1697 0	5/06/2019 3 31 PM	j I	. •				29	393	14	5,23	38	06 No 1545-0687
Forn	990-T		Exempt Organization Bus (and proxy tax unde	ine er s	ss Ir	ncom n 6033	e Tax Re	eturn				2018
Dono	ntment of the Treasury	For cale	endar year 2018 or other tax year beginning  Go to www.irs.gov/Form990T for ins			nd ending						
•	nal Revenue Service	▶ Do	not enter SSN numbers on this form as it may						)1(c)( i).			ublic inspection for Organizations Only
A	Check box if address changed		Name of organization ( Check box if name ch						nployer id			
В	xempt under section		ASHEVILLE-BUNCOMBE CO	OM	IUUL	ΤΥ		(E	mployees' t	trust, see	instruc	tions )
[	K 501( C)( <u>0</u> 3)	Print	CHRISTIAN MINISTRY,	INC	<u> </u>			_				
	408(e) 220(e)	or	Number, street, and room or suite no. If a P.O. box, see insti	ruction	IS			ļ:	<u>56-0</u>	945	<u>001</u>	<u> </u>
Ļ	408A 530(a)	Туре	20 TWENTIETH ST.				<u> </u>		related b		activit	y code
L	529(a)	j	City or town, state or province, country, and ZIP or foreig				_		ee instruct		1	
C	Book value of all assets	<u> </u>	ASHEVILLE		NC 2	2880	<u> </u>		<u>7213</u>	10		722320
ā	at end of year		roup exemption number (See instructions )			<u> </u>		<u> </u>			<del></del>	
	23,160,241	•	heck organization type ► X 501(c) cor				01(c) trust		1(a) trus			ther trust
H	<ul><li>ter the number of the</li><li>SEE STATEN</li></ul>	•		<u> </u>	Describ	e tne or	lly (or first) u	nrelated	rade or			
			cribe the first in the blank space at the end of	ftha	Drov401	ın conto	noo complet	o Dodo I	0 = 0   1	_	•	e, complete
			trade or business, then complete Parts III-V	i liic	previou	is sente	nce, complet	e raits i	and ii, t	comple	-10	
			poration a subsidiary in an affiliated group or	а ра	rent-su	bsidiarv	controlled or	oup?			<b>▶</b> [	Yes X No
			ntifying number of the parent corporation				J.	,-		•		] .00 [2] .10
!	<u> </u>											
	The books are in care of		SCOTT ROGERS				Tele	phone n	umber I	<u>&gt; 8</u> 2	<u> 28-</u>	·259-5300
<u> </u>			e or Business Income			(A)	Income	(B)	Expenses			(C) Net
1a	Gross receipts or sale		4,511				4 544					
₹,	Less returns and allow		c Balance		1c		4,511	The state of the same of the				
2,2019	Cost of goods sold (So Gross profit Subtract				3		3,058 1,453					1 452
ດາ <sup>7</sup>	Capital gain net incom				4a		1,433		35 64 - 12 27 64 - 12 1			1,453
⊖ <sup>4a</sup>	Net gain (loss) (Form 479	7 Part II	line 17) (attach Form 4797)	٦	4b							
70° 5	Capital loss deduction	for trust	line 17) (attach Form 4797)		4c							
	Income (loss) from partnership		oration (attach stalement)	တ္တ	5							
$\Omega_{6}$	Rent income (Schedul	le C)	MAY 2 0 2019	IRS-0S(	6			inai-ni6Maalan to	Sto-Astrone	WWW.HARPET		
Ž7	Unrelated debt-finance	ed incom	ne (Schedule B)	副	7			<del></del>	-			·
CANNED 8 8 8 9	Interest, annuities, royaltie	es, and re	ents from controlled organization (ScheduleIF) T	- ((	8							
	Investment income of a se	ection 501	1(c)(7), (9), or (17) organization (Schedule 6)		9							
X <sub>10</sub>	Exploited exempt activ	-	-		10							
11	Advertising income (S		•		11			Ver den Benne 912.2		***************************************		
12	Other income (See ins				12							
13	Total. Combine lines :				13	-ti	1,453				1	1,453
		s musi	t Taken Elsewhere (See instruction to be directly connected with the unrel	s io late	r IIMIII d busi	alions ( ness ir	on deducti ncome )	ons.) (£	xcept	tor co	ontri	butions,
14			ctors, and trustees (Schedule K)					$\overline{}$		14		· -
15	Salaries and wages					RE	CEIVE	ا د		15		
16	Repairs and maintena	nce			1.1				\ [	16		
17	Bad debts				A024	MA`	2 0 201	es OSC		17		
18	Interest (attach schede	ule) (see	instructions)		[A	1817				18		
19	Taxes and licenses				-   '	00	DEN, L	JT	(	19		
20	Chantable contributions (S		•		-				-	20		
21	Depreciation (attach F		•				21	<del></del> -				•
22 23	Depletion	nea on a	Schedule A and elsewhere on return		-		22a			22b		0
24	Contributions to deferr	ed com	nensation plans						ł	23	_	
25	Employee benefit prog	•	Terresitori piario						}	24		
26	Excess exempt expens		nedule I)						ŀ	26		
27	Excess readership cos	•	•						ł	27		
28	Other deductions (atta	•	•			SEE	STATEM	ENT	2	28		1,570
29	Total deductions. Ad	d lines 1	4 through 28						İ	29		1,570
30			come before net operating loss deduction Su						Ì	30		-117
31			ss arising in tax years beginning on or after Ja	anua	ıry 1, 20	)18 (see	instructions)		[	31		
32			come Subtract line 31 from line 30							32		-117
DAA	For Paperwork Redu	ction Ac	ct Notice, see instructions.		,				_		For	m <b>990-T</b> (2018)

9-15

Form 9801 (2018) A SHEVI LIDE - BUNCOMBE COMMUNITY  56-0945001  Page 2  **PRIPTIET** TOTAL Unrelated business Taxable income computed from all unrelated trades or businesses (see instructions)  33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)  34 Amounts paid for deallowed fringes  35 Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  36 Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  37 Total of unrelated business taxable income before specific deduction Subtract line 38 from the sum of lines 33 and 34  38 Deductions for net operating loss arising in the sum of lines 33 and 34  39 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  30 Unrelated business taxable income. Subtract line 37 from line 36 if line 37 is greater than line 36, or 54 to 35 organizations hazable as Corporations. Multiply line 38 by 21% (0.21)  30 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)  31 Tax Computation  32 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)  33 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)  34 Trax Computation  35 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)  36 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)  37 Organizations Taxable as Trax fates checked or 1 Tax rates ch	1697 05	06/2019 3 31 PM		•		4
33  8,846  34  Announts pand for disablewed fringes  35  Beductions for red operating loss arising in tax years beginning before January 1, 2018 (see instructions)  36  Boductions for red operating loss arising in tax years beginning before January 1, 2018 (see instructions)  37  Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  38  \$ 2,092  39  Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  39  Total of unrelated business taxable income. Subtract the 37 from line 36 if line 37 is greater than line 36, and 42 instructions for the same line of zero or line, 36 incertified the same line of zero or line, 36 incertified line 37 instructions for exceptions)  39  Total or line 38 from 1 Tax rate schedule or Subtract the 37 from line 36 if line 37 is greater than line 36, and an animalizer of zero or line, 36 incertified line 37 instructions for tax computation income tax on the amount on line 38 from 1 Tax rate schedule or Schedule D (Form 1041)  40  Truste Taxable at Trust (Russ See instructions for tax computation income tax on the amount on line 38 from 1 Tax rate schedule or Schedule D (Form 1041)  41  Proxy tax. See instructions 1 Tax rate schedule or 1 Tax rate or 1 Tax rate schedule or 1 Tax rate or 1 Tax rate schedule or 1 Tax rate or 1 Tax rate schedule or 1 Tax rate or 1 Tax rate or 1 Tax rate schedule or 1 Tax rate or 1 Tax	Form	990-T (2018) ASHEVILLE-BUNCOMBE COMMUNITY	56-0945001			
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of lines 33 and 34  38	36	•	from the sum	[	$\neg$	
37	•••	•		- (	36	6.754
Subtract line 37 from line 36   Hine 37 is greater than line 38,   3	37			ı	-	
### Subtract line 45e from line 46  ### Total Exemptation    Tax Computation   Tax rate schedule or   Schedule D (Form 1041)   40   Trusts Taxable at Trust Hase. See instructions for tax computation Income tax on the amount on line 38 from   Tax rate schedule or   Schedule D (Form 1041)   40   Tax Computation   Tax rate schedule or   Schedule D (Form 1041)   40   Tax computation   Tax rate schedule or   Schedule D (Form 1041)   41   Tax computation   Tax rate schedule or   Schedule D (Form 1041)   41   Tax computation   Tax rate schedule or   Schedule D (Form 1041)   42   Tax computation   Tax rate schedule or   Schedule D (Form 1041)   43   Tax computation   Tax rate schedule or   Schedule D (Form 1041)   44   Tax computation   Tax rate schedule or   Tax rate schedule   Tax ra		•	r than line 36	ŀ	<del>"</del>	
Part   Tax Computation   Sorganization   Surganization   Sur	30	•	t than line 50,		20	5 754
39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)  1 Trusts Taxable at Trust Rates. See instructions for tax computation income tax on the amount on line 38 from	₩D.		<del></del>		- 30	3,134
40 Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on the amount on line 38 from		Organizations Taxable as Corporations, Multiply line 38 by 21% (0.21)			20 1	1 200
the amount on line 38 from		<del>-</del>				1,200
Proxy tax. See instructions			1041)	•		
42 Alternative minimum tax (trusts only) 43 Tax on Noncompliant Pacifility income. See instructions 41 Total. Add lines 41, 42, and 43 to line, 39 or 40, whichever applies 42 Total. Add lines 41, 42, and 43 to line, 39 or 40, whichever applies 43 Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45 Foreign tax credit (corporations attach Form 8801 or 8827) 45 Foreign tax credit (corporations attach Form 8801 or 8827) 45 Credit for prov year minimum tax (attach Form 8801 or 8827) 45 Total credits. Add lines 45 through 450 55 Subtract line 45 from line 44 66 1, 208 67 Total tax. Add lines 46 and 47 (see instructions) 67 Credit for Size shall high year of the state of the st	41		1041)			· · · · · · · · · · · · · · · · · · ·
43 Tax on Noncompilant Facility Income. See instructions 44 Total. Add Innes 41, 42, and 43 to line 39 or 40, whichever applies  Part VI  Tax and Payments  45a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45b  Other credits (see instructions)  c General business credit Attach Form 3800 (see instructions) 45c  d Credit for prior year minimum tax (attach Form 8801 or 8827)  e Total credits. Add lines 45a through 45d  45c  45d  Subtract hine 45e from line 44  Total tax. Add lines 45a and 47 (see instructions) 45 2018 ent 956 tax ability pad from Form 985-6 or Form 985-8. Part II, column (k) line 2  46 Payments A 2017 overpayment credited to 2018  b 2018 estimated tax payments 50a  Tax deposited with Form 8868  d Foreign organizations Tax paid or withhelid at source (see instructions) 50c  B Backup withholding (see instructions) 60c  Foreign organizations Tax paid or withhelid at source (see instructions) 60c  Foreign organizations Tax paid or withhelid at source (see instructions) 60c  Foreign organizations Tax paid or withhelid at source (see instructions) 60c  Foreign organizations Tax paid or withhelid at source (see instructions) 60c  Foreign organizations Tax paid or withhelid at source (see instructions) 60c  Foreign organization Tax paid or withhelid at source (see instructions) 60c  Foreign organization Tax paid or withhelid at source (see instructions) 60c  Foreign organization Tax paid or withhelid at source (see instructions) 60c  Foreign organization Tax paid or withhelid at source (see instructions) 60c  Foreign organization Tax paid or withhelid at source (see instructions) 60c  Foreign organization Tax paid or withhelid at source (see instructions) 60c  Foreign organization Tax paid or withhelid at 50c  Foreign tax due, 15c  Foreign tax due, 15c  Foreign tax due, 15c		•				
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Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)   45a   45b   45b   45b   45b   45c   45d   45c   45d   45c   45d   45c   45d					44	1,208
b Other credits (see instructions) c General business credit Attach Form 8801 (see instructions) d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits. Add lines 45a through 45d  45c  45d  45d  45d  45d  45d  45d			T T	1.	No.	
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Subtract time 45e from line 44  The control of the	d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
A7   Check difform   Form 4255   Form 8611   Form 8697   Form 8666   Other (alt sch)   A7	е	Total credits. Add lines 45a through 45d			45e	
47 Total axa. Add lines 45 and 47 (see instructions) 48 1,208 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2 49 2018 net 965 tax liability paid from Form 965-B, Part III, column (k) line 2 49 2018 net 965 tax liability paid from Form 965-B, Part III, column (k) line 2 49 2018 net 965 tax liability paid from Form 965-B, Part III, column (k) line 2 40 2018 net 965 tax liability paid from Form 965-B, Part III, column (k) line 2 40 2018 net 965 tax liability paid from Form 965-B, Part III, column (k) line 2 40 2018 net 965 tax liability paid from Form 965-B, Part III, column (k) line 2 40 2018 net 965 tax liability paid from Form 965-B, Part III, column (k) line 2 40 2018 net 965 tax liability paid from Form 965-B, Part III, column (k) line 2 40 2018 net 965 tax liability paid from Form 9841 line 2 50 2 5	46				46	1,208
Total tax. Add lines 46 and 47 (see instructions)  2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2  48	47		sch )		47	-
2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2  A9 Payments A 2017 overpayment credited to 2018 b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments Form 2439	48				48	1,208
50a Payments A 2017 overpayment credited to 2018  b 2018 estimated tax payments  c Tax deposited with Form 8868  d Foreign organizations Tax paid or withheld at source (see instructions)  e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments	49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line	2		49	
b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments				,		<del></del>
c Tax deposited with Form 8868 d Foreign organizations Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments			F			
d Foreign organizations Tax paid or withheld at source (see instructions)  Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments			<del>                                     </del>			
E Backup withholding (see instructions)  f Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments						
g Other credits, adjustments, and payments			<del></del>			
Other credits, adjustments, and payments	•					
Form 4136			501			
Total payments. Add lines 50a through 50g  Estimated tax penalty (see instructions) Check if Form 2220 is attached  Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶  Refunded ▶  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 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 If "YES," enter the name of the foreign country here ▶  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  Enter the amount of tax-exempt interest received or accrued during the tax year ▶  Signalure of officer  Date  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Firm's EIN ▶  Time	g		1			
52 Estimated tax penalty (see instructions) Check if Form 2220 is attached  53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  55 Enter the amount of line 54 you want Credited to 2019 estimated tax ▶  Figure 1. Statements Regarding Certain Activities and Other Information (see instructions)  56 At any time during the 2018 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 If "YES," enter the name of the foreign country here ▶  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  58 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Under penalties of penjury, 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  59 Prioritype preparer's name  59 Julie  50 James a Lee, CPA  50 Jam			50g			
Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  Enter the amount of line 54 you want Credited to 2019 estimated tax ▶  Refunded ▶  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 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 If "YES," enter the name of the foreign country here ▶  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  Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is lignature of officer  Date  Title  Print/Type preparer's name  Preparer's signature  JAMES A LEE, CPA  Print/Type preparer's name  Preparer's signature  Primt's name  CRAWLEY, LEE & COMPANY, P.A.  Firm's EIN ▶  56-1391615		• 5		<u>_</u>		
Statements Regarding Certain Activities and Other Information (see instructions)  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 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 If "YES," enter the name of the foreign country here ▶  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  X  If "YES," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is frue, correct, and complete Declaration-of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  May the IRS discuss this return with the preparer signature  Preparer's signatu			•	X	-	
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 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 If "YES," enter the name of the foreign country here  57 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  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 belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Way the IRS discuss this return with the preparer shown below (see instructions)?  Image: Print Ying preparer's name  Preparer's signature  Print Ying preparer's name  Preparer's signature  Print Ying preparer's name  Preparer's signature  Print Ying preparer's name  Preparer's name  Preparer's signature  Preparer's signature  Print Ying preparer's name  Preparer's name  Preparer's signature  Print Ying preparer's name  Preparer's name  Preparer's signature  Print Ying preparer's name	53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		<b>•</b>	53	1,260
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 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 If "YES," enter the name of the foreign country here ▶  57 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  Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and stalements, 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  Nay the IRS discuss this return with the preparer shown below (see instructions)?  Image: Print/Type preparer's name	54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount of	verpaid		54	
At any time during the 2018 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 If "YES," enter the name of the foreign country here  57 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  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 belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  May the IRS discuss this return with the preparer shown below (see instructions)?  If Yes No  The print of the preparer of t	1.71 1.77	VIII		1 ▶	55	
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 here  57  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  Enter the amount of tax-exempt interest received or accrued during the tax year \$  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is  Sign  Here  In the complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  May the IRS discuss this return with the preparer shown below (see instructions)?  Title  Print/Type preparer's name  Preparer's signature  Preparer's signature  Print/Type preparer's name  Print/Typ	<b>EP</b> a	TAVI Statements Regarding Certain Activities and Other Inform	nation (see instructions)			
bere 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  Enter the amount of tax-exempt interest received or accrued during the tax year ▶  Under penalties of penjury, 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  May the IRS discuss this return with the preparer shown below (see instructions)?    Yes   No   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name	56	over a financial account (bank, securities, or other) in a foreign country? If "YES," the country is a financial account (bank, securities, or other) in a foreign country?	organization may have to file	;		Yes No
If "YES," see instructions for other forms the organization may have to file  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 belief, it is true, carrect and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  May the IRS discuss this return with the preparer shown below (see instructions)?  Title  Print/Type preparer's name  Preparer's signature  JAMES A LEE, CPA  Preparer  Firm's name  Preparer  Firm's name  PO BOX 5595  PO BOX 5595	57	here ▶		,	e+2	
Sign Here    Title   Print/Type preparer's name   Preparer's signature   Firm's name   CRAWLEY, LEE & COMPANY, P.A.   Firm's EIN   Firm's EIN   Firm's EIN      May the IRS discuss this return with the preparer shown below (see instructions)?   X Yes   No     No   Print/Type preparer's name   Preparer's signature   Check   if PTIN   PTIN     Print/Type preparer's name   CRAWLEY, LEE & COMPANY, P.A.   Firm's EIN   Firm'		If "YES," see instructions for other forms the organization may have to file	or or, or transfer to, a force	911 (10.	<b>.</b>	
Sign Here    Title   Print/Type preparer's name   Preparer's signature   Firm's name   CRAWLEY, LEE & COMPANY, P.A.   Firm's EIN   Firm's EIN   Firm's EIN      May the IRS discuss this return with the preparer shown below (see instructions)?   X Yes   No     No   Print/Type preparer's name   Preparer's signature   Check   if PTIN   PTIN     Print/Type preparer's name   CRAWLEY, LEE & COMPANY, P.A.   Firm's EIN   Firm'		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the best of my knowledge ar	nd belief	ıtıs	<del></del>
Here   Signature of officer   Date   Title   Title   Signature   Date   Title	Sig	two parent and an alaka Destruction of account falls of the standard of the first of the first of the first of the standard of		·	-	May the IRS discuss this return
Signature of officer  Print/Type preparer's name  Preparer's signature  Preparer's signature  Date  Check if PTIN  Check if PTIN  Self-employed P00548231  Preparer  Firm's name CRAWLEY, LEE & COMPANY, P.A.  Firm's EIN 56-1391615			<b>\</b> .			with the preparer shown below
Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Check if PTIN  Self-employed P00548231  Preparer  Firm's name CRAWLEY, LEE & COMPANY, P.A.  Firm's EIN 56-1391615	HIC	1 1/2 76h   Same 10-17-17   CARCON 11/18	E DIRE GOR			1 — —
Paid JAMES A LEE, CPA    Cleucles let GPA   Mu Ole 5-10-19   self-employed   p00548231			- I Data	Г	<del></del>	
Preparer Firm's name CRAWLEY, LEE & COMPANY, P.A. Firm's EIN 56-1391615  Use Only PO BOX 5595	D-:-		$\sim$ $\sim$ $\sim$ $\sim$ 111	اص		<b>□</b> "
Use Only PO BOX 5595			Jewilkes 12-10			. ,
1			<del>/</del>	Firm's E	in ▶	56-1391615
Firm's address ► ASHEVILLE, NC 28813-5595 Phone no 828-274-5524	Use	• 1				
		Firm's address ► ASHEVILLE, NC 28813-5595		Phone	10	828-274-5524

orm	1 990-T (2018) ASHEV	ILLE-BUNCO	MBE CO	MMUN	II,			945001	Page 3
Sch	nedule A - Cost of Goo	ods Sold. Enter	method of	f inven	itor	y valuation ▶	COSI	METHOD	· • • • • • • • • • • • • • • • • • • •
1	Inventory at beginning of ye	ear 1			6	Inventory at end of y	еаг	L.	6
2	Purchases	2	3,	058	7	Cost of goods sold	. Subtra	ct	
3	Cost of labor	3				line 6 from line 5 En	ter here	and	
4a	Additional sec 263A costs					ın Part I, line 2		L	7 3,058
_	(attach schedule)	4a	_		8	Do the rules of section	on 263A	(with respect to	Yes No
þ	Other costs (attach schedule)	4b				property produced or	r acquire	ed for resale) apply	
5	Total. Add lines 1 through	4b 5	3,	058		to the organization?			X
Sch	edule C - Rent Incom	e (From Real P	roperty a	nd Pe	rsc	nal Property Le	ased \	With Real Propert	ty)
(se	ee instructions)	·							
Des	scription of property					•			
1)	N/A				,	<del></del> ;			
2)	· · · · · · · · · · · · · · · · · · ·								· · · · · · · · · · · · · · · · · · ·
3)									
4)									
,		2 Rent receive	ed or accrued						. <u>-</u>
	(a) From personal property (if the p	percentage of rent	(b)	From real	and	personal property (if the		3(a) Deductions dire	ctly connected with the income
	for personal property is more that	- I				r personal property exceeds			and 2(b) (attach schedule)
	more than 50%)		50%	or if the re	nt is	based on profit or income)		, ,	. , ,
1)									
2)								· <del></del>	
<del>-,</del> 3)	٠								
4)					-				
Tota	1		Total					/h) Total daduations	
	otal income. Add totals of c	olumns 2(a) and 2(b						(b) Total deductions.  Enter here and on page	.1
	and on page 1, Part I, line 6		, Linei			•		Part I, line 6, column (B	
	nedule E – Unrelated D		ncome (se	e instr	ruct	tions)		· · · · · · · · · · · · · · · · · · ·	
			1	30				3. Deductions directly coni	nected with or altocable to
						income from or	STM		
	Description of debt-fi	nanced property		altoca		to debt-financed property		traight line depreciation	(b) Other deductions
					,	лоропу	(2)	(attach schedule)	(attach schedule)
1)	VETERANS' RES	TORATION C	UA			229,781		27,182	169,466
<del>-,</del> 2)									2007100
<del>/</del> 3)				-					
4)									· -
/	4 Amount of average	5. Average adjusted b	asıs		_	Column		-	0 Allbl- d-d -A
	acquisition debt on or	of or allocable to				divided	7. 0	ross income reportable	Allocable deductions     (column 6 x total of columns
	allocable to debt-financed property (attach schedule)	debt-financed prope (attach schedule)			by	column 5	(4	column 2 x column 6)	3(a) and 3(b))
1)	857,648	4,693	901			18.27%		41,981	35,928
2)				·		<u> </u>	_		33,320
3)	_			<del></del>		%			
4)									
	EE STATEMENT 5	SEE STATEMEN	т 6					here and on page 1,	Enter here and on page 1,
٠.							Part	I, line 7, column (A)	Part I, line 7, column (B)
Tota	als					•		41.981	35.928

Total dividends-received deductions included in column 8

Schedule F - Interest, Annu	ities, Royalt	ies, and Ren	ts Fron	n Controll	ed Org	anizatio	ns (see	instructi	ons)	
	,	_	Exemp	t Controlle	Organ	ızations				
1. Name of controlled - organization	ider	2. Employer stiffication number		related income e instructions)		al of specified ments made	includ	rt of column 4	ntrolling	6 Deductions directly connected with income
- N / D		N .				•	organiz	zation's gross	sincome	ın column 5
(1) <b>N/A</b>		~								· · · · · ·
(3)	<del> </del>				<u> </u>		<del></del>			
(4)										
Nonexempt Controlled Organiza	tions						<u> </u>			
						10 Part	of column 9	that is	11	Deductions directly
7. Taxable Income		Net unrelated income ss) (see instructions)		9 Total of speci payments mad		ıncluded	in the contr ion's gross i	olling		nected with income in column 10
(1)	-		<del></del>							****
(2)	-		<u> </u>							• •
(3)			<u> </u>							•
(4)		1								· · · · · · · · · · · · · · · · · · ·
		•	•		•	Enter he	lumns 5 and re and on pa ne 8, column	age 1,	Ente	d columns 6 and 11 r here and on page 1, t I, line 8, column (B)
Totals					•▶					•
Schedule G – Investment In	come of a S	ection 501(c	)(7), (9)	, or (17) O	rganiz	ation (se	e instru	ctions)		
, ,	<u> </u>			3 De	ductions		<del></del> -			5 Total deductions
1 Description of income		2 Amount of ii	ncome	directly	connected		4 Set-	asides		and set-asides (col 3
	-	#	- · ·	(attach	schedule)	•**	(attach so	chedule)	` '	plus col 4)
(1) <b>N/A</b>								•		
(2)	. 1	•			, ,		,			
(3)				ļ						<u>`</u>
(4)	· · · · · · · · · · · · · · · · · · ·								i.eiffi	
Totals	•	Enter here and o Part I, line 9, co								ter here and on page 1, art I, line 9, column (B)
Schedule I – Exploited Exer	npt Activity	ncome, Oth	er Than	Advertis	ing Inc	ome (see	e instruc	tions)		
1	:									
	2 Gross . unrelated *	3 Expendirecti		4 Net income ( from unrelated		5 Gross inc	ome	6. Expe	neae	7 Excess exempt expenses
1 Description of exploited activity	business income	connected	with	or business (co			from activity that		ble to	(column 6 minus
	from trade or	production unrelate		2 minus colum If a gain, comp		is not unrela business inc		colum	n 5	column 5, but not more than
	business	business ir	icome	cols 5 throug	h 7					column 4)
(1) <b>N/A</b>										,
(2)						•				
(3)						•	·		r	
(4)	Enter here and or	n Enter here			5855-11H1,U02581	es Alsinheenheenheens			blantet istilij	<u> </u>
	page 1, Part I,	page 1, P	121							Enter here and on page 1,
Totala	line 10, col (A)	line 10, co	1 (B)							Part II, line 26
Totals ► Schedule J – Advertising In	COMA (see in	structions)	<u>_</u>	الأكافات البادات			الإجبادات			華 <b></b>
Part Income From P			Conso	lidated R	asis				•	<del></del>
######################################	,	T T		4 Advertisir		•	T-	-		7 Excess readership
•	2 Gross	3 Dire	ct -	gain or (loss)	(col	5. Cırculatı	ıon	6. Reade	ershin	costs (column 6
1 Name of periodical	advertising income	advertising	I .	2 minus col 3 a gain, compi cols 5 throug	ute	Income		* cost	•	minus column 5, but  • not more than column 4)
(1) N/A						•				
(2)										
(3)							·			
(4)						···				
Tatala Jason, to Double to a 1811				•		•	1		•	
Totals (carry to Part II, line (5))			<u> </u>	·		-				Form 990-T (2018)

Parity China May and a state of the	a line-by-line bas	•	arate basis (For	each periodical i	isted in Part II, Til	i in columns
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						.=
	- Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)		]			1. 4. 4	

Schedule K - Compensation of Officers, Director	ors, 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		<b>&gt;</b>	

Form **990-T** (2018)

#### SCHEDULE M (Form 990-T)

#### **Unrelated Business Taxable Income for Unrelated Trade or Business**

For calendar year 2018 or other tax year beginning

▶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).

.55

Employer identification number

56-0945001

OMB No 1545-0687

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury internal Revenue Service Name of the organization

#### ASHEVILLE-BUNCOMBE COMMUNITY

Urelated business activity code (see instructions) ▶ 721310

Describe the unrelated trade or business 

VETERANS ' RESTORATION QUART

≣Pa	rt Unrelated Trade or Business Inc	ome		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances	c Balance	1c			
2	Cost of goods sold (Schedule A line 7)		2			
3	Gross profit Subtract line 2 from line 1c		3		علاد البادية الإسلام الكالية الإسلام الكالية الإسلام الكالية الكالية الكالية الكالية الكالية الكالية الكالية ا المتحدد المتحدد الكالية الكالي	
4a	Capital gain net income (attach Schedule D)		4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Fo	orm 4797)	4b			<u>=</u>
C	Capital loss deduction for trusts		4c			
5	Income (loss) from partnership and S corporation (att statement)	ach	5			
6	Rent income (Schedule C)		6			
7	Unrelated debt-financed income (Schedule E)		7	41,98	1 35,92	6,053
8	Interest, annuities, royalties, and rents from a control organization (Schedule F)	led	8			
9	investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	ļ	9			
10	Exploited exempt activity income (Schedule I)		10			
11	Advertising income (Schedule J)	{	_11			
12	Other income (See instructions, attach schedule)		12			it F
13	Total. Combine lines 3 through 12		13	41,98	1 35,92	6,053
	Deductions Not Taken Elsewher deductions must be directly connect	cted with the unrelate	d bus	siness income.)		·
14	Compensation of officers, directors, and trustees (Sc	hedule K)			14	<del></del>
15	Salaries and wages				15	<del></del>
16	Repairs and maintenance				16	<del>+</del>
17	Bad debts				17	<del></del>
18	Interest (attach schedule) (see instructions)				18	+
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation	n rules)		] 21 [	27 100	
21	Depreciation (reported on Form 4562)			<u> </u>	27,182	#6.5
22	Less depreciation claimed on Schedule A and elsewh	nere on return		22a	27,182 22	<del> </del>
23	Depletion				23	<del></del>
24	Contributions to deferred compensation plans				24	<del></del>
25	Employee benefit programs				25	<del>-</del>
26	Excess exempt expenses (Schedule I)				26	<del></del>
27	Excess readership costs (Schedule J)				27	<del>                                     </del>
28	Other deductions (attach schedule)				28	<del></del>
29	Total deductions. Add lines 14 through 28				29	
30	Unrelated business taxable income before net operat	ing loss deduction. Subtra-	ct line	29 from line 13	30	6,053
31	Deduction for net operating loss arising in tax years b instructions)	eginning on or after Janua	ту 1, 1	2018 (see	31	
32	Unrelated business taxable income Subtract line 31	from line 30			32	6,053
For	Paperwork Reduction Act Notice, see instructions.				Schedu	le M (Form 990-T) 2018

#### SCHEDULE M (Form 990-T)

#### **Unrelated Business Taxable Income for Unrelated Trade or Business**

For calendar year 2018 or other tax year beginning

►Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No 1545-0687

Employer identification number 56-0945001

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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 50.1(c)(3) Organizations Only

#### ASHEVILLE-BUNCOMBE COMMUNITY

Urelated business activity code (see instructions) ▶ 446110

Describe the unrelated trade or business 
AB COMMUNITY PHARMACY

Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 3,126				
b	Less returns and allowances c Balance	1c	3,126		
2	Cost of goods sold (Schedule A line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	3,126		3,126
4a	Capital gain net income (attach Schedule D)	4a	1		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
C	Capital loss deduction for trusts	4c			
5	Income (loss) from partnership and S corporation (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7	-	· ·	
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			-
12	Other income (See instructions, attach schedule) SEE STMT 1	12	528		528
13	Total. Combine lines 3 through 12	13	3,654		3,654
14	deductions must be directly connected with the unrelate Compensation of officers, directors, and trustees (Schedule K)			<del></del>	4
15	Salaries and wages			1	5
16	Repairs and maintenance			1	6
17	Bad debts			_1	7
18	Interest (attach schedule) (see instructions)			_1	8
19	Taxes and licenses			<u> </u>	9
20	Charitable contributions (See instructions for limitation rules)		1 1		20
21	Depreciation (reported on Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22	<u>2b</u> 0
23	Depletion			2	23
24	Contributions to deferred compensation plans			_2	4
25	Employee benefit programs			2	25
26	Excess exempt expenses (Schedule I)			2	26
27	Excess readership costs (Schedule J)				27
28	Other deductions (attach schedule)	SE	E STATEME	NT 2 2	8 861
29	Total deductions. Add lines 14 through 28			2	9 861
30	Unrelated business taxable income before net operating loss deduction. Subtra	ct line 29 f	rom line 13		0 2,793
31	Deduction for net operating loss arising in tax years beginning on or after Janua instructions)			ļ	1
32	Unrelated business taxable income Subtract line 31 from line 30			3	2,793
For	Paperwork Reduction Act Notice, see instructions.			Sched	ule M (Form 990-T) 2018

Totals, Part II (lines 1-5)

Form 990-1	Description C				cnedules W OS	orksn	eet			2010 -
Name	Description C	01111	TALL OC	Z M M M L				Taxpayer	Identifica	tion Number
ASHEVILLE-BUNC			ΥΥ					56-0	94500	1
Unincorporated Business Income Tax C	ode 72232	O Acti	vity CAT	ERERS				<del> </del>		
Schedule A – Cost of G	oods Sold.									
1 Inventory at beginning of				5 In	ventory at end of y	ear		5		
2 Purchases and Other Co			3,05	8 6 C	st of goods sold	I. Subtract	Line 5 from	6		3,058
3 Sec 263A Costs				 L <sub>II</sub>	ne 4, show the am	ount here	and on Line	2 of Sch M o	990T	
4 Total. Add lines 1 throug	h 3 <u>4</u>		3,05	8						
Schedule C – Rent Inco	me (From Rea	ıl Prop	erty and	Person	al Property Le		ith Real P		3	Expense
1 Description of property (1)				<del></del>			<del> </del>	<del></del>		
(2)										
(3) Total of Schedule C items for this act	ivity, Enter Col 2 on Line	6A and Co	l 3 on Line 6B			-			•	
O. b. d. l	Dahl Finance				>					
Schedule E - Unrelated  1 Description of debt-financed property			ome/Expense a		3. Debt Rati			ome reportable		cable deductions
1 Description of debt-financed property (1)			ome/Expense a	mounts	3. Debt Rati	%	(column	2 x Ratio)	(co	lumn 3 x Ratio)
		come pense				Ί				
(2)		come				%				•
(2) Tatal of Cabadida E doma for this act		pense	J S on Line 7P	-						
(3) Total of Schedule E Items for this act	ivity, Enter Col 4 on Line	7A and Co	S ON LINE 78	<del></del>				P		
Schedule F – Interest, A	Annuities, Roy	alties,	and Ren	ts From	Controlled O	rganiza	tions (see	instructions	)	
1. Name of Controlled Organization		EIN			Nonexempt Controlled		•	4 Income		5. Expenses
(1)										
(2)										
(3) Total of Schedule F items for this act	ivity (combining Exempt	and NonEx	empt), Enter Co	ol 4 on Line 8/	and Col 5 on Line 8B	·				
Schedule G – Investme	nt income of a	Secti	on 501/c	1/71 (91	or (17) Organ	ization	(see instruc	tions)		
Description of property		1	2 Income	<u> </u>	3 Deductions		4 Set-		5. Deduction	on & Set-Aside Tota
(1)										
(2)										
(3) Total for Schedule G activities- use of	n line 9 column (A) and (	В)								
			041							
Schedule I – Exploited			<u></u>				1			
1. Description	2 Gross Inc	come	3 Related E	xpense	4 Net Income	5. Non-UE	3IT income	6 Non-UBIT expe	nse 7.	Excess expense
(1)								<del></del> <u>-</u>	-	<del> </del>
(2) Totals for Schedule I - use on line 10 col	(A) and (B)							Sch I amount on I	no 26	
Totals for Screedile 1- use of line 10 cor	(A) and (b)	L		I=	<del></del>	<u> </u>		out ramount of t	116 20	
<u> Schedule J – Advertisir</u>	ng Income (see	instruc	tions)					_		
Consolidated Basis (Pa	rt I)				4 Advertising gain or		ulation	6 Readership		Excess readership
1 Name of periodical	2 Gross Adv	Income	3 Direct o	costs (f	oss) If a gain, compute hext 3 columns	inc	ome	costs	cc but	osts (col 6 - col 5) not more than col 4
(1)										
(2)										
(3)	-							<del>.</del>		
Totals (for Part I)	<u> </u>					<del>                                     </del>				
Separate Basis (Part II)										
(1)				-		-				
(2) Totals from Part I	<b>&gt;</b>			<u> </u>						
Iodais Holli Falt I	Enter here a	nd on	Enter here	and on						Enter here and
	page 1, Pa		page 1, P							on page 1, Part II, line 27
	1 11110 11, 601	101	111 O 1 1 . GO	رت	CONTRACTOR DESIGNATION OF THE PROPERTY OF THE		- D MITHUR	administration and the continuous and a second		r grt II, III t2 //

# **Business Income Schedules Worksheet**

roim JJU-1	Dusiness income so
	Description VETERANS ' RESTORA

10	Description 1	VETERANS' F	ESTOR	ATION QUART			
Name ASHEVILLE-I	BUNCOMBE COM	_				Taxpayer lo 56-09	dentification Number 45001
Unincorporated Business Inco	me Tax Code 7213:	LO Activity ROC	MING A	AND BOARDING	HOUSES		
Schedule A – Cos	t of Goods Sold						<del></del>
1 Inventory at begin			5 Inve	entory at end of year		5	
2 Purchases and O	- · ·	<del></del> -	<del></del> -	st of goods sold. Subtrac	et Line 5 from	6	
	3		_	e 4, show the amount here			OOT
<ul><li>3 Sec 263A Costs</li><li>4 Total. Add lines 1</li></ul>				e 4, snow the amount here	s and on Line 2	or sen wron s	7901
1. Description of property  (1)  (2)  (3) Total of Schedule C items for Schedule E - Unreaded in Description of debt-finances (1) VETERANS 1 1	or this activity, Enter Col 2 on Li elated Debt-Finand	ne 6A and Col 3 on Line 6B ced Income (see 2 Gross Income/Expense a	instructions	3 Debt Ratio 18.27 %	4. Gross incom (column 2 x)	e reportable	5 Allocable deductions (column 3 x Ratio) 35,928
(2)	İ	income		%			
(3) Total of Schedule E items for	or this activity, Enter Col 4 on Li	expense ne 7A and Col 5 on Line 7B			<b>4</b> :	1,981	35,928
Schedule F – Inter	rest. Annuities. Ro	valties, and Ren	nts From	Controlled Organiza	ations (see in	structions)	
Name of Controlled Organiz		2 EIN		onexempt Controlled Organization		4 Income	5, Expenses
(1)				· · · · · · · · · · · · · · · · · · ·			
(2)				<del></del>			-
(3) Total of Schedule F items for	or this activity (combining Exem	ot and NonExempt). Enter C	ol 4 on Line 8A :	and Col 5 on Line 88			•
Schedule G - Inve	estment Income of	a Section 501(c		or (17) Organization 3 Deductions	(see instruction 4 Set-Asi		5 Deduction & Set-Aside Total
(2)	<del></del>	<del></del>	+		·	<del></del>	
(2) Total for Sobodula Conduct	on use on line C seture (A) ==	1/0\	High state of the				<del></del>

1. Description of property	2 Income	3 Deductions	4 Set-Asides	5 Deduction & Set-Aside Total
(1)				
(2)				
(3) Total for Schedule G activities- use on line 9 column (A) and (B)				

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)						
1 Description	2 Gross Income	3 Related Expense	4 Net Income	5 Non-UBIT income	6 Non-UBIT expense	7. Excess expense
(1)						
(2)						
Totals for Schedule I - use on line 10 col (A) and	(B)				Sch I amount on line 26	

2 Gross Adv Income	3 Direct costs	(loss) If a gain, compute hext 3 columns	income	costs	costs (col 6 - col 5) but not more than col 4
					but not more than col 4
					out for more trained a
				<u> </u>	
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
	page 1, Part I,	page 1, Part I, page 1, Part I,	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 I, line 11, col (A)  Enter here and on page 1, Part I, line 11, col (B)	

# 1697 ASHEVILLE-BUNCOMBE COMMUNITY

56-0945001 FYE: 12/31/2018 **Federal Statements** 

# Statement 1 - Form 990-T - Primary Unrelated Business Activity

Description

CATERING RESIDENCE FEES PHARMACY SALES

#### Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

Description		Amount
MISC. SUPPLIES	\$	390
INSURANCE		504
PROFESSIONAL FEES		333
SALARIES & BENEFITS	<u></u>	343
TOTAL	\$_	1,570

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

Description	Deduction
VETERANS' RESTORATION QUART	
DEPRECIATION	27,182
TOTAL	27,182

# Statement 4 - Form 990-T, Schedule E, Column 3b - Other Deductions

Description	Deduction
VETERANS' RESTORATION QUART	\$
HOUSEKEEPING	1,393
INSURANCE	9,912
INTEREST EXPENSE	10,179
MAINTENANCE	11,337
NET SALARIES & CONTRACT S	51,155
OFFICE	693
PROFESSIONAL FEES	28,915
PROMOTION & ADVERTISING	1,215
UTILITIES	49,033
TELECOMMUNICATIONS	5,399
TRAVEL	235
TOTAL	169,466

56-0945001

# **Federal Statements**

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FYE: 12/31/2018

## Statement 5 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt

Description	Deduction
VETERANS' RESTORATION QUART SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	10,291,771
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	<u>857,648</u>

## Statement 6 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis

Description	Deduction
VETERANS' RESTORATION QUART	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	4,726,353
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	4,661,448
	9,387,801
DIVIDED BY 2	2
AVERAGE ADJUSTED BASIS	4,693,901

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1697 ASHEVILLE; BUNCOMBE COMMUNITY

56-0945001

# **Federal Statements**

FYE: 12/31/2018

#### **AB COMMUNITY PHARMACY**

# Statement 1 - Form 990-T, Schedule M, Line 12 - Other Income

. Description		 Amount
AB COMMUNITY	PHARMACY	\$ 528
TOTAL		\$ 528

#### **AB COMMUNITY PHARMACY**

#### Statement 2 - Form 990-T, Schedule M, Line 28 - Other Deductions

Description	An	<u>nount</u>
MISC. SUPPLIES	\$	200
PROFESSIONAL FEES		333
BILLING AND BANK FEES		328
TOTAL	\$	861

1697 ASHEVILLE-BUNGOMBE COMMUNITY

56-0945001

**Federal Statements** 

FYE: 12/31/2018

# VETERANS' RESTORATION QUART Statement 3 - Unrelated Business Worksheet - Schedule E Expense Details

Description	_	Deduction
VETERANS' RESTORATION QUART	\$	
HOUSEKEEPING		1,393
INSURANCE		9,912
INTEREST EXPENSE		10,179
MAINTENANCE		11,337
NET SALARIES & CONTRACT S		51,155
OFFICE		693
PROFESSIONAL FEES		28,915
PROMOTION & ADVERTISING		1,215
UTILITIES		49,033
TELECOMMUNICATIONS		5,399
TRAVEL		235
DEPRECIATION	_	27,182
TOTAL	\$_	196,648

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## 1697 ASHEVILLE; BUNCOMBE COMMUNITY

56-0945001

**Federal Statements** 

FYE: 12/31/2018

## Cumulative Worksheet for Form 990-T, Line 12 - Other Income

Description		Amount
AB COMMUNITY PHARMACY	\$_	528
TOTAL	\$_	528

## **Cumulative Worksheet for Form 990-T, Line 28 - Other Deductions**

Description	Amount		
MISC. SUPPLIES	\$	390	
INSURANCE		504	
PROFESSIONAL FEES		333	
CONTRACT SERVICES		343	
MISC. SUPPLIES		200	
PROFESSIONAL FEES		333	
BILLING AND BANK FEES		328	
TOTAL	\$	2,431	