•		270000	01-4020							
Form 990-T	Exempt Organization Business Income	Tax Return	OMB No 1545-0687							
, , , , , , , , , , , , , , , , , , ,	(and proxy tax under section 6033(e))	1906	0040							
	For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending J		2018							
	Go to www irs gov/Form990T for instructions and the latest information									
Department of the Treasury 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) Open to Public Inspection 501(c)(3) Organizations On								
A Check box if	Name of organization (Check box if name changed and see instructions.)	D En	nployer identification number							
address changed	ALLEGHENY CHRISTIAN MINISTRIES, INC		structions)							
B Exempt under section	Print D/B/A LAUREL VIEW VILLAGE		<u>23-2299089</u>							
X 501(c 103)	Number, street, and room or suite no. If a P.O. box, see instructions.		related business activity code e instructions)							
408(e)220(e)	Type 2000 CAMBRIDGE DRIVE		·							
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code									
529(a)	DAVIDSVILLE, PA 15928	72	2100							
C Book value of all assets	F Group exemption number (See instructions.)									
<u>37,600,2</u>	45. G Check organization type X 501(c) corporation 501(c) trust	401(a) trus	t Other trust							
H Enter the number of the	organization's unrelated trades or businesses. 1 Describ	e the only (or first) unrelate	ed							
trade or business here	SEE STATEMENT 1 . If only on	e, complete Parts I-V. If mo	ore than one,							
describe the first in the b	lank space at the end of the previous sentence, complete Parts I and II, complete a Schedu	ile M for each additional tra	ade or							
business, then complete	Parts III-V.									
I During the tax year, was	the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	> ▶ □	Yes X No							
If "Yes," enter the name a	and identifying number of the parent corporation.									
		hone number > 814								
Part Unrelate	d Trade or Business Income (A) Income	(B) Expenses	(C) Net							
1 a Gross receipts or sale										
b Less returns and allow										
2 Cost of goods sold (S	Schedule A, line 7) 2 124, 164	<u>, </u>								
3 Gross profit. Subtract	t line 2 from line 1c 3 113,850		<u>113,850.</u>							
4 a Capital gain net incon	ne (attach Schedule D)									
	4797, Part II, line 17) (attach Form 4797)									
c Capital loss deduction	1 . 1		<u>′</u> T							
•	partnership or an S corporation (attach statement) 5									
Rent income (Schedu										
_	ced income (Schedule E)									
	yalties, and rents from a controlled organization (Schedule F) 8									
	f a section 501(c)(7), (9), or (17) organization (Schedule G)									
	vity income (Schedule I)									
Advertising income ((/								
40 Other (manne (Con .m.	structions; attach schedule)									
	110 150	_	113,850.							
#2art⊲t Deductio	ons Not Taken Elsewhere (See instructions for limitations on deductions		1 2207000							
	contributions, deductions must be directly connected with the unrejated busine									
Compensation of off	ficers, directors, and trustees (Schedule K)	14								
Salaries and wages	incers, directors, and trustees (Scriedule R)	15	1 - 2 - 2 - 2							
	nance	16								
16 Repairs and mainter	latice /	17								
17 Bad debts	adula) (can instructions)	18								
•	edule) (see instructions)	19	1 2 2 2 2							
19 Taxes and licenses	inne (Con instructions for limitation miles)	20								
	ions (See instructions for limitation rules)	20	<u>'</u>							
21 Depreciation (attach	,		, ·							
•	aimed on Schedule A and elsewhere on return	22								
23 Depletion	CEIVED	23								
	erred ed mpendation plans	24								
25 Employee benefit pr	ograms /	_ 25								
26 Excess exempt exp		26								
27 Excess readership c	osts (Schedule J)	27								
28 Other deductions (a	ttach schedule).									
	dd lines 14 through 28	3 4								
	taxable income before net operating loss deduction. Subtract line 29 from line 13	30								
31 Deduction for net op	perating loss arising in tax years/beginning on or after January 1, 2018 (see instructions)	> 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1								
	taxable income Subtract line 31 from line 30	31/3/								
	or Panarwork Raduction Act Notice see instructions		Form 990-T (2018)							

	ALLEGHENY CHRISTIAN MINISTRIES, INC.			- 0
Form 990-T		<u> 13-22</u>	<u>99089</u>	Page 2
Part⊧l	H Total Unrelated Business Taxable Income		 	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		1 33	<u>-254,741.</u>
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STM1	. 3	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		{	
	lines 33 and 34	~	36	<u>-254,741.</u>
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	2	37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,	Ti k	[] [
	enter the smaller of zero or line 36	Iro.	38	-254,741.
Part I	V Tax Computation	V	11.	
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	
41	Proxy tax See instructions	>	41	
42	Alternative minimum tax (trusts only)		42	
	Tax on Noncompliant Facility Income See Instructions		43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part V				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
b	Other credits (see instructions) 45b			
C	General business credit. Attach Form 3800 45c		7.	
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d		7	
	Total credits Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attack)	ch schedule)		
48	Total tax Add lines 46 and 47 (see instructions)	,	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
	Payments: A 2017 overpayment credited to 2018			
	2018 estimated tax payments 50b	_	⊣ ·	
	Tax deposited with Form 8868		1	
	Foreign organizations: Tax paid or withheld at source (see instructions) 500		1	
	Backup withholding (see instructions) 50e			
	Credit for small employer health insurance premiums (attach Form 8941) 50f			
			-	
9	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total 50g			
E 4			51	
	Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
52 53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	_	53	-
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	
54 55	Finder the amount of line 54 you want: Credited to 2019 estimated tax	lad 📙	55	
Part V			00	· · · · · · · · · · · · · · · · · · ·
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		_	Yes No
56	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			- 100
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
67	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign			$-\frac{x}{x}$
57		i ii usi r		A
58	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 \$\bigs\\$\$, !
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my kr	owledge and	belief. it is true.
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Here	17/15/20 \ 000		-	scuss this return with
	Signature of officer Date Title		the preparer si instructions)?	hown below (see X Yes No
		-		162 100
	Print/Type preparer's name Preparer's signature Date Che		if PTIN	
Paid	600 - 100	- employed		1254262
Prepa	5 - ADVIDED GARDIG MOCHUMAN LID	min min h		1254262
Use C	/IIV —	m's EIN		-0486667
	5700 CORPORATE DRIVE, STE 650	one ne	410 C	2E 6270
		one no.		35-6270
823711 01	-09-19		F	orm 990-T (2018)

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Schedule A - Cost of Good	s Sold. Enter method of inver	ntory va	aluation > COS	<u> </u>		
1 Inventory at beginning of year	1 1,283	. 6	Inventory at end of yea	r		6 1,191.
2 Purchases	2 124,072		,			
3 Cost of labor	3]	from line 5. Enter here			
4a Additional section 263A costs			line 2		7 124,164.	
(attach schedule)	4a	_ 8	Do the rules of section	with respect to	Yes No	
b Other costs (attach schedule)	4b	╛	property produced or a	cquire	d for resale) apply to	
5 Total. Add lines 1 through 4b	<u> </u>		the organization?			X
Schedule C - Rent Income (see instructions)	(From Real Property and	d Per	sonal Property	Leas	ed With Real Pro	perty)
1 Description of property	_			_		
(1)						
(2)						
(3)		·				· · · · · · · · · · · · · · · · · · ·
(4)	-		·			
	2. Rent received or accrued		·			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than ' of rent for p	oersonal i	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ige		connected with the income in d 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	O . Total		<u>-</u> -	0.	1	
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	1 (A)			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	D 0.
Schedule E - Unrelated Det	ot-Financed Income (see	ınstruc	ctions)			
		,	Gross income from		 Deductions directly coni to debt-financ 	
1 Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)	<u> </u>	1				
(3)						
(4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	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 8)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
			!		nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			▶		0	0.
Total dividends-received deductions in	cluded in column 8					0.
						Form 990-T (2018)

Schedule F -	Interest, A	nnuitie	s, Royal	ties, ar					atio	ns (see ins	structio	ns)
					Exempt	Controlled O	rganizati	ons	т——			
1. Name of co	ntrolled organization	n	2. Emp identific numl	ation		elated income instructions)		al of specified ments made			Deductions directly connected with income in column 5	
(4)												
(1)		-									- +	
(2)												
(3)					-					_		
_(4)							<u> </u>					
Nonexempt Cont	rolled Organiza	ations			,							
7 Taxable Ir	ncome		nrelated incom ee instructions		9 Total	of specified pay made	ments	10 Part of colu in the controll gross	mn 9 tha ing orga s income	nization's	11. D	eductions directly connected th income in column 10
(1)												
(2)						-						
(3)												
											<u> </u>	-
_(4)			-					Add colur Enter here and line 8,		e 1, Part I,	l	Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals							▶			0.		0
Schedule G -			me of a	Section	501(c)(7), (9), or	(17) Or	ganization	1			
	(see instru	ctions)										
	1 Descrip	otion of inco	me			2 Amount of	income	3 Deduction directly connection (attach schedule)	ected	4. Set-	asides schedule)	 Total deductions and set-asides (col 3 plus col 4)
(1)			•					-				
(2)												
(3)					-							
(4)	_									_		
(4)						Enter here and Part I, line 9, co	on page 1, olumn (A)	·.	-			Enter here and on page Part I, line 9, column (B)
T.4.1.							0.	• •				0
Totals	Francis and F	*	A - 41: -14:		- Odba	Thom As		na Incom				
Schedule I -	•	-	Activity	incom	ie, Otne	r inan Ac	ivertisi	ng income	7			
_	(see instruc	tions)	1							г		
1. Descript exploited a		unrelated	e from	directly i with pr of un	penses connected oduction related as income	4. Net incor from unrelated business (communication) minus colum gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5 Gross income from activity is not unrelated business income.	that ted	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						_		-		_		
(2)						<u> </u>						 -
	-					 			_	_		
(3)										 		+-
(4)		F-14- 1		Cutan ha	ere and on	 						Enter here and
			re and on , Part I, col (A)	page '	1, Part I, , col (B)	•	-		,	-	•	on page 1, Part II, line 26
Totals			0.		0.						٠	0
Schedule J -	Advertisin	g Inco	me (see ii	nstructioi	ns)							
Part I Inco	me From P	eriodic	als Rep	orted o	n a Con	solidated	l Basis					
	<u></u>	ı		 -						T		7 -
1. Name	e of periodical		2 Gross advertising income	adv	3 Direct ertising costs	or (loss) (c	tising gain of 2 minus ain, compu hrough 7			6 Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)												•
(1) (2) (3)												
(3)	<u> </u>	_				\dashv		-				7
(4)		-				\dashv				 		┤ .
_(+)		-+		+		+		 				
		- 1				1		1				

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

_	~	_	\sim	\sim	\sim	\sim	\sim	\sim	
٠,	٠.	- 2	٠,	u	u	11	×	u	
				7	7	u	u	-7	

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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)							
(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	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

AS PART OF RESIDENT CARE, THE FACILITY OPERATES A RESTAURANT THAT IS OPEN TO THE PUBLIC. THE FACILITY ALSO PROVIDES CATERING AND BANQUET SERVICES.

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
ADVERTISING INSURANCE MISCELLANEOUS CONTRACT LABOR		5,979. 2,008. 4,798. 130,368.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	143,153.