Form 990-T	E	Exempt Orga					turn	OMB No 1545-0687
,	١.		nd proxy tax un				1906	2017
•	Forca	lendar year 2017 or other tax ye	r irs.gov/Form990T for				<u> 2018</u>	2017
Department of the Treasury Internal Revenue Service	 	Do not enter SSN number					1(c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (-	DEmp (Em	oloyer identification number ployees' trust, see ructions)
B Exempt under section	Print	rint GAP MINISTRIES 86-0999503						
\mathbf{X} 501(c)(3)	Or	I NUMBER, SHEEL, AND HOUR OF SUILE HOLD IT A PIOLOGY, SEE INSTRUCTIONS						
408(e)220(e)	Туре	2861 N. FLO	WING WELLS	ROA	D, NO. 16	1		,
408A 530(a) 529(a)		City or town, state or pro	vince, country, and ZIP 85705-939		gn postal code		611	L519 531110
C Book value of all assets at end of year		F Group exemption num		>				
6,379,0		G Check organization typ					401(a) trust	Other trust
H Describe the organizatio					STATEMENT			
I During the tax year, was		oration a subsidiary in an tifying number of the parer		ent-subs	sidiary controlled grou	nb,	► L Y	es X No
J The books are in care of			ii corporation		To	lenhone number	► 520-	-877-8077
Part Unrelate			come		(A) Income		penses	(C) Net
1a Gross receipts or sale		119,413.		I	(,	C-6		132.40 20 11 130
b Less returns and allo			c Balance	1c	1319,41	3.10.0000		
2 Cost of goods sold (S		A, line 7)	,	2		5.4	V 100 100 100 100 100 100 100 100 100 10	Name of the Second
3 Gross profit Subtrac	t line 2 fr	om line 1c		3		8.		60,708.
4 a Capital gain net incor	ne (attac	h Schedule D)		4a		15406	74. N/202	
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form	ı 4797)	,4b.,*	11 V	334000	10 M. A. P 8	
c Capital loss deduction	n for trus	its		4č):5		47.Mar. ()	
5 Income (loss) from p	artnersh	ips and S corporations (at	tach statement)	(5)	97		Nicht Wei	
Rent income (Schedu	ıle C)			∞ 6%				
7 Unrelated debt-finance	ed incor	ne (Schedule E)		7.	60,60	1. 5	0,960.	9,641.
		nd rents from controlled o		8				
		n 501(c)(7), (9), or (17) o	rganization (Schedůle G				, .	-
10 Exploited exempt act	•	, ,		10				
11 Advertising income (S		•		11			Wester State	
12 Other income (See in				12	101 20			70 240
13 Total. Combine lines Part II Deduction		gn 12 ot Taken Elsewhei	**************************************	13	121,30		0,960.	70,349.
(Except for	contribu	itions, deductions must	t be directly connecte	or limit	ations on deduction the unrelated business.	ns) ness income)		
		ectors, and trustees (Sche		FCI	EIVED	<u> </u>	14	
15 Salaries and wages	,	,	-		- Is	E E	15	
16 Repairs and mainter	nance		S	ILIM	n 9 2019) Li	<u> </u>	16	
17 Bad debts)UI4	0 3 2013	<u> </u>	17	
18 Interest (attach sche	dule)		اساسا		EN LIT	1	· 18	
19 Taxes and licenses			1 ()G[EN, UT	- 7	19	
		instructions for limitation	rules)		0515	101	20	
21 Depreciation (attach		•			21	22,1		_
•	aimed on	Schedule A and elsewher	e on return		22a	22,1		0.
23 Depletion							23	
24 Contributions to defe		mpensation plans					24	<u> </u>
25 Employee benefit pro	-	L . J . I . IV					25	
26 Excess exempt expe	,	•					26	
27 Excess readership of	•	•			•		27	
28 Other deductions (at		•					28	
 -29 Total deductions A 30 Unrelated business t 		14 through 28 Icome before net operating	loce daduation Cubter	ot line o	0 from line 12	•	29	70,349.
		(limited to the amount on		u iiie 2		ATEMENT	2 30	63,702.
·		come before specific dedu	•	rom line		. T DRICH I	31	6,647.
		\$1,000, but see line 33 in			. 50		33	1,000.
		income. Subtract line 33 f			than line 32 enter the	e smaller of zero o	,	1,000.
line 32				g. Jului			30 34	5,647.
723701 01-22-18 LHA FC	r Papen	work Reduction Act Notice	see instructions			·	17 4 5 1 20 1	Form 990-T (2017)

15260514 759078 21734

43 2017.05050 GAP MINISTRIES

Part II	Tax Computation	
35	Organizations Taxable as Corporations See instructions for tax computation	
1	Controlled group members (sections 1561 and 1563) check here See instructions and	
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	
	(1) \$ (2) \$ (3) \$	
	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$	
	(2) Additional 3% tax (not more than \$100,000)	-
	income tax on the amount on line 34 SEE STATEMENT 3	$\triangleright \begin{vmatrix} 35c \\ 35c \end{vmatrix} 1,015.$
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from	***
1	Tax rate schedule or Schedule D (Form 1041)	▶ 36
37	Proxy tax See instructions	▶ 37
		12 38 1,944.
	Tax on Non-Compliant Facility Income See instructions	39
	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies	4 40 2,959.
Part IV		71 4 2 273031
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	
	Other credits (see instructions)	
	General business credit. Attach Form 3800	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	
	Total credits Add lines 41a through 41d	4/le
	Subtract line 41e from line 40	42 2,959.
	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8896 Other (attach schedule	
44	Total tax Add lines 42 and 43	UT 44 2,959.
45 a	Payments A 2016 overpayment credited to 2017	
	2017 estimated tax payments	
	Fax deposited with Form 8868	
	oreign 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 and payments	
_ [Form 4136 Other Total > 45g	
46	Total payments. Add lines 45a through 45g	46
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached 🕨 🔲	47 109.
48	Fax due If line 46 is less than the total of lines 44 and 47, enter amount owed	▶ 48 3,068.
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	▶ 49
50	nter the amount of line 49 you want. Credited to 2018 estimated tax	▶ 50
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	Yes No
(over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file	
ı	inCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country	
I	nere 🕨	[X_
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X
I	f YES, see instructions for other forms the organization may have to file	
53 i	nter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$	
0:	Under penalties of perjury ndeclare that I have examined this return, including accompanying schedules and statements, and to the best of my kind correct, and complete pegaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	inowledge and belief, it is true,
Sign	Auto	May the IRS discuss this return with
Here	9 PRESIDENT	the preparer shown below (see
	Signature of officer Date Title	instructions)? X Yes No
	Prinft/Type preparer's name Preparer's signature Date Check	if PTIN
Paid	MONICA A. VERA, self-employe	l l
Prepar	er MONICA A. VERA, CPA CPA 05/14/19	P01456278
Use O	Firm's name BEACHFLEISCHMAN PC Firm's EIN	▶ 86-0683059
•	1985 E. RIVER ROAD, SUITE 201	F00 201 4535
	Firm's address ► TUCSON, AZ 85718 Phone no	520-321-4600
		Form 990-T (2017)

	- Cost of Good	T T T T L I I C I	medica of inven	tory value	11011 - 117	<u>A</u>				
1 Inventory at	beginning of year	_1	0.	6 Inv	entory at end of	/ear		6		0.
2 Purchases		2		7 Co	st of goods sold	Subtract	ine 6			
3 Cost of labo	Г	3		fro	m line 5 Enter he	re and in	Part I,		•	
4 a Additional s	ection 263A costs			lin	e 2			7	58,70	5.
(attach sche	dule)	4a		8 Do	the rules of secti	on 263A (with respect to		Yes	No
b Other costs	(attach schedule)	4b	58,705.		operty produced o	r acquired	for resale) apply to			W.
	ines 1 through 4b	5	58,705.		organization?					X
Schedule C (see instruction		(From Real	Property and	l Perso	nal Propert	y Leas	ed With Real Pro	perty)	
1 Description of pro	operty								······································	
(1)										
(2)										
(3)									,	
(4)										
		2 Rent receiv	ed or accrued						·	
rent fo	personal property (if the pe or personal property is mor 0% but not more than 50%	e than	` of rent for p	ersonal prop	property (if the percent of the percent) exceeds 50% on profit or income)	entage r :f	3(a) Deductions directly columns 2(a) ar	/ connect nd 2(b) (at	ed with the income in tach schedule)	
(1)					W.					_
(2)			,		Ø175.75m.	<u> </u>				_
(3)										
(4)						**				
Total		0.	Total		(V)	0.				
	Add totals of columns 1, Part I, line 6, columi		ter	W		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
	- Unrelated Del		Income (see	nŝtručtio	ris)					
	4		,	2 G	oss income from		3 Deductions directly con to debt-finance	nected w	ith or allocable	
	1 Description of debt-fi	nanced property		or allocable to debt- financed property			(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
							PATEMENT 5		TEMENT 6	
	ROAD REAL	ESTATE	28/	M	84,828	•	22,143	<u>· </u>	49,19	0.
			2 0 22. 24	4.222						
(2)			TO STATE OF THE PARTY OF THE PA	₹				_		
(3)				<i>\$</i>						_
(3) (4)			"Wash							<u> </u>
(3) (4) 4 Amount of debt on or alloc	average acquisition able to debt-financed attach schedule)	of or a debt-fina	adjusted basis illocable to need property is schedule)		olumn 4 divided oy column 5		7 Gross income reportable (column 2 x column 6)		8. Allocable deduction blumn 6 x total of colur 3(a) and 3(b))	
(3) (4) 4 Amount of debt on or alloc	able to debt-financed	of or e debt-fina (attac)	adjusted basis illocable to nced property				reportable (column	(co	fumn 6 x total of colur	nns
(3) (4) 4 Amount of debt on or alloc property (c	able to debt-financed attach schedule)	of or e debt-fina (attac)	adjusted basis illocable to nced property n schedule)		oy column 5		reportable (column 2 x column 6)	(co	olumn 6 x total of colur 3(a) and 3(b))	nns
(3) (4) 4 Amount of debt on or alloc property (4)	able to debt-financed attach schedule)	of or e debt-fina (attac)	adjusted basis illocable to nced property n schedule)		71 • 44%		reportable (column 2 x column 6)	(co	olumn 6 x total of colur 3(a) and 3(b))	nns
(3) (4) 4 Amount of debt on or alloc property (4) (1) (2)	able to debt-financed attach schedule)	of or e debt-fina (attac)	adjusted basis illocable to nced property n schedule)		71.44%		reportable (column 2 x column 6)	(co	olumn 6 x total of colur 3(a) and 3(b))	nns
(3) (4) 4 Amount of debt on or alloc property (4) (1) (2) (3)	able to debt-financed attach schedule)	of or e debt-fina (attac)	adjusted basis illocable to nced property n schedule)		71.44% %	E	reportable (column 2 x column 6)	(cc	olumn 6 x total of colur 3(a) and 3(b))	0 •
(3) (4) 4 Amount of debt on or alloc property (4) (1) (2) (3)	able to debt-financed attach schedule)	of or e debt-fina (attac)	adjusted basis illocable to nced property n schedule)		71.44% %	E	reportable (column 2 x column 6)	• En	50,96	0 •
(3) (4) 4 Amount of debt on or allocation o	able to debt-financed attach schedule)	doir is debt-fina (ettech	adjusted basis illocable to need property schedule, $0.066,429$.		71.44% %	E	reportable (column 2 x column 6) 60,601	• En	50, 96 50, 96 ter here and on page 1 art I, line 7, column (B)	0 •

Form 990-T (2017) GAP MI	NISTRIES						86-	-09995	03 Page
Schedule F - Interest,	Annuities, R	oyalties, a	-,				zations (s	ee instruction	ons)
•			Exempt (Controlled O	rganızat	ions	,		. <u>.</u>
Name of controlled organization		2. Employer dentification number				otal of specified /ments made 5 Part of columnities included in the organization's			6. Deductions directly connected with income in column 5
(1)					_	,		_	
(2)									
(3)	- , l								<u> </u>
(4)									
Nonexempt Controlled Organ	zations							- '	
7 Taxable Income	8. Net unrelated (see instri		9. Total	of specified pays made	ments		mn 9 that is inc ing organization income		Deductions directly connected ith income in column 10
(1)	i								
(2)									
(3)								1	
(4)		•							
			•	•	Ź	Enter here and	nns 5 and 10 on page 1, Par column (A)		Add columns 6 and ¹ 11 r here and on page 1, Part I, line 8, column (B)
Totals) .		0.	0.
Schedule G - Investme (see inst		f a Section	n 501(c)(7), (9), or	(17) Oi	rganization	1		··
1. Desc	ription of income			2. Amount of	încome	3 [®] Deduction directly conne- (attach sched	cted .4	Set-asides	5. Total deductions and set-asides (col 3 plus col 4)
(1)				100 m		(Gillion Soliso	-		(601 6 613 601 4)
(2)					7. SA.				
(3)			£		10,7				
(4)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
		-		Enter here and Part I, line 9, co	on page 1, lumn (A)				Enter here and on page 1, Part I, line 9, column (B)
Totals		į.	<i>®</i> ►,	<u> </u>	0.				·0.
Schedule I - Exploited (see instru		vity Incom	në, Othei	Than Ad	lvertisi	ing Income	•		
1 Description of exploited activity	2 Gross unrelated busines income from trade or business	s directly with pr of un	openses connected roduction trelated ss income	4 Net incomfrom unrelated business (cominus columingain compute through	trade or lumn 2 n 3) If a cols 5	5 Gross inco from activity the is not unrelate business inco	hat ed ^E	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		-							
(2)		 							
(3)									
(4)		1							
Totals -	Enter here and or page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, I, col (B)						Enter here and on page 1, Part II, line 26
Schedule J - Advertisi				4 400 000000	30 M3. 0 C	, 15 tom - 14 M t # 10.	-wyx - 8 /	Aurian sertan (ma	
Part. I Income From				solidated	Basis				<u> </u>
1 Name of periodical	2 Gro advert: incon	sing adv	3 Direct vertising costs	4 Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5 Circulati	ion 6	Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						*			Ka ioizwia:
(2)						Š			
(3)						`			
(4)					<u> </u>	ù l			
Totals (carry to Part II, line (5))	>	0.	0						0.
									Form 990-T (2017)

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	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	▶ 0	. 0.				0.
	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
Totals, Part II (lines 1-5)	▶ 0	. 0.				0.

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)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14	·	•	0.

Form 990-T (2017)

GAP MINISTRIES 86-0999503

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRE	LATED STATEMENT 1
•	BUSINESS ACTIVITY	

DEBT-FINANCED RENTAL INCOME AUTO GARAGE

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/10 06/30/11 06/30/12 06/30/14	14,531. 11,426. 3,076. 47,678.	13,009. 0. 0. 0.	1,522. 11,426. 3,076. 47,678.	1,522. 11,426. 3,076. 47,678.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	63,702.	63,702.

FÖRM	990-T LINE 35C TAX COMPUTAT	rion		STATEMENT	3
1.	TAXABLE INCOME		5,647		
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT	r	5,647		
3.	LINE 1 LESS LINE 2		0		
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUN	NT	0		
5.	LINE 3 LESS LINE 4	• • •	0		
6.	INCOME SUBJECT TO 34% TAX RATE		0		
7.	INCOME SUBJECT TO 35% TAX RATE		0		
8.	15 PERCENT OF LINE 2	• • •	847		
9.	25 PERCENT OF LINE 4	. 🤼 .	0		
10.	34 PERCENT OF LINE 6		0		
11.	35 PERCENT OF LINE 7		0		
12.	ADDITIONAL 5% SURTAX	`	0		
13.	ADDITIONAL 3% SURTAX	• • •	0		
14.	TOTAL INCOME TAX		_		847
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/20)17 	1,186		
		DAYS			
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 TAX PRORATED FOR NUMBER OF DAYS IN 2018		427 588		
18.	TOTAL TAX PRORATED	365		1,(015

FORM 990-T COST OF GOODS SOLD - OTHER COSTS	STATEMENT 4
DESCRIPTION	AMOUNT
DIRECT COST OF GOODS SOLD DIRECTLY ALLOCABLE OVERHEAD	44,297. 14,408.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B	58,705.
FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION	STATEMENT 5
DESCRIPTION ACTIVITY NUMBER AM	OUNT TOTAL
DEPRECIATION - SUBTOTAL - 1	22,143.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)	22,143.
FORM 990-T SCHEDULE E - OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION ACTIVITY DESCRIPTION AM	OUNT TOTAL
INTEREST REAL ESTATE TAXES INSURANCE	37,507. 10,858. 825.
- SUBTOTAL - 1 TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)	49,190.