1			OMB No 1545-0687			
Form	990-T	· /				
		(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning July 1 , 2018, and ending June 30 , 20	$\frac{2}{19}$	2018		
Denartm	ent of the Treasury					
Internal F	Open to Public Inspection for 501(c)(3) Organizations Only					
	heck box if ddress changed		yer identification number			
	ot under section	(Emplo	oyees' trust, see instructions)			
	1(c)(O3)		61-0445823			
	8(e) 220(e)	Type 204 N Lexington Ave		Unrelated business activity code		
□ 40	8A 🔲 530(a)	City or town, state or province, country, and ZIP or foreign postal code	(See II	(See instructions)		
52		Wilmore, KY 40390		721110		
C Book at end	yalue of all assets of year	F Group exemption number (See instructions.) ▶				
		G Check organization type ► 7 501(c) corporation 501(c) trust				
H En	ter the number			ly (or first) unrelated		
		s here ► Guest House				
		space at the end of the previous sentence, complete Parts I and II, complete a So	chedule	M for each additional		
		s, then complete Parts III-V.		► □ V □ No.		
		r, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled gr	oup? .	. ► L Yes V No		
		e name and identifying number of the parent corporation.		050 050 2202		
		care of ► James C Brumfield Telephone number d Trade or Business Income (A) Income (B) Exi	penses	859-858-2282 es (C) Net		
1a		s or sales 419,137		(0)		
b	Less returns and					
2		s sold (Schedule A, line 7)				
3	•	Subtract line 2 from line 1c		419,137		
4a	•	et income (attach Schedule D) 4a				
b) (Form 4797, Part II, line 17) (attach Form 4797) 4b				
c		eduction for trusts 4c				
5		om a partnership or an S corporation (attach statement) 5				
6	Rent income (
7	Unrelated deb	ot-financed income (Schedule E)				
8	Interest, annuities,	, royalties, and rents from a controlled organization (Schedule F) 8				
9	Investment incom	ne of a section 501(c)(7), (9), or (17) organization (Schedule G)				
10	Exploited exer	mpt activity income (Schedule I) 10				
11	Advertising inc	come (Schedule J)				
12 .	Other income ((See instructions, attach schedule) 12				
13	Total. Combin	ne lines 3 through 12		419,137		
Part	Deduction	ns Not Taken Elsewhere (See instructions for imitations of deductions.) (Exce	ept for c	contributions,		
4.4		ns must be directly connected with the unrelated business income.)		4 -		
14	Salaries and w	n of officers, directors, and trustees (Schedule K)	· 1			
15 16		naintenance	. 1			
17	•	OGDEN, UT	. 1			
18		th schedule) (see instructions)	' '			
19-	Taxes and lice		. 📑			
20		ntributions (See instructions for limitation rules)	2			
21		(attach Form 4562)				
22		ation claimed on Schedule A and elsewhere on return 22a 0	22	2b 84,018		
23		· · · · · · · · · · · · · · · · · · ·	. 2			
24		to deferred compensation plans	. 2	4 0		
25		nefit programs	. 2	5 39,801		
26		pt expenses (Schedule I)	2	6 0		
27	Excess reader	rship costs (Schedule J)	. 2			
28		ons (attach schedule)	2	176,498		
29	Total deducti		2			
30	Unrelated busi	siness taxable income before net operating loss deduction. Subtract line 29 from line 1	3			
31	Deduction for n	net operating loss arising in tax years beginning on or after January 1, 2018 (see instruction	ns) 3	<u> </u>		
32	Unrelated bus	siness taxable income Subtract line 31 from line 30	. 3	2 0 0 T(0040)		

Form 99	90-T (2018)					Page :
Part		.				age
33	Total of unrelated business taxable income computed from all unrelated trades or bus	sinesses (see				Γ
	instructions)	•	33		0	J
34	Amounts paid for disallowed fringes		34		0	
35	Deduction for net operating loss arising in tax years beginning before January 1					1
	instructions)		35		0	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 f	from the sum	-			
	41 44 144		36		0	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	_	37		0	
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater					
	enter the smaller of zero or line 36		38	ı	0	
Part						
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. Inco	me tax on				
	the amount on line 38 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)		40		0	
41	Proxy tax. See instructions	•	41		0	
42	Alternative minimum tax (trusts only)		42		0	
43	Tax on Noncompliant Facility Income. See instructions		43		0	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<u> </u>	44		. 0	
Part		· · · · · · · · · · · · · · · · · · ·				
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) . 45a					
b	Other credits (see instructions)					
С	General business credit. Attach Form 3800 (see instructions)					
d	Credit for prior year minimum tax (attach Form 8801 or 8827)					
е	Total credits. Add lines 45a through 45d		45e		0	
46	Subtract line 45e from line 44		46		0	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attack		47		0	
48	Total tax. Add lines 46 and 47 (see instructions)		48		0	
49 500	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49		0	
50a b	Payments. A 2017 overpayment credited to 2018		ļ			
C	2018 estimated tax payments					
d	Foreign organizations: Tax paid or withheld at source (see instructions) . 50d					
e	Backup withholding (see instructions)					
f	Credit for small employer health insurance premiums (attach Form 8941) . 50f	<u> </u>				
g	Other credits, adjustments, and payments: Form 2439					
•	☐ Form 4136 ☐ Other Total ► 50q					
51	Total payments. Add lines 50a through 50g		51		0	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	▶□	52		Ō	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed .	▶	53		0	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount ove	rpaid . 🕨	54		0	
55	Enter the amount of line 54 you want	Refunded ►	55		0	
Part	VI Statements Regarding Certain Activities and Other Information (see ins	tructions)				
56	At any time during the 2018 calendar year, did the organization have an interest in or a s	signature or ot	her au	ithority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the or					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the n	ame of the for	eign c	ountry		
	here >					✓
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans-	nsferor to, a fore	ign tru	st?		✓
	If "Yes," see instructions for other forms the organization may have to file					
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$	-447 9 7		0		
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer h		or my	knowledge a	and beli	er, it is
				e IRS discui e preparer :		
Here	Signature of officer Date Title			e preparer : structions)? [
	1 UG INC					

Preparer's signature

Print/Type preparer's name

Firm's name ►
Firm's address ►

Paid

Preparer Use Only Date

PTIN

Check I if self-employed

Fırm's EIN ▶

Phone no

_		2
۲a	αe	J

Schedule A-Cost of Goods Sold. E	nter method of i	invento	ry valuation		-				
1 Inventory at beginning of year	1	T = T	6 Inventor						
2 Purchases	2	\top		Cost of goods sold. Subtract					
3 Cost of labor	3		line 6 fr	line 6 from line 5. Enter here and					
4a Additional section 263A costs		\top	ın Part I	, lın	e2	7			
(attach schedule)	4a		8 Do the	he rules of section 263A (with respect to Yes					
b Other costs (attach schedule)	4b		property	/ pr	roduced or acquired for	resale) apply			
5 Total. Add lines 1 through 4b	5		to the o	rgaı	nization?				
Schedule C—Rent Income (From R (see instructions)	eal Property an	d Pers	onal Propert	y L	eased With Real Pro	perty)			
Description of property									
(1)			•						
(2)									
(3)									
(4)							-		
	ived or accrued								
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	percentage of rent	t for perso	nal property (if the onal property exceed on profit or incom			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.	-			
(c) Total income. Add totals of columns 2(a) a here and on page 1, Part I, line 6, column (A)				Enter here and on page 1, Part I, line 6, column (B) ▶					
Schedule E—Unrelated Debt-Finan	ced Income (see	nstruc	ctions)						
Description of debt-financed pro	inerty		2. Gross income from or allocable to debt-financed		Deductions directly connected with or allocable to debt-financed property				
7. 2000 p. C. 2000 m. C. 2000 m. C. 2000 p.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	property		(a) Straight line depreciation (attach schedule)					
(1)		†		一		· · · · · · · · · · · · · · · · · · ·	-		
(2)		1		\dashv					
(3)				丁					
(4)									
acquisition debt on or of c allocable to debt-financed debt-fi	ge adjusted basis or allocable to nanced property ach schedule)	6. Column 4 divided by column 5			7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))			
(1)				%					
(2)				%					
(3)				%	·				
(4)				%					
					Enter here and on page 1, Part I, line 7, column (A)	Enter here and or Part I, line 7, col			
Totals									
Total dividends-received deductions include	d ın column 8				<u> </u>	L			

Sche	dule F-Interest, Ann	uities,	noyaities,	Exempt	Controlled	Organizations	anizations (se	e instruc	ztions)	
	Name of controlled conganization conganization controlled conganization conganization number conganization number conganization number conganization co			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)										
(2)									1	
(3)										
(4)			_							
Nonex	empt Controlled Organi	zations								
7 Tavable Income		Net unrelated in ess) (see instruct			otal of specified yments made	10. Part of column included in the coorganization's ground in the coorganization of the column includes a second in the column	controlling	connec	eductions directly cted with income in column 10	
(1)										_
(2)										
(3)										•
(4)		<u> </u>								
.						•	Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 here and on page 1, line 8, column (B)
Totals	dule G-Investment	i Income	a of a Sact	ion 501/	c)(7) (9)	or (17) Organi	zation (see inst	tructions	.\	
Sche	1. Description of income	income	2. Amount o		3. dire	Deductions ctly connected ach schedule)	4. Set-aside (attach schedi	s	5. To and s	otal deductions et-asides (col. 3 plus col. 4)
(1)	· · · · · · · · · · · · · · · · · · ·	-	-		(<u> </u>	, , , , , , , , , , , , , , , , , , ,
(2)						-				
(3)										
(4)			_		-					
Totals Sche	dule I—Exploited Exe	•	Enter here and Part I, line 9, c	olumn (A)		Advertising In	come (see inst	tructions	Part I, II	re and on page 1, ne 9, column (B)
00110	dalo i Exploitod Ext	<u> </u>			Expenses	4. Net income (loss)	(333)			7. Excess exempt
Description of exploited activity		2. Gross unrelated business inco from trade of business	d directly connected with production of		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		expenses (column 6 minus column 5, but not more than column 4)	
(1)	<u>.</u>									
(2)										
(3)										
(4)			Enter here and page 1, Part line 10, col (I, pag	here and on e 1, Part I, 10, col (B)			_		Enter here and on page 1, Part II, line 26
Totals		>								
	dule J-Advertising I									
Part	Income From P	eriodi	cals Repor	ted on a	Consoli			T		
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	- ,		dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)										
(4)										
	(carry to Part II, line (5))	•								000 T

(4)

Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising gain or (loss) (col 2 minus col 3) If 7 Excess readership costs (column 6 minus column 5, but 2. Gross 5. Circulation 3. Direct 6. Readership advertising 1. Name of periodical advertising costs ıncome costs ıncome a gain, compute not more than cols 5 through 7 column 4) (1) (2) (3) (4) **Totals from Part I** Enter here and on Enter here and on Enter here and on page 1, Part II, line 27 page 1, Part I, page 1, Part I, line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 1. Name 2. Title unrelated business (1) % % (2) (3) %

Form **990-T** (2018)

%

▶

ASBURY THEOLOGICAL SEMINARY 990-T SUPPORTING SCHEDULE PART II LINE 28 OTHER DEDUCTIONS June 30, 2019

Line #28	990-T
SUPPLIES & EXPENSES	74,780
POSTAGE	92
PRINTING & DUPLICATING	2,320
UTILITIES	38,321
DUES	919
TRAVEL	802
TELEPHONE	698
REFURBISHING & EQUIPMENT	6,576
GENERAL & ADMIN EXP	51,990
TOTAL	176,498