

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

2017

Department of the Treasury
Internal Revenue Service

For calendar year 2017 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

A Check box if address changed

B Exempt under section
 501(c)(3) **(03)**
 408(e) 220(e)
 408A 530(a)
 529(a)

C Book value of all assets at end of year
21,435,663

Name of organization (Check box if name changed and see instructions)
ASHEVILLE-BUNCOMBE COMMUNITY CHRISTIAN MINISTRY, INC.

Number, street, and room or suite no. If a P O box, see instructions
20 TWENTIETH ST.

City or town, state or province, country, and ZIP or foreign postal code
ASHEVILLE NC 28806

F Group exemption number (See instructions) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

D Employer identification number (Employees' trust, see instructions)
56-0945001

E Unrelated business activity codes (See instructions)
721000 446110

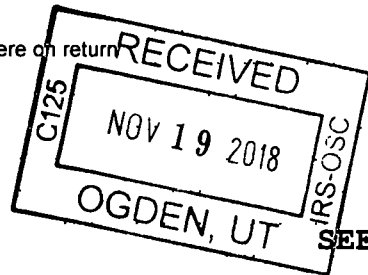
H Describe the organization's primary unrelated business activity
▶ **SEE STATEMENT 1**

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
▶ Yes No

J The books are in care of ▶ **SCOTT ROGERS** Telephone number ▶ **828-259-5300**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 210,652			
b	Less returns and allowances	210,652		
2	Cost of goods sold (Schedule A, line 7)	188,868		
3	Gross profit Subtract line 2 from line 1c	21,784		21,784
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)	42,831	36,186	6,645
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions, attach schedule) SEE STMT 2	208,844		208,844
13	Total. Combine lines 3 through 12	273,459	36,186	237,273

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)			
14	Compensation of officers, directors, and trustees (Schedule K)		14
15	Salaries and wages		15
16	Repairs and maintenance		16
17	Bad debts		17
18	Interest (attach schedule)		18
19	Taxes and licenses		19
20	Charitable contributions (See instructions for limitation rules)		20
21	Depreciation (attach Form 4562)	28,195	
22	Less depreciation claimed on Schedule A and elsewhere on return	28,195	0
23	Depletion		23
24	Contributions to deferred compensation plans		24
25	Employee benefit programs		25
26	Excess exempt expenses (Schedule I)		26
27	Excess readership costs (Schedule J)		27
28	Other deductions (attach schedule) SEE STATEMENT 3		133,048
29	Total deductions. Add lines 14 through 28		133,048
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		104,225
31	Net operating loss deduction (limited to the amount on line 30)		104,225
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30		
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		0



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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here. 36 Trusts Taxable at Trust Rates. See instructions for tax computation. 37 Proxy tax. See instructions. 38 Alternative minimum tax. 39 Tax on Non-Compliant Facility Income. See instructions. 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). 42 Subtract line 41e from line 40. 43 Other taxes. Check if from Form 4255, Form 8611, Form 8697, Form 8866, or Other (att sch). 44 Total tax. Add lines 42 and 43. 45a Payments. A 2016 overpayment credited to 2017. 46 Total payments. Add lines 45a through 45g. 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed. 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid. 50 Enter the amount of line 49 you want credited to 2018 estimated tax.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority 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. 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 53 Enter the amount of tax-exempt interest received or accrued during the tax year.

Sign Here. 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. Signature of officer: [Signature] Date: 11/14/18 Title: Executive Director.

Paid Preparer Use Only. Print/preparer's name: JAMES A LEE, CPA. Preparer's signature: [Signature] Date: 11-12-18. Check self-employed if PTIN: P00548231. Firm's name: CRAWLEY, LEE & COMPANY, P.A. Firm's EIN: 56-1391615. Firm's address: ASHEVILLE, NC 28813-5595. Phone no: 828-274-5524.

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **COST METHOD**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2	188,868	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	188,868
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional sec. 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5	188,868			X

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property		
(1) N/A		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
(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)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		STMT 4 (a) Straight line depreciation (attach schedule)	STMT 5 (b) Other deductions (attach schedule)
(1) VETERANS' RESTORATION QUA	225,782	28,195	162,559
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1) 903,167	4,761,300	18.97%	42,831
(2)		%	
(3)		%	
(4)		%	
SEE STATEMENT 6 SEE STATEMENT 7			
Totals			42,831
Total dividends-received deductions included in column 8 ▶			36,186

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified 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) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business 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 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

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)

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)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A)	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, 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 II, line 14			

Federal Statements**Statement 1 - Form 990-T - Primary Unrelated Business Activity**Description

RESIDENCE FEES
CATERING
PHARMACY SALES

Statement 2 - Form 990-T, Part I, Line 12 - Other IncomeDescriptionAmount

BAD DEBT FORGIVEN	\$ 208,844
TOTAL	\$ 208,844

Statement 3 - Form 990-T, Part II, Line 28 - Other DeductionsDescriptionAmount

COMPUTER & COPIER	\$ 11,398
CONTRACT SERVICES	105,668
OFFICE EXPENSE	890
INSURANCE	2,166
LICENSES	671
BUILDING MAINTENANCE	182
PHARMACY SUPPLIES	575
PROMOTION/ADVERTISING	1,286
TELECOMMUNICATIONS	1,295
BILLING AND BANK FEES	8,917
TOTAL	\$ 133,048

Statement 4 - Form 990-T, Schedule E, Column 3a - Straight Line DepreciationDescriptionDeduction

VETERANS' RESTORATION QUART DEPRECIATION	28,195
TOTAL	28,195

Statement 5 - Form 990-T, Schedule E, Column 3b - Other DeductionsDescriptionDeduction

VETERANS' RESTORATION QUART	\$
BENEVOLENCE	5,350
HOUSEKEEPING	1,291
INSURANCE	9,376
INTEREST EXPENSE	8,723
MAINTENANCE	24,585
NET SALARIES & CONTRACT S	42,434
OFFICE	823
PROFESSIONAL FEES	12,685
PROMOTION & ADVERTISING	700

Federal Statements**Statement 5 - Form 990-T, Schedule E, Column 3b - Other Deductions (continued)**

Description	Deduction
UTILITIES	\$ 44,298
TELECOMMUNICATIONS	12,221
TRAVEL	73
TOTAL	<u>162,559</u>

Statement 6 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt

Description	Deduction
VETERANS' RESTORATION QUART SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	10,838,004 <u>12</u>
AVERAGE ACQUISITION DEBT	<u>903,167</u>

Statement 7 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis

Description	Deduction
VETERANS' RESTORATION QUART ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	4,796,247 <u>4,726,353</u>
DIVIDED BY 2	9,522,600 <u>2</u>
AVERAGE ADJUSTED BASIS	<u>4,761,300</u>

Federal Statements**Form 990-T - Other Deductions Not Taken Elsewhere**

<u>Description</u>	<u>Amount</u>
COMPUTER & COPIER	\$ 11,398
CONTRACT SERVICES	105,668
OFFICE EXPENSE	890
INSURANCE	2,166
LICENSES	671
BUILDING MAINTENANCE	182
PHARMACY SUPPLIES	575
PROMOTION/ADVERTISING	1,286
TELECOMMUNICATIONS	1,295
BILLING AND BANK FEES	8,917
TOTAL	<u>\$ 133,048</u>