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990-T	Exempt Organization Business Income Tax Return	. 	MB No. 1545-0687								
Form JJU-1	(and proxy tax under section 6033(e))	-	୬ଲ4 •								
	For calendar year 2018 or other tax year beginning 07/01 , 2018, and ending 06/30 , 20 19		2018								
Department of the Treasury	► Go to www.irs.gov/Form990T for instructions and the latest information.		to Public Inspection for								
Internal Revenue Service	▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	501(0	c)(3) Organizations Only								
A Check box if address changed	Name of organization (Check box if name changed and see instructions) D E	mployer	identification number								
B Exempt under section	Print CHRISTS HOME	mpioyees	' trust, see instructions)								
✓ 501(c) (O3)	c) O ₃) Print Number, street, and room or suite no. If a P.O box, see instructions 23-1624905										
408(e) 220(e)	220(e) Type 800 York Road E Unrelated business activity code (See instructions.)										
408A 530(a)	Signature City or town, state or province, country, and ZIP or foreign postal code										
C Book value of all assets	Warminster, PA 18974 F Group exemption number (See instructions.) ▶		531390								
C Book value of all assets at end of year		1(a) trus	t								
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	or first) unrelated								
	here ▶ Rental of Community Center If only one, complete Parts I–V. If mo										
	space at the end of the previous sentence, complete Parts I and II, complete a Sched										
	, then complete Parts III-V.										
	, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group'	7 ▶	Yes No								
	name and identifying number of the parent corporation.										
	care of ▶ D. Bartolanzo, 800 York Road, Warminster, PA 18974 Telephone number ▶		215-956-2260								
	d Trade or Business Income (A) Income (B) Expense	es	(C) Net								
1a Gross receipt	s or sales										
b Less returns and	allowances c Balance ▶ 1c	$\perp \perp \perp$									
	s sold (Schedule A, line 7)										
3 Gross profit. S	Subtract line 2 from line 1c	\perp									
4a Capital gain n	et income (attach Schedule D) 4a	14									
b Net gain (loss)	(Form 4797, Part II, line 17) (attach Form 4797) 4b	4									
•	eduction for trusts	\bot									
5 Income (loss) from	om a partnership or an S corporation (attach statement) 5	1									
	Schedule C)	3	-14,653								
	ot-financed income (Schedule E)	+-+									
	royalties, and rents from a controlled organization (Schedule F) 8	+-+									
	e of a section 501(c)(7), (9), or (17) organization (Schedule G)	+									
·	mpt activity income (Schedule I) 10	+									
_	come (Schedule J)	+ +									
	See instructions; attach schedule)	++									
	ne lines 3 through 12		-14,653								
	ns Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for small transfer in the content of the cont	or con	iributions,								
14 Compensation	n of officers, directors, and trustees (Schedule K)	14	o								
14 Compensation15 Salaries and v		15	0								
	vages	16	0								
		17	0								
18 Interest (attac	h schedule) (see ınstrugtions)	18	0								
40 Tayon and ha		19	0								
20 Charitable co	ntributions (See instructions for limitation rules) RECEIVED IN CORRES	20	0								
21 Depreciation	attach Form 4562)										
22 Less deprecia	ition claimed on Schedule A and elsewhere on return 122a l	22b	o								
23 Depletion .	JUL 06 2020 · ·	23	0								
24 Contributions	to deferred compensation plans	24	0								
25 Employee ber	to deferred compensation plans	25	0								
26 Excess exemp	of expenses (Schedule I)	26	0								
27 Excess reade	rship costs (Schedule J)	27	0								
	ons (attach schedule)	28	0								
	ions. Add lines 14 through 28	29	0								
	iness taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-14,653								
	net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31									
	iness taxable income. Subtract line 31 from line 30	32	-14,653								
			Form 990-T (2018								



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	9Q-T (2018) '	·	Page 2
Part	☑ ↑ Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	38 -	- 1 050
24	Amounts paid for disallowed fringes	34	14,653
34 35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	3#	0
30	instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	3p	0
30	of lines 33 and 34	36	
27	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	14,653
37 38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	 	0
30	enter the smaller of zero or line 36	38	
Part	V 1) Tax Computation	Jp	U
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0
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 1041)	40	٥
41	Proxy tax. See instructions	41	0
42	Alternative minimum tax (trusts only)	42	0
43	Tax on Noncompliant Facility Income. See instructions	43	0
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
Part	V) Tax and Payments		
45a /	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45a		
b	Other credits (see instructions)]} -1	
С	General business credit. Attach Form 3800 (see instructions) 45c	! ₹ -	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	الما	
е	Total credits. Add lines 45a through 45d	45e	0
46	Subtract line 45e from line 44	46	0
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47	0
48	Total tax. Add lines 46 and 47 (see instructions)	48	0
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), Jine 2	49	0
	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments	<u> </u>	
	Tax deposited with Form 8868	₿ ₹	
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941) . 50t	} -	
	Other credits, adjustments, and payments: Form 2439	} :	
_	☐ Form 4136 ☐ Other Total ► 50g	₿. ∄	
	Total payments. Add lines 50a through 50g	51	o
	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ □	52	0
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed ▶	53	0
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid . >	54	0
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶ Refunded ▶	55	0
Part \	Statements Regarding Certain Activities and Other Information (see instructions)	· -	
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other	her authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	y have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign Bank and Financial Accounts.	eign country	1 2 63
	here >		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust? .	√
	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 \$ 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 ballet it is
Sign	true, correct, and complete Declaration of preparation (other than taxpayer) is based on all information of which preparer has any knowledge.		
_		May the IRS discu with the preparer	
Here	Signature of officer Cate Title	(see instructions)?	

Date PTIN Print/Type preparer's name Preparer's signature Paid Check if self-employed Preparer Use Only Fırm's EIN ▶ Firm's name ▶ Phone no. Firm's address ▶ Form **990-T** (2018)

Form 990-T (2018)				
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Schedule A-Cost of Goods Sold.	nter method of i	nvento	ry valuation >				, 430 0
1 Inventory at beginning of year	1				year	6	
2 Purchases	2		7 Cost of	goods	sold. Subtract	PEG	
3 Cost of labor	3				Enter here and	1201	ì
4a Additional section 263A costs			in Part I,	line 2		7	
(attach schedule)	4a		8 Do the i	rules of se	ection 263A (wi	th respect to	Yes No
b Other costs (attach schedule)	4b		property	produced	or acquired for	resale) apply	
5 Total. Add lines 1 through 4b	5		to the or	ganization?	?		<u> </u>
Schedule C—Rent Income (From R	eal Property and	d Pers	onal Property	y Leased	With Real Pro	perty)	
(see instructions) 1. Description of property						<u> </u>	
(1) Community Center with meeting rooms a	no recreational facil	lities, us	sea extensively i	or related p	orogram activities	5	
(3)							••••
(4)					<u> </u>		
	eived or accrued						·
(a) From personal property (if the percentage of ren	(b) From real as	nd person	nal property (if the	3(a)) Deductions directly	connected with the	ne income
for personal property is more than 10% but not	percentage of rent	for perso	nal property exceed	ds	ın columns 2(a) and		
more than 50%)	50% or if the rent	is based	on profit or income)			
(1) 22,84	15					Salary and Re	elated - 9,571
(2)		·					ncy - 11,639
(3)					Deprecia	tion and Insura	nce - 15,835
(4)			<u>_</u> _			Office E	xpense - 418
Total 22,84	5 Total			— (ы) То	tal deductions.		
(c) Total income. Add totals of columns 2(a) a				Enter	here and on page		
here and on page 1, Part I, line 6, column (A)	<u>, , , ▶</u>			,845 Part I,	line 6, column (B)	<u> </u>	37,498
Schedule E-Unrelated Debt-Finan	ced Income (see	instruc	tions)	3 00	ductions directly co	anected with or all	ocable to
1. Description of debt-financed pr	norty		oss income from or ole to debt-financed	- 1		ced property	ocable to
1. Description of debt-imanced pri	property		(a) Straig	(a) Straight line depreciation (b) Other deduction (attach schedule) (attach schedule)			
(4)				latte	acii scriedule)	(attach sc	nedule)
(1)		+		 		 	
<u>(2)</u> (3)		+		<u> </u>			 -
(4)		+				<u> </u>	
	age adjusted basis	 	6. Column	-		9 Allegable	dodustions.
	or allocable to inanced property		4 divided	7. Gross	income reportable nn 2 × column 6)	8. Allocable of (column 6 × total	
	ach schedule)		by column 5	(Colui)		3(a) and	i 3(b))
(1)			9	6			
(2)				6		<u> </u>	
(3)		1		6			
(4)			9	6	 		
					re and on page 1,	Enter here and	
				Part I, lir	ne 7, column (A).	Part I, line 7,	column (B).
Totals				▶			
Total dividends-received deductions include	d in column 8	<u> </u>	<u> </u>	<u> </u>	<u> ▶</u>	<u> </u>	

Schedule F-Interest, Ann	uities	, Royalties,				janizations (se	e instruc	tions)		
			Exemp	t Controlled	d Organizations			т		
1. Name of controlled organization 2. if		. Employer fication number	3. Net unrelated income (loss) (see instructions)		4. Total of specifier payments made	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5		
(1)					Ì					
(2)									· .	
(3)										
(4)								 		
Nonexempt Controlled Organiz	zations		·					<u> </u>		
3				1		10. Part of colum	on O that io	44.0	eductions directly	
7. Taxable Income		Net unrelated income oss) (see instructions)			Total of specified payments made		included in the controlling organization's gross income		connected with income in	
(1)				<u> </u>						
(2)				<u> </u>						
(3)				<u> </u>						
(4)			N.							
			-			Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11. here and on page 1, line 8, column (B).	
Totals						<u> </u>				
Schedule G-Investment I	ncon	ne of a Sect	ion 501		or (17) Organi				A-1 d- d- d	
1. Description of income		2. Amount of income		dıre	Deductions actly connected tach schedule)	4. Set-asides (attach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)										
(2)										
(3)								_		
(4)										
Totals	•	Enter here and Part I, line 9, c	olumn (A).			7.71	Part I, II	re and on page 1, ne 9, column (B).	
Schedule I—Exploited Exe	mpt	Activity Inco	ome, O	ther Than	Advertising Ir	come (see inst	ructions))	**	
1. Description of exploited activi	ty	2. Gross unrelated business inco from trade o business	me coi	Expenses directly nnected with roduction of unrelated iness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)		1								
(2)						· · · · ·				
(3)										
(4)										
Totals	. •	Enter here and page 1, Part line 10, col (/	I, pa	er here and on ige 1, Part I, e 10, col (B).	10.0			1.	Enter here and on page 1, Part II, line 26	
Schedule J-Advertising In	ncom	e (see instruc	ctions)		, , , , , , , , , , , , , , , , , , , ,				•	
Part I Income From P	eriod	icals Repor	ted on	a Consoli	dated Basis					
					4. Advertising				7. Excess readership	
1. Name of periodical		2. Gross advertising income	3. Direct advertising costs		gain or (loss) (col. 2 minus col 3) If a gain, compute cols. 5 through 7.	5. Circulation 6. Read co			costs (column 6 minus column 5, but not more than column 4)	
(1)					Contraction of the second				73.	
(2)					2				[K. 4. [A.]	
(3)					Print : in					
(4)					F					
									1	
Totals (carry to Part II, line (5))	. ▶	·			<u> </u>				L	

David Language Francisch	sala Danartas	an a Canavai	Desig (For ea	ah pariadiaal l	istad in Dart II	fill in a diverse	
Part II Income From Periodi	-	on a Separat	e Basis (For ea	ach periodicai i	isted in Part II	, fill in columns	
2 through 7 on a line-b	y-line basis.)						
1. Name of periodical 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)							
(2)							
(3)	-						
(4)							
Totals from Part I ▶			Br. 1	The water to be the	To the William		
Totals, Part II (lines 1–5) ▶	Enter here and on page 1, Part I, line 11, col (B)				enter here and on page 1, Part II, line 27.		
Schedule K—Compensation of	Officers. Direc	tors. and Tru	stees (see instru	uctions)		<u> </u>	
1. Name	[2. Title	3. Percent of time devoted to business		on page 1,		
(1)	·			9	6		
(2)				9/	6		
(3)				9/	6		
(4)				9/	6		
Total. Enter here and on page 1, Part II, Im	ie 14	<u></u>			>		

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