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Form	990-T	Ė	empt Organi	zation	Bus	siness Inco	me T	ax Retur	n \$ <u> </u>	OMB No 1545-0687
	_	For cale	ndar year 2017 or other t	ax vear begin	nina	07/01 2017 a	nd ending	06/30 ,	018	<u> </u>
D	tment of the Treasury	FOI Cale	Go to www.irs.ge						°=	
	at Revenue Service	▶po	not enter SSN numbers						:)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if	, ,	Name of organization (me changed and see in		······		yer identification number
_	address changed		, ,,			•			(Employ	ees' trust, see instructions)
B Exe	empt under section	1	HALE 'OPIO H	CAUA'I,	INC	•				(
X	501(C) (13)	Print	Number, street, and room				•		99-01	.55279
	408(e) 220(e)	Type								ted business activity codes
	408A 530(a)		2959 UMI STF	REET					(See ins	tructions)
	529(a)		City or town, state or pr	ovince, countr	y, and 2	ZIP or foreign postal co	de			
	ok value of all assets		LIHUE, HI 96	766				_	53112	.0
at e	end of year	F Gro	up exemption number	(See instruct	ions)	>				
	2,147,017.	G Che	ck organization type	X 501	(c) co	rporation	501(c)	trust	401(a) t	rust Other trust
H D	escribe the organiz	zation's p	rimary unrelated busine	ess activity	► RE	NTAL OF OFF	ICE SE	PACE OF DE	EBT FI	NANCED PROPERTY
I D	uring the tax year,	was the	corporation a subsidia	ry in an affil	iated g	roup or a parént-sub	sidiary co	ntrolled group?		▶ Yes X No
			identifying number of t							
_			ALE OPIO KAUA			T	elephone	number ▶ 80	8-245-	2873
Par	t I = Unrelated	Trade o	or Business Incom	ne	,	(A) Income		(B) Expen	ses	(C) Net
1 a	Gross receipts or	sales					Ì			
b	Less returns and allows	inces		c Balance	1c					
2	-		ule A, line 7)		2					
3			2 from line 1c		3					
4a			ttach Schedule D)		4a					
b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Fo	rm 4797)	4b					
С			rusts		4c					
5		-	ps and S corporations (atta	•	5					
6					6	<u> </u>	7.60		7 000	400
7	Unrelated debt-fi	nanced in	come (Schedule E) .		7	/,	768.		7,288.	480.
8			nts from controlled organization							
9			1(c)(7), (9), or (17) organization							_
10	· · · · · · · · · · · · · · · · · · ·		ncome (Schedule I)		10					
11			dule J)		11					
12			tions, attach schedule)		12	7 .	768.		7,288.	480.
13	Total. Combine li	nes 3 thr	ough 12		13				•	I
Far			be directly connect						except ic	or contributions,
14									144	
15	0-1		directors, and trustees							<u> </u>
16	Benaire and main	tenance				DECEIL	/ED		. 15	
17	Rad debte	iteriai ice			· · · i	· KECEIV	EU	ပ္ကု	16	
18	Interest (attach se	rhedule)				O ADD 4 E	2010	8	18	_
19	Taxes and license	s.				S AFR . F 3 .	2013	స్తు	19	
20	Charitable contrib	outions (S	See instructions for limit	tation rules)		CODEN	117	<u>=</u>	20	
21			4562)							
22			on Schedule A and els						22b	
23	•									
24			compensation plans							
25			s							
26			Schedule I)							
27			chedule J)							
28			chedule)							
29			s 14 through 28							
30			le income before ne							480.
31			on (limited to the amo							
32			e income before speci							480.
33			ally \$1,000, but see lir							1,000.
34			ble income. Subtract							
			lıne 32				•		· 1	0.
For F			lotice, see instructions		-					Form 990-T (2017)

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Form **990-T** (2017) PAGE 38

	·990-T'(2018)			F	Page 2
Pa	rt III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions) and a second and a	331	,	-54,3	477.
34	Amounts pald for disallowed fringes, and the second of the	34			
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	00			
	of lines: 33: and 34 مايده تتمير مده تتمير مده مناهره تصوير مناهره تتمير مناهره المناهر المنا			-54.	4.77
37	'Specific:deduction (Generally \$1,000, but see line 37 instructions for exceptions)				000
•		37		777	
38	¿Unrelated business (taxable income. Subtract line: 37" from line: 36. If, line '37 'is, greater than line: 36.	'		- 4	
D	enter the smaller of zero or line 36	<u></u> 38		-54.,	4./ /
	Tax Computation				
39)	Organizations Taxable as Corporations Multiply-line 38 by 21% (0:21).			-11,4	440.
40.	Trusts: Taxable) at Trust Rates. See instructions for tax computation. Income, tax on	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	the amount on line, 38 from: Tax rate schedule or Schedule D (Form 1041);				
41	Proxy/tax//See/instructions				
42	Alternative minimum tax: (trusts, only)				
43.	Tax on Noncompliant Facility Income. See Instructions		~		
-44.				-11,4	440
	t V Tax and Payments		<u> </u>		
	Foreign/tax_credit (corporations/attach-Form 11/18;/trusts/attach Form 1116)	11 8 . 6 . 5			<u></u>
	Other credits (see instructions)				
	General business credit. Attach Form 3800 (see Instructions)				
	Credit for prior year minimum tax (attach Form 8801 or 8827):		ĺ		
	Total credits. Additines-45a:through-45d.	45e			
46	Subtractiline 45e-from line 44%	46		-11,4	140.
47.	Other taxes: Check if from: Form 4255. Form 8611 Form 8611 Form 8697 Other (attach schedule).				
48	Total tax. Add lines 46 and 47" (see instructions) in a same and a same a same and a same a same a same and a same and a same a same a same a same a same a same a sa	48		-11,4	140.
49	2018.het.965.tax.llābility.paid.from.Form,965:A:or.Form,965;B; Partill,column (k), line,2 مرية مراجع المتالية	.49	***************************************		
50 a	Payments: A 2017 overpayment credited to 2018	200			
ď	2018'estimated tex payments 50b		ſ		
	Tax:deposited with Form 8868	1 5 S	İ		
	Foreign organizations: Tax paid or withheld at source (see instructions)		h		
ĕ					
_	Credit/for small employer health insurance premiums (attach Form 8941):		Į.		
	Other credits/adjustments/and payments/ Form 2439:		! 		
8.	Other credits/adjustments/ and payments Form 2439: Other Total > 50a		.		
e-14.1	Form 4136		f >		
51	Total payments: Add lines 50a through 50g	,51			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	52			
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54`	Overpayment. If line 51 is larger than:the total:of lines:48, 49; and 52, enter:amount overpaid	54		11,4	
55	Enter the amount of line 54 you want; Credited to 2019 estimated tax;			11,4	40.
Par	Cooxilloti delle				
56 '	At, any time during the 20,18 calendar year; did the organization thave 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 me			2.3	- T
	FinCEN Form 1114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foréigi	n: (country		Žď.
	here , >		*		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, or forei	an true	+2'	<u> </u>	x
	If "Yes;" see Instructions for other forms the organization may have to file.	yıı uus	11 3	1	
58:	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			200	
	Under penalties of perfury, a declare that I have examined this return, including accompanying schedules and attements; and to the b	est- of-a	iv- knowledne:	and helio	di il
Sign	If the correct and complete Declaration of preparer (other than towns of a board on all information of which accourse has now begunning		·, mionioago		.,
Her	VONNETT PAMOSIT		IRS discuss		
Hen	WIL		preparer 'st		1
		ınsınıdı	lons)? X	· 8£	No
Paid	Print/Type preparer's name Preparer's signature Check	آزلتا،	PTIN		_
Prep	RUSSELL T YAMANE CPA, PRESI Property (Self-e	mployed		8204	5
Use	Only Firm's name PROSSEDE TAMANE & ASSOC., CPAS, WINC.	EIN.▶	94~328		
	Firm's address > 2158 MAIN ST., SUITE 202, WAILUKU, HI 967,93 Phone	, no 8	08-244-	5527	
JSA,			Form 9	90-T (:	2018)

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_	HALE	OPIO KA	UA'I, I	NC.				99-	-0155279)	
Form 990-T (2017)											Page 3
Schedule A - Cost of Go		ter method	d of invente								
1 Inventory at beginning of y	·						ar	6	<u> </u>		
2 Purchases				7 Cost	of	goods so	ld. Subtract line				
3 Cost of labor	3			6 f	rom	line 5 En	iter here and in				
4a Additional section 263A co	osts			Part	I, line	2		7			
(attach schedule)	4a			8 Do	the	rules of	section 263A (v	vith r	espect to	Yes	No
b Other costs (attach schedu	le) . 4b						or acquired fo				
5 Total. Add lines 1 through				to th	e orga	anization?	<u> </u>		<u></u>		Х
Schedule C - Rent Income (see instructions)	e (From Real P	roperty a	nd Perso	nal Prop	erty	Leased V	Vith Real Prope	rty)			
Description of property									_		
(1)											
(2)											
(3)											
(4)											
	2. Rent receiv	ed or accrue	ed								
(a) From personal property (if the	percentage of rent	(b) F	om real and personal property (if the			3(a) Deductions d	irectly c	onnected with	the inco	ome	
								umns 2(a) and 2(b) (attach schedule)			
(1)											
(2)											
(3)							-				
(4)											
Total		Total									
(c) Total income. Add totals of co	plumns 2(a) and 2(i	b). Enter					(b) Total deduction				
here and on page 1, Part I, line 6,							Enter here and or Part I, line 6, colu				
Schedule E - Unrelated De			e instructi	ons)			<u> </u>				
1. Description of deb			2. Gross	income fron		3. [Deductions directly co debt-finan			ole to	
									(b) Other deductions (attach schedule)		
(1) ATTACHMENT 1											
(2)											
(3)											
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	 Average adjust of or allocat debt-financed p (attach sche 	ole to property	4	Column divided column 5			income reportable n 2 x column 6)	8. (colu	Allocable ded umn 6 x total of 3(a) and 3(of colum	ins
(1)					%				<u> </u>		
(2)					%				<u> </u>		
(3)					%						
(4)					%		-				
					,,	Enter her Part I, lin	e and on page 1, e 7, column (A)		er here and o		
										•	
Totals	one included in an				.▶		7,768.	-	7,288	· •	
Total dividends-received deducti	<u>ons included in co</u>	iumm 8		<u></u>							

Form **990-T** (2017)

Chedule 1 - Interest, Ann	uities, Royalties						i ons (see	instruction	ons)	
		Ex	emp	t Controlled Org	ganızatı	ons		-		
Name of controlled organization	2. Employer identification numb	, ei		unrelated income (see instructions)		of specified	5. Part of column 4 that is included in the controlling organization's gross income			6. Deductions directly connected with incoming column 5
1)						·				
2)										
3)				·						
)										
onexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated ii (loss) (see instruc			9 Total of specific payments made		ınclud	rt of column ed in the co ation's gros	ntrolling		Deductions directly nected with income in column 10
)										
)										
)										
						Add	columns 5 a	nd 10	Add	columns 6 and 11
							here and on , line 8, colu			r here and on page 1, t I, line 8, column (B)
otals	· · · · · · · · · · · · · · · · · · ·				▶					
chedule G - Investment Ir				(7), (9), or <i>(</i> 17) Orga	nization	(see inst	tructions)		
1. Description of income	2. Amount of			3. Deduction directly contact (attach sch	tions nected		4 Se	t-asides schedule)		5. Total deductions and set-asides (col 3 plus col 4)
)			\dashv	(- lasting	/				_	
))										
)										
)										
-	Enter here and Part I, line 9, c					•				inter here and on page Part I, line 9, column (E
otals ▶										
chedule I - Exploited Exe	mpt Activity In	come. O	ther	Than Adverti	sina In	come (see instru	ctions)		
				4 Not incom		,		1		
Description of exploited activity	2. Gross unrelated business income from trade or business	connect	ectly ted wi ction o elated	from unrelat or business 2 minus col If a gain, co	ed tradé (column umn 3) ompute	from ac	. Gross income om activity that s not unrelated usiness income		7. Excess exemple expenses (column 6 minus column 5, but not more than column 4)	
)								_		
))										
))							 -	 		
<i>1</i>										
3										
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	, Part I	l ,						Enter here and on page 1, Part II, line 26
otals	page 1, Part I, line 10, col (A)	page 1, line 10,	, Part I	l ,						on page 1,
otals ▶ chedule J - Advertising Ir	page 1, Part I, line 10, col (A)	page 1, line 10, uctions)	, Part I	3)						on page 1,
otals ▶ chedule J - Advertising Ir	page 1, Part I, line 10, col (A)	page 1, line 10, uctions)	, Part I	3)	sis					on page 1,
otals ▶ chedule J - Advertising Ir	page 1, Part I, line 10, col (A)	page 1, line 10, uctions)	Con	solidated Bas 4. Advert	ising s) (col ol 3) If mpute		culation	6. Read		on page 1,
1. Name of periodical	page 1, Part I, Inne 10, col (A) Come (see Instruction (A) 2. Gross advertising	page 1, line 10, uctions) ed on a	Con	4. Advert gain or (los 2 minus co a gain, coi	ising s) (col ol 3) If mpute			1		7. Excess readersh costs (column 6 minus column 5, bi not more than
chedule J - Advertising Interview Income From Per	page 1, Part I, Inne 10, col (A) Come (see Instruction (A) 2. Gross advertising	page 1, line 10, uctions) ed on a	Con	4. Advert gain or (los 2 minus co a gain, coi	ising s) (col ol 3) If mpute			1		7. Excess readersh costs (column 6 minus column 5, bi not more than
chals	page 1, Part I, Inne 10, col (A) Come (see Instruction (A) 2. Gross advertising	page 1, line 10, uctions) ed on a	Con	4. Advert gain or (los 2 minus co a gain, coi	ising s) (col ol 3) If mpute			1		7. Excess readersh costs (column 6 minus column 5, bi not more than
chedule J - Advertising Ir chedule J - Advertising Ir cart I Income From Per 1. Name of periodical	page 1, Part I, Inne 10, col (A) Come (see Instruction (A) 2. Gross advertising	page 1, line 10, uctions) ed on a	Con	4. Advert gain or (los 2 minus co a gain, coi	ising s) (col ol 3) If mpute			1		7. Excess readersh costs (column 6 minus column 5, bi not more than
chedule J - Advertising Income From Per	page 1, Part I, Inne 10, col (A) Come (see Instruction (A) 2. Gross advertising	page 1, line 10, uctions) ed on a	Con	4. Advert gain or (los 2 minus co a gain, coi	ising s) (col ol 3) If mpute ough 7			1		7. Excess readersh costs (column 6 minus column 5, bi not more than

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.) 4. Advertising 7. Excess readership 2. Gross gain or (loss) (col costs (column 6 3. Direct 6. Readership 5. Circulation minus column 5, but 2 minus col 3) If 1. Name of periodical advertising advertising costs income costs ıncome a gain, compute not more than cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5) . . . Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 4. Compensation attributable to 1. Name 2. Title time devoted to unrelated business business (1) %

(1) % (2) % (3) % (4) %

Total. Enter here and on page 1, Part II, line 14.....

Form 990-T (2017)

DEBT-FINANCED INCOME	11	3. DEDUCTIONS DIRECTLY CONNECTED (38) (38)	Y CONNECTED	4. ATTACHMENT 1 4. AVERAGE ACQUISITION DEBT	```````````````````	6. 8 4 IS 0F 5	7. GROSS INCOME REPORTABLE (2 X 6)	8. ALLOCABLE DEDUCTIONS 6 * (3A + 3B)
AUTULO BULLUNG BULLUNG		. 775.	T	CIU, 803. TOTALS	1, 114, 601.	18.913	7,768.	7,288.

ATTACHMENT 1 PAGE 43

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No

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

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

Identifying number

HALE 'OPIO KAUA'I, 99-0155279 INC. Business or activity to which this form relates GENERAL DEPRECIATION **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions). . . . 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 6 (a) Description of property Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . . Carryover of disallowed deduction to 2018 Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property) Special depreciation allowance for qualified property (other than listed property) placed in service Property subject to section 168(f)(1) election . . . 15 Other depreciation (including ACRS) 53,292 16 Part III MACRS Depreciation (Don't include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2017 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only - see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental S/L property 27 5 yrs MM мм S/L 39 yrs i Nonresidential real ММ S/L property Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/I ММ S/L c 40-year Part IV Summary (See instructions.

21

22

Listed property Enter amount from line 28

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter

here and on the appropriate lines of your return Partnerships and S corporations - see instructions,

For assets shown above and placed in service during the current year, enter the

53,292.

Fore	n 4562 (2017)	•										99	9-0155	279	Page 2
	used for er	perty (Include a tertainment, reci	reation, or	amuse	ement.))								·	roperty
	Note: For a 24b, column	iny vehicle for wh is (a) through (c) o	iich you are f Section A.	e using all of S	g the s Section	tandard B. and	d mileag Section	ge rate Cifar	e or dec policable	ducting	lease	expense	e, comp	lete or	nly 24a,
		Depreciation and				_					r pass	enger a	utomobil	es)	
248	Do you have evidend						'es		24b f "`					Yes	No
	(a)	(b)	(c)		(d)		(e)		(f)	(g)		(h)	((i)
	Type of property (list vehicles first)	Date placed in service	Business/ investment us percentage	e Cost	or other b		sis for depr usiness/inv use only	estment	Recovery period		hod/ ention		eciation uction		section 179 ost
25	Special depreciation the tax year and us										. 25				
26	Property used mor											·		·	
				%											
				%								ļ			
	D		<u> </u>	%											
<u>27</u>	Property used 50%	6 or less in a qualif	T	1				1		10"				1	
			+	% %						S/L -		-	 _		
				/° %		+				S/L -		-			
28	Add amounts in co	lumn (h) lines 25	L		here ar	nd on li	ne 21 r	nage 1	-		28	1	-		
29	Add amounts in co	lumn (i), line 26 E	nter here a	nd on I	line 7, p	age 1					<u></u> -	-1	. 29		
			Sectio												
	nplete this section fo		a sole prop	rietor,	partner,	or other	er "more	than	5% own					rovided	vehicles
to y	our employees, first an	swer the questions in	n Section C to	see if	you mee	t an exc	eption to	compl	eting this	section	for thos	e vehicle	s.		<u>.</u>
				•	(a) licle 1		(b) nicle 2	1/0	(c)		d)		(e)		(f)
30	Total business/inve			ven	iicie i	Ver	iicie z	Ve	hicle 3	ven	icle 4	Ver	nicle 5	ven	ıcle 6
31	Total commuting n	niles driven during	the year .												
32	Total other p	personal (nonco	٠, ١												
33	Total miles drive	en during the y	ear. Add												
34	Was the vehicle	e available for	personal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty		T I										ļ		
35	Was the vehicle														
	than 5% owner or i				ļ	<u>_</u>	-	1	-	_	ļ		<u> </u>		
36	Is another vehic							i							
	use?			nlava	10 \A/ba	Drov	ide Val	hioloo	fortla	ha Th	oir Fr				
	swer these question		you meet a	an exc										who a	ren't
	re than 5% owners o												 -	Yes	No
37	Do you maintain									s, includ	ding c	ommutii	ng, by	162	140
38	your employees? . Do you maintain	a written policy s		hat nr	ohibits	nersor	naluse	of ve	 hicles e		ommı	iting b	v vour	<u> </u>	
	employees? See th														
39	Do you treat all use														
40	Do you provide n	nore than five ve	hicles to yo	our en	nployee										
	use of the vehicles														
41	Do you meet the re	equirements conce	rning qualif	ed aut	tomobile	e demo	nstratio	n use?	See ins	struction	ns.)				
	Note: If your answ		0, or 41 is	"Yes," (don't co	mplete	Section	n B for	the cov	ered vel	hicles.			<u> </u>	
Pa	rt VI Amortizat	ion			1						_		 		_
	(a) Description o	of costs	(b) Date amorti begins		An	(c) nortizabl	e amount		(d) Code se		Amor	e) tization od or entage	Amortiza	(f) ation for t	hıs year
42	Amortization of cos	sts that begins dur	ing your 20	17 tax	year (se	e instr	uctions)):			, ,,,,,	<u>-</u>			
					Ĺ										
	Amortization of cos	-	•									43			
44	Total. Add amoun	ts in column (f) Si	ee the instru	actions	for who	ere to r	eport					امما			

FORM 990-T	SCHEDULE E -	STATEMENT 1				
ACTIVITY 1						
			Current			
		Accum Depr	Year	Current Year	Accum Depr	
	Cost	6/30/17	Deduction	Depreciation	6/30/18	
Admin Building	760,961.00	(760,961.00)	-	-	(760,961.00)	
Admin Land	458,938.00	-	-	-	-	
Admin Window Tint	4,392.00	(2,217.00)	(220.00)	(220)	(2,437.00)	
Admin Restoration	341,507.00	(159,368.00)	(17,075.00)	(8,756)	(176,443.00)	
Admin Plumbing	1,225.00	(601.00)	(61.00)	(61)	(662.00)	
Admin Cap Interest	11,209.00	(5,041.00)	(560 00)	(530)	(5,601.00)	
Admin Refi Fees	5,142.00	(5,142.00)	-	-	(5,142 00)	
Admin Chiller	78,500.00	(16,508.00)	(3,925.00)	(2,013)	(20,433.00)	
Admin Bldg - Carpet	10,975.00	(1,235.00)	(549.00)	(282)	(1,784.00)	
Admin Bldg - A/C	412,944.00	(20,647.00)	(20,647.00)	(10,588)	(41,294.00)	
Admin Reuphls Chair	1,240.00	(351 00)	(248 00)	(127)	(599.00)	
Admin Bottom Floor	21,415.00	-	(268 00)	(137)	(268.00)	
	2,108,448.00	(972,071.00)	(43,553.00)	(22,713.70)	(1,015,624.00)	•
		Alloca	tion to rental	72%		
TOTAL OF	F FORM 990-T, SC	HEDULE E, CO	LUMN 3(A)	(16,322)		

FORM 990-T	SCHEDULE E -	OTHER DEDUC	TIONS	STATEMENT 2
	ACTIVITY			
	NUMBER	AMOUNT	TOTAL	
REAL ESTATE TAXES		54		
INSURANCE		2,481		
GENERAL EXCISE TAX		689		
INTEREST		3,988		
UTILITIES		5,064		
OFFICE SUPPLIES		35		
OUTSIDE SERVICES		2,306		
REPAIRS & MAINTENANCE		7,269		
MISCELLANEOUS		326		
SUBTOTAI			22,212	
TOTAL OF FORM 990-	T, SCHEDULE E,	COLUMN 3(B)	22,212	