>	
	a	t end of year		roup exemption num							
				heck organization typ			-	501(c) trust	401(a) tru		Other trust
		Enter the number of the				<u>▶1</u> De	scribe	the only (or first) u	inrelated trade	or bus	iness here
	-	Commercia								-	nly one, complete
		Parts I–V If more than			•		previ	ous sentence, com	iplete Parts I ar	d II, c	complete
		Schedule M for each ac			•						
		During the tax year, wa f "Yes," enter the name					arent-	subsidiary controlle	ed group?		▶ ☐ Yes X No
		The books are in care of	· F T	errie Pobe	rta			Tolo	nhana numbar	- Q	08-871-5554
				le or Business I			I	(A) Income	(B) Expenses		(C) Net
	1a	Gross receipts or sale		e or Dusiness i			+	(A) Income	(b) Expenses		(b) (tat
	b	Less returns and allow			c Balance		ic				
	2		sold (Schedule A, line 7)				2				
	3	-					3	_	<u>-2</u>		
	4a	Capital gain net incon				<u> </u>	la l			\overline{Z}	
	b	Net gain (loss) (Form 479	•	•	797)		ib		<u>/</u>		
	C	Capital loss deduction			,	T4	lc				
	5	•					5				
	6	Rent income (Schedu		,			6		/		
	7	Unrelated debt-finance	ed inco	me (Schedule E)			7	391,636	401,	924	-10,288
	8	Interest, annuities, royalti	es, and r	ents from controlled orga	anization (Schedule F)		8				
	9	Investment income of a s	ection 50	1(c)(7), (9), or (17) organ	nization (Schedule G)		9				
-	10	Exploited exempt acti	vity inco	ome (Schedule I)		1	10		<u>-</u>		
05	11	Advertising income (S	Schedule	∋ J)		1	11 /				
2	12	Other income (See in	struction	ns, attach schedule)			12				
9	13	Total. Combine lines	3 through	jh 12			13	391,636	401,		
	∸Pa ——	deduction	is mus	t be directly conr	nected with the u	tions found	or lim ed bu	itations on dedi isiness income.	uctions.) (Ex .)	cept	for contributions,
=	14	Compensation of office	cers, dire	ectors, and trustees (Schedule K					14	
\circ	15	Salaries and wages			FOEIVE	107				15	
ANNED	16	Repairs and maintena	ance			ျှလျှ				16	
Z	17	Bad debts		19/	MAY 2 2 2020					17	
ৰ	18	Interest (attach sched		ノマリ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>—1861</u>				18	_
\mathcal{L}	19	Taxes and licenses	C	/ 1-1	SODEN U	T -1	l			19 20	
(I)		Chantable contributions (See ilisti	ections for innitiation rule	UGDLIN		J	21	193,540		
	21 22	Depreciation (attach f Less depreciation cla	J	7				22a	193,540		0
	23	Depletion	inled on	Scriedule A and else	swilere on return			[220]	1337310	23	
	24	Contributions to defer	red com	nensation nlans						24	
	2 4 25	Employee benefit pro		ponsation plans						25	
	26	Excess exempt exper	-	chedule I)						26	
	27	Excess readership co								27	
	28	Other deductions (atta								28	
	29	Total deductions. Ad								29	
	30	Unrelated business ta			erating loss deduction	n. Subtra	act line	29 from line 13	1	30	-10,288
-	31 /	Deduction for net ope		•					ons)	31	
	32	Unrelated business ta	_						(3)	32	-10,288
•	DAA	For Paperwork Redu								1	Form 990-T (2018)

<u>Form</u>	990-T (2018) Maui County Community	<u>99-0300906</u>		Page 2
Pa	rt III Total Unrelated Business Taxable income			
33	Total of unrelated business taxable income computed from all unrelated trades or b	ousinesses (see		
	instructions)		33	
34	Amounts paid for disallowed fringes		34	
35	Deductions for net operating loss ansing in tax years beginning before January 1, 2	2018 (see		
55	instructions)	.010 (000	35	
26	·	35 from the cum	00	<u> </u>
36	Total of unrelated business taxable income before specific deduction. Subtract line	35 Irom the sum		
	of lines 33 and 34	1	20 36	1,000
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	[30 37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is great	eater than line 36,	ノート	
	enter the smaller of zero or line 36		38	0
	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 of	on		4
	the amount on line 38 from 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		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0
	rt V Tax and Payments			
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a	11	
_	Other credits (see instructions)	45b		
b	•			
C	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	<u> </u>
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att	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) li	ine 2	49	
50a	Payments A 2017 overpayment credited to 2018	50a	li	
b	2018 estimated tax payments	50b		
C	Tax deposited with Form 8868	50c		
d	Foreign organizations Tax paid or withheld at source (see instructions)	50d	\neg	
	Backup withholding (see instructions)	50e		
e		50f		
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments. Form 2439] [
	Form 4136 Total ▶	50g	 - -}	_
51	Total payments. Add lines 50a through 50g		51	
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	•	· <u> 52</u>	<u></u>
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount	nt overpaid	▶ 54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunde	d ▶ 55	T
Pa	rt VII Statements Regarding Certain Activities and Other Info	rmation (see instruct	ions)	
	_			Yes No
•	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," to	he organization may have	to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter	the name of the foreign of	ountry	-
	here ►		_	X
57	During the tax year, did the organization receive a distribution from, or was it the gr	antor of, or transferor to,	a foreign tru	ust?
58	If "YES," see instructions for other forms the organization may have to file Enter the argount of tax-exempt interest received or accrued during the tax year			
<u> </u>				
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and str	atements, and to the best of my kno-	wledge and beli	
Sig	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which pr	eparer has any knowledge		May the IRS discuss this return with the preparer shown below (see instructions)?
Her	e ► / 5 · 6 · 20 ► CEO/Preside	nt		
	(Signature of office) Date Title			— X Yes No
	Print/Type preparer's name Preparer's signature Preparer's signature	Date	Chec	k If PTIN
Paid		04/	9/20 self-e	" □ "
	Ryle Hays Ryle Hays // //		T .	99-0303190
Prep		Torb	Firm's EIN	33-0303130
Use	91			000 040 5000
	Firm's address > Wailuku, HI 96793		Phone no	808-242-5002

Schedule A - Cost of Goods Sold. Enter method of inventory valuation	Form	990-T (2018) Maui	County Co	mmuni	ty		9-0	300906			Page 3
2 Purchases 2 3 Total (nine 5 from line 5. Enter here and in Part I, line 2 Total (Additional sec 263A costs) Additional sec 263A costs Additional sec 263A	<u>Sch</u>	edule A – Cost of G	oods Sold. Ent	er meth							
a Cost of labor 4a Additional sec 263A costs (attach schedule) 4b property produced or acquired for resale) apply 5 Total. Add dines 1 through 4b 5 Total. Add dines 1 through 4b 5 Total. Add ines 1 through 4b 5 Total. Add i	1 '	Inventory at beginning of	year 1		6	Inventory at end of	year		6		
4a Additional sec 283A costs (attach schedule) b Other costs (attach schedule) c Total Add lines 1 through 4b 5 Total Add lines 1 through 4b 6 Total Add lines 1 through 4b 6 Total Add lines 1 through 4b 6 Total Add lines 1 through 4b 7 Total Add li	2	Purchases	2		7	Cost of goods sold	1. Subt	ract	_=_	,	
4a Additional sec 283A costs (attach schedule) b Other costs (attach schedule) c Total Add lines 1 through 4b 5 Total Add lines 1 through 4b 6 Total Add lines 1 through 4b 6 Total Add lines 1 through 4b 6 Total Add lines 1 through 4b 7 Total Add li	3	Cost of labor	3			line 6 from line 5. Ei	nter he	re and	- <u>-</u>	.	
b One coals (attach schedule) 5 Total. Add lines 1 through 4b 5 to the organization? Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (a) From personal property (if the percentage of rent for personal property is more than 50%) (b) 2. Rent received or accused (a) From personal property (if the percentage of rent for personal property is more than 50%) (b) 2. Rent received or accused (a) From personal property (if the percentage of rent for personal property (if the percentage of rent for personal property exceeds 50% or 4 the rent is based on profit or income) (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) Schedule E – Unrelated Debt-Financed Income (see instructions) Schedule E – Unrelated Debt-Financed Income (see instructions) (b) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 2. Gross income from or allocable to debt-financed property (b) Commercial Rental 857,055 866,303 635,406 107,237 (b) Commercial Rental 5. Average educated basis of allocable to debt-financed property (attach schedule) (column 6, total ordinary 2, column 6, 2) 3. Average education (attach schedule) (column 6, total ordinary 2, column 6, 2) 3. Average education (attach schedule) (column 6, total ordinary 2, column 6, 2) 3. Average education (attach schedule) (column 6, total ordinary 2, column 6, 2) 3. Average education (attach schedule) (column 6, total ordinary 2, column 6, 2) 3. Average education (attach schedule) (column 6, total ordinary 2, column 6, 2) 3. Average education (attach schedule) (column 6, total ordinary 2, column 6, 2) 3. Average advanced to a column 6, 2, 429 3. 368,611 5. 23,570 7. 40,9 3. 990 7. Gross income reportable (column 6, total ordinary 2, 421 Finter here and on page 1, 2, 41, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	4a	Additional sec 263A costs				ın Part I, line 2					
State Sta		(attach schedule)	4a		8	Do the rules of sect	on 263	A (with respect to		Ye	s No
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (a) From personal property (if the percentage of rent for personal property occaeds 50% or if the rent is based on profit or income) (b) From real and personal property occaeds 50% or if the rent is based on profit or income) (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (i) percentage of rent for personal property (income personal property connected with the income in columns 2(a) and 2(b). Enter personal property (income personal property connected with the income in columns 2(a) and 2(b). Enter personal property income personal property (income personal property connected with the income in columns (income personal property connected with the income in columns 2(a) and 2(b). Enter personal property (income personal p	b		4b			property produced o	or acqu	red for resale) apply	v		
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Totals Property (attach schedule) (attac								•		•	tumns
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Part I, line 7, column (A) Part I, line 7, column (B) ➤ 391,636 401,924		e Statement 3	See Stateme	nt 4			Enter	here and on page 1	I, E	nter here and on	page 1,
	Total	ls				▶ [391,63	6	401	,924
			uctions included in	column 8	3				-	-	

Form **990-T** (2018)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. 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) N/A						
(2)						
(4)				-		
Totals (carry to Part II, line (5))						

Totals, Part II (lines 1-5)

Enter here and on

page 1, Part I,

line 11, col (A)

Partill Income From Periodicals Reported on a 2 through 7 on a line-by-line basis)	Separate Basis (F	or each periodi	cal listed in Par	t II, fill in columi
. Law ought to the mile by this best /	1			
2 Gross advertising income 3. Direct advertising cos	4. 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)
N/A				
·				<u> </u>
)				
Totals from Part I				

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)						
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 il. line 14		•				

Enter here and on

page 1, Part I,

line 11, col (B)

Form **990-T** (2018)

Enter here and on page 1, Part II, line 27 Form **990-T**

Schedule M Charitable Contribution and Loss Calculation

Description Unrelated Business Activity

2018

10,288

Name

Maui County Community

Losses generated by current year activity
Total loss carried forward to 2019

Taxpayer Identification Number

99-0300906

Unincorporated Business Income Tax Code 531120 Activity Lessors of nonresidential buildi

W	orksheet 1 Activity Charitable Contribution Deduction		
1	Activity Income (Schedule M, Line 13, col C)	1	-10,288
2	Activity Expense (does not include amount needed for Line 20)	2	
3	Net Income (Line 1 minus Line 2), If less than zero, enter -0-	3	0
4	Current activity contribution limit (Multiplier used is 10%)	4	
5	Current year contributions	5	0
6	Prior year contributions (corporations only)	6_	<u>.</u>
7	Total available contributions (Add lines 5 and 6)	7	
8	Take the lesser of Line 4 or 7, Enter here and on Line 20 (Form 990T or Sch M)	8	
9	Remaining contributions (subtract line 8 from line 7)	9	
10	Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits),		
	Enter amount here and on Form 990-T, Line 33 as a negative amount	10	
11	Remaining contributions (carried forward for corporations only, See Worksheet 3)	11	0
_w	orksheet 2 ¹ Activity Losses and Carryforward Amounts		
1	Activity losses (do not include amounts before 2018)	1	
2	Amount of loss used in the current year	2	0
3	Prior year losses carried over to next year	3	

Worksheet 3 Activity Charitable Contribution Carryforward

<u> </u>		Prior Year		Current Year	Next Year
Prior Tax Years	Contributions	Used	Carryover	Amount Used	Carryover
5th 06/30/14					
4th 06/30/15					
3rd 06/30/16					
2nd 06/30/17					
1st 06/30/18					
Charitable Contribution Carryover T	o Current Year		0		
Current Year Amount	0	=			
Charitable Contribution Carryover A	vailable To Next Year			·	

AKAK0906 Maui County Community
Federal Statements

FYE: 6/30/2019

Statement 1 - Form 990-T, Schedule E, Column 3a - Straight Line Depreciation

Description	
Commercial Rental	
Commercial Property	61,539
Solar	6,075
Roofing	3,660
Siding and Sofit	1,816
Solar Panels	1,557
Improvements	284
Improvements	472
Improvements	309
Improvements	208
Air Conditioner	237
Air Conditioner	338
Air Conditioner	369
Air Conditioner	221
Improvements	959
Improvements	1,383
Water Main Replacement	2,545
Air Conditioner	3,294
Improvements	77
Improvements	118
Improvements	138
Improvements	333
Improvements	86
Improvements	95
Improvements	83
Improvements	107
Total	86,303
Electricity	
Photovoltaic	107,237
Total	107,237

AKAK0906 Maui County Community
Federal Statements

FYE: 6/30/2019

Statement 2 - Form 990-T, Schedule E, Column 3b - Other Deductions

Description	Deduction
Commercial Rental	
Accounting Fees	13,953
Legal Fees	1,449
Management Fees	61,463
Interest	61,300
Insurance	25,599
Cleaning & Maintenance	58,849
Supplies	4,179
Repairs	79,219
Taxes	59,897
Utilities	50,277
Rent	218,354
Amortization	867
Total	635,406

Statement 3 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt

Description	Deduction	
Commercial Rental Sum of Debt Outstanding at First of Each Month Divided by Total Number of Months Property Held	8,113,346	
Average Acquisition Debt	676,112	
Electricity Sum of Debt Outstanding at First of Each Month Divided by Total Number of Months Property Held	4,423,328	E C
Average Acquisition Debt	368,611	

AKAK0906 Maui County Community
Federal Statements

FYE: 6/30/2019

Statement 4 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis

Description	<u>Deduction</u>
Commercial Rental Adjusted Basis on First Day Property Was Held Adjusted Basis on Last Day Property Was Held	1,538,061 1,451,758
Divided by 2	2,989,819 2 1,494,910
Average Adjusted Basis Electricity Adjusted Basis on First Day Property Was Held	577,188
Adjusted Basis on Last Day Property Was Held	469,951 1,047,139
Divided by 2 Average Adjusted Basis	2 523,570

orm	3800 (2018) Maui County Community	<u>99-0300906 </u>		Page 4
P	Int.II Allowable Credit (continued)			
lote	? If you are not required to report any amounts on line 22 or 24 below, skip lines 18 thr	ough 25 and enter -0- on line	e 26	
18	Multiply line 14 by 75% (0 75) See instructions		18	
19	Enter the greater of line 13 or line 18		19	
				•
20	Subtract line 19 from line 11 If zero or less, enter -0-		20	
21	Subtract line 17 from line 20. If zero or less, enter -0-		21	
			1	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked		22	
			<u> </u>	
23	Passive activity credit from line 3 of all Parts III with box B checked	23		
	_]	
24	Enter the applicable passive activity credit allowed for 2018. See instructions		24	
25	Add lines 22 and 24		25	
26	Empowerment zone and renewal community employment credit allowed. Enter the sn	naller of		
	line 21 or line 25		26	
27	Subtract line 13 from line 11. If zero or less, enter -0-		27	
28	Add lines 17 and 26		28	
29	Subtract line 28 from line 27 If zero or less, enter -0-		29	
30	Enter the general business credit from line 5 of all Parts III with box A checked		30	
	•			
31	Reserved		31	
			Z =	
32	Passive activity credits from line 5 of all Parts III with box B checked	32		
	,			
33	Enter the applicable passive activity credits allowed for 2018. See instructions		33	
34	Carryforward of business credit to 2018 Enter the amount from line 5 of Part III with b	ox C		
	checked and line 6 of Part III with box G checked. See instructions for statement to at		34	185,558
35	Carryback of business credit from 2019 Enter the amount from line 5 of Part III with b	ox D		
	checked See instructions		35	
36	Add lines 30, 33, 34, and 35		36	185,558
37	Enter the smaller of line 29 or line 36		37	
•				
38	Credit allowed for the current year. Add lines 28 and 37		====	
	Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, line	es 25 and	##- Fit-	
	36, see instructions) as indicated below or on the applicable line of your return		=	
	• Individuals Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51	٦		
	• Corporations Form 1120, Schedule J, Part I, line 5c	•	麗麗	
	• Estates and trusts Form 1041, Schedule G, line 2b		38	
	Located and trusts 1 offit 1041, Schedule O, line 20	<u> </u>		Form 3800 (2018)
				(2010)

Form **4562**

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

Nam	e(s) shown on return Maui C	fying number							
		sion, Inc.	·			<u> 99-</u>	030	0906	
	ness or activity to which this form relat	es							
	art I_ ' Election To Expe	nse Certain Pro	perty Under	Section 179					
1~ •,•	Note: If you have				ou complete l	Part I			
1	Maximum amount (see instruction		ity, complete t	are v bororo y	ou complete	uit i.	1	1,000,000	
2	Total cost of section 179 propert	•	see instructions)				2		
3	Threshold cost of section 179 pr			ee instructions)			3	2,500,000	
4	Reduction in limitation Subtract	•	,	•			4		
5	Dollar limitation for tax year Subtract		•		elv. see instructions	3	5	***************************************	
6	(a) Description		, , , , , , , , , , , , , , , , , , ,	(b) Cost (business use		lected cost			
	- · · · · · · · · · · · · · · · · · · ·	_ · · ·		· · · · · · · · · · · · · · · · · · ·				'	
) 1 4						
7	Listed property Enter the amour	nt from line 29			7				
8	Total elected cost of section 179		unts in column (c).	lines 6 and 7			8		
9	Tentative deduction. Enter the si						9		
10	Carryover of disallowed deduction			2			10		
11	Business income limitation Ente	=			ine 5 See instru	ictions	11	•	
12	Section 179 expense deduction		•	•			12		
13	Carryover of disallowed deduction				13			,	
	e: Don't use Part II or Part III below				•				
					n't include li	sted pro	perty	y. See instructions.)	
14	Special depreciation allowance f								
	during the tax year See instructi		•				14		
15	Property subject to section 168(f						15		
16	Other depreciation (including AC						16		
Pá	art III. MACRS Deprecia		ude listed prop	erty. See instru	ictions.)	-			
			Secti			•			
17	MACRS deductions for assets pl	aced in service in ta	x years beginning	before 2018			17	107,237	
18	If you are electing to group any assets place	ed in service during the tax	year into one or more	general asset accounts, c	heck here	▶ 🗍		•	
	Section B—As	sets Placed in Sen	vice During 2018	Tax Year Using th	ne General Dep	reciation	Syste	em	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprei (business/investme only–see instruction	nt use	(e) Convention	(f) Meti	nod	(g) Depreciation deduction	
19a	3-year property	<i>.</i> ·							
b	5-year property]							
С	7-year property	•						···	
d	10-year property								
е	15-year property	, , ; ;							
f	20-year property	}.							
<u>g</u>	25-year property	* 1		25 yrs		S/L	_		
h	Residential rental			27 5 yrs	MM	S/L			
	property			27 5 yrs	ММ	S/L			
i	Nonresidential real			39 yrs	ММ	S/L			
	property		_		MM	S/L			
	Section C—Asse	ets Placed in Servi	ce During 2018 T	ax Year Using the	Alternative De	preciatio	n Sys	tem	
<u>20a</u>	Class life	1:				S/L	_		
b	12-year	- '		12 yrs		S/L			
_с	30-year	ļ		30 yrs	ММ	S/L			
	40-year	<u> </u>		40 yrs	MM	S/L			
Pa	art IV Summary (See in	structions.)					 ,		
21	Listed property Enter amount fro						21	-	
22	Total. Add amounts from line 12						,,	107 227	
22	here and on the appropriate lines				Structions		22	107,237	
23	For assets shown above and pla		•	, enter the	23			- ,	

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172 **2018**

Attachment Sequence No 179

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Maui County Community

Television, Inc

Identifying number 99-0300906

	TereAr	ision, inc.				""	030	0900
Busii	ness or activity to which this form rela							
C	ommercial Rental							
Pa	art I ' Election To Expe	ense Certain Pro	perty Under S	Section 179				 _
	Note: If you have	any listed prope	rty, complete F	Part V before yo	ou complete	Part I		<u> </u>
1	Maximum amount (see instructi	ions)					1	1,000,000
2	Total cost of section 179 proper	rty placed in service ((see instructions)				2	
3	Threshold cost of section 179 p	roperty before reduct	tion in limitation (se	ee instructions)			3_	2,500,000
4	Reduction in limitation Subtrac		4					
5	Dollar limitation for tax year Subtrac	t line 4 from line 1 If zero	o or less, enter -0- If r	married filing separate	ely, see instruction	ns .	5	
6	(a) Description	on of property		(b) Cost (business use	only) (c)	Elected cost		
			, , ,					
7	Listed property. Enter the amou	int from line 29			7		,	
8	Total elected cost of section 17	9 property Add amou	unts in column (c),	lines 6 and 7			8	
9	Tentative deduction Enter the s	smaller of line 5 or lir	ne 8				9	
10	Carryover of disallowed deduct	ion from line 13 of yo	ur 2017 Form 4562	2			10	
11	Business income limitation Ent	er the smaller of busi	ness income (not l	ess than zero) or I	ine 5 See instr	uctions	11	
12	Section 179 expense deduction	Add lines 9 and 10,	but don't enter mo	ore than line 11			12	
<u>13</u>	Carryover of disallowed deduct				13			.,
	e: Don't use Part II or Part III belo		<u> </u>					
<u> Pa</u>	*					isted pro	<u>ppert</u>	y. See instructions)
14	Special depreciation allowance	for qualified property	(other than listed	property) placed in	service			
	during the tax year. See instruc						14	<u></u> .
15	Property subject to section 168	(f)(1) election					15	
<u> 16</u>	Other depreciation (including A						16	86,303
<u> Pa</u>	art III MACRS Depreci	ation (Don't incli			ictions.)			
			Section				т	
17	MACRS deductions for assets p					, n	17	0
<u>18</u>	If you are electing to group any assets pla	ssets Placed in Service				P	Syste	
	Section B-A	(b) Month and year	(c) Basis for deprec		ie General Del	leciation	Jysu	
	(a) Classification of property	placed in	(business/investmen	it use	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property	service	onty-see instructio	(ms) pariou	-	 		
b	5-year property	┪				 -		
<u>c</u>	7-year property	┨	<u> </u>			 		· <u> </u>
_ d	10-year property	┥			<u> </u>	 	_	
<u>u</u>	15-year property	- '				<u> </u>		
_ f	20-year property	-				 		· · · · · · · · · · · · · · · · · · ·
_ <u>'</u>		┥ '		25 yrs		S/L		
				27 5 yrs	ММ	S/L	<u> </u>	
n	Residential rental property			27 5 yrs	MM	S/L		
		- · · 		39 yrs	MM	S/L		
i	Nonresidential real property				MM	S/L		
	· · · · <u> </u>	ets Placed in Servi	ce During 2018 Ts	ax Year Using the				item
200	Class life	oco i laceu III del VIII	55 Dainig 2010 18	Tour Carry the		S/L		
		- '		12 yrs.		S/L		
	12-year			30 yrs	ММ	S/L		
	30-year 40-year			40 yrs	MM	S/L		<u> </u>
$\overline{}$		aetructione \		1 40 913	1 141141	1		<u> </u>
	art IV Summary (See in						21	
21 22	Listed property. Enter amount for Total . Add amounts from line 1:		7 lines 10 and 20 i	n column (a) and	line 21 Enter		<u> </u>	
~~	here and on the appropriate line						22	86,303
23	For assets shown above and pl							
-	portion of the basis attributable				23			

Form **4562** (2018)

	aui (County Co	mmunity				99-0	3009	906							Page 2
	art V_	Listed Prop	erty (Include nt, recreation vehicle for which	or amus	semer	it.)							-			rage <u>L</u>
		Note: For any v 24b, columns (a	a) through (c) of	Section A,	all of S	ection B	, and Se	ction C	if applic	able					••	
		Section A	—Depreciation	n and Othe	r Inform	nation (_	n: See t	1							
24a	Do you ha	ve evidence to support	the business/investm	ent use claime	ed?		Yes	No	24b	If "Yes,	" is the	evidenc	e writter	1?	Yes	<u>No</u>
(a) (b) (c) Business/ (d) Type of property Date placed investment use percentage Cost or other controls of the control of the			Bono for donrociation			(f) Recover peпod	-	(g) Method/ Convention			(h) Depreciation deduction		(i) Elected section 179 cost			
25	the tax y	depreciation allow year and used mo	ore than 50% in	a qualified	busines			_			2	5				
26	Property	used more than	50% in a qualifi	ed busines	s use					1						
			%			<u> </u>		-	<u> </u>							
			%						l .							
27	Property	used 50% or les	s in a qualified l	business us	se	1			Τ	1					Γ	
										61						
			%						1	3/	S/L-				 	
			0/							S/	I -					
28	Add am	ounts in column (h\lines 25 thro	ugh 27 Ent	or here	and on	line 21	nage 1	1	1	2	8				
29		ounts in column (•	-				page i				<u> </u>		29		
	riad arri	<u>vanto in conamina</u>	. <u>// 25 </u>					Use of	Vehicle	·s				1	•	
Com	plete this	section for vehic	les used by a so								elated p	erson	lf you pr	ovided v	ehicles	
		yees, first answei														
					(a) (b)			(c) (d)			-	1	e)	(f)		
30	Total bu	siness/investmer	nt miles driven d	uring	Vehicle 1 Vehicle 2			Vehi	de 3	Ver	iide 4	Ven	ide 5	Vehicle 6		
	the year	(don't include co	ommuting miles))											ļ	
31	Total co	mmuting miles dr	iven during the	year					ļ		ļ			_		
32	Total oth	ner personal (non	commuting)												İ	
	miles dr	ven							ļ		ļ		ļ			
33	Total mi	les driven during	the year Add													
	lines 30	through 32					ļ		ļ		ļ .	1		T		
34		vehicle available	•		Yes	No	Yes	No_	Yes	No	Yes	No	Yes	No_	Yes	No
		ng off-duty hours			-		-	<u> </u>	 		1	ļ	 			l
35		vehicle used prir		•												
		owner or related	F ·		-	-	 		<u> </u>	_	 	<u> </u>	 		-	<u> </u>
36	is anoth	er vehicle availab				1000	<u> </u>		16		I			<u> </u>	<u> </u>	<u> </u>
·	46	questions to dete	ction C—Ques											m'é		
		owners or relate				comple	ung Sec	uon B it	or vernor	es useu	Dy emp	noyees	will ale	: I I L		
37		maintain a written				nersona	al use of	vehicle	s includ	ina con	mutina	by	_		Yes	No
••	•	ployees?	, poney otatomo	in the profit	iono un	p0.00			o,o.a.			,				
88	-	maintain a written	policy stateme	nt that proh	ibits pei	rsonal u	se of ve	hicles, e	except c	ommuti	ng, by y	our				
	•	es? See the insti	•	•	-											
39	, ,	reat all use of ve														
10		orovide more thai					nformatio	on from	your em	ployee	s about	the				
	use of th	ie vehicles, and r	etain the inform	ation receiv	/ed?											
11	Do you	meet the requiren	nents concernin	g qualified	automo	bile den	nonstrati	on use?	See ins	struction	าร					<u> </u>
	Note: If	your answer to 3	7, 38, 39, 40, or	41 is "Yes	<u>" don't d</u>	complet	e Sectio	n B for	the cove	red veh	ıcles				L	
Pi	art VI	<u>Amortizatio</u>	n							,						
		(a) Description of costs		(b Date amo beg	ortization Amortizable			(d) Code section			,		Amortiza	(f) zation for this year		
12	Amortiza	ation of costs that	begins durina v	our 2018 t	ax year	(see ins	struction	s)								
					•					ĺ						
										<u> </u>						_
13	Amortiza	ation of costs that	began before y	our 2018 ta	ax year								43			867
14	Total. A	dd amounts in co	lumn (f) See th	e instructio	ns for w	here to	report						44			<u>867</u>

43

Total. Add amounts in column (f) See the instructions for where to report