

EXTENDED TO NOVEMBER 15, 2019

Form 990-T

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

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning and ending

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

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

Department of the Treasury Internal Revenue Service

Header section containing organization name (JUBILEE CHRISTIAN CHURCH INTERNATIONAL), address (1500 BLUE HILL AVENUE, BOSTON, MA 02126), EIN (04-2778097), and group exemption number (16,379,419).

Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here SEE STATEMENT 1

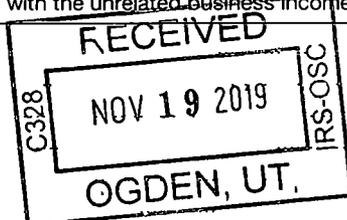
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

The books are in care of JUBILEE CHRISTIAN CHURCH INTERNATI Telephone number 617-689-8000

Table for Part I: Unrelated Trade or Business Income. Columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts, Cost of goods sold, Capital gain, and Total income of -856.

Part II: Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table for Part II: Deductions Not Taken Elsewhere. Rows include Compensation of officers, Salaries and wages, Charitable contributions, and Total deductions of 0.



SCANNED DEC 19 2019

JUBILEE CHRISTIAN CHURCH INTERNATIONAL

Form 990-T (2018)

C/O MATTHEW THOMPSON

04-2778097

Page 2

**Part III Total Unrelated Business Taxable Income**

|    |   |    |          |
|----|---|----|----------|
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)                                    | 33 | -10,156. |
| 34 | Amounts paid for disallowed fringes   | 34 |          |
| 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 4</b>                           | 35 | 0.       |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34                            | 36 | -10,156. |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)   | 37 | 1,000.   |
| 38 | <b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 | 38 | -10,156. |

**Part IV Tax Computation**

|    |  |    |    |
|----|--|----|----|
| 39 | <b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)   | 39 | 0. |
| 40 | <b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 40 |    |
| 41 | <b>Proxy tax.</b> See instructions   | 41 |    |
| 42 | <b>Alternative minimum tax (trusts only)</b>   | 42 |    |
| 43 | <b>Tax on Noncompliant Facility Income.</b> See instructions   | 43 |    |
| 44 | <b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies   | 44 | 0. |

**Part V Tax and Payments**

|     |  |     |      |
|-----|--|-----|------|
| 45a | 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 |      |
| d   | Credit for prior year minimum tax (attach Form 8801 or 8827)   | 45d |      |
| e   | <b>Total credits.</b> Add lines 45a through 45d  | 45e |      |
| 46  | Subtract line 45e from line 44   | 46  | 0.   |
| 47  | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 47  |      |
| 48  | <b>Total tax.</b> 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.   |
| 50a | Payments: A 2017 overpayment credited to 2018  | 50a |      |
| b   | 2018 estimated tax payments  | 50b |      |
| c   | Tax deposited with Form 8868   | 50c |      |
| d   | Foreign organizations: Tax paid or withheld at source (see instructions)   | 50d |      |
| e   | Backup withholding (see instructions)  | 50e |      |
| f   | Credit for small employer health insurance premiums (attach Form 8941)   | 50f |      |
| g   | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input checked="" type="checkbox"/> Other <u>118.</u> Total ▶  | 50g | 118. |
| 51  | <b>Total payments.</b> Add lines 50a through 50g <b>SEE STATEMENT 3</b>  | 51  | 118. |
| 52  | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>  | 52  |      |
| 53  | <b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed   | 53  |      |
| 54  | <b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid   | 54  | 118. |
| 55  | Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> ▶ <b>Refunded</b> ▶  | 55  | 118. |

**Part VI 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 ▶ | Yes | No |
| 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.  |     | X  |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$   |     |    |

**Sign Here**  
 I declare under penalty of perjury 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. Signature of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  
 Signature of officer: 11.14.19 Date: 11.14.19 Title: SE. Partner  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

|                               |   |   |                         |   |                          |
|-------------------------------|---|---|-------------------------|---|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>JONATHAN HITTER, CPA</b>               | Preparer's signature<br><b>JONATHAN HITTER, CPA</b> | Date<br><b>11/05/19</b> | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00383375</b> |
|                               | Firm's name ▶ <b>WALTER &amp; SHUFFAIN, P.C.</b>                        |   |                         | Firm's EIN ▶ <b>04-3236498</b>                  |                          |
|                               | Firm's address ▶ <b>101 STATION DRIVE, SUITE 250 WESTWOOD, MA 02090</b> |   |                         | Phone no. <b>(617) 447-2700</b>                 |                          |

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

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

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
 (see instructions)

1 Description of property

(1) **PARKING LOT INCOME AND RENTAL INCOME**

(2)

(3)

(4)

| 2. Rent received or accrued   |   | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)<br><b>SEE STATEMENT 5</b> |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |   |
| (1)   | 42,400.   | 9,300.  |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | 42,400.   |

(c) Total income Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► **42,400.**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► **9,300.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property |  |
|--|---|--|--|
|  |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule) |
| (1)                                      |   |  |  |
| (2)                                      |   |  |  |
| (3)                                      |   |  |  |
| (4)                                      |   |  |  |

| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
|---|---|---------------------------------|--|---|
| (1)   |   | %                               |  |   |
| (2)   |   | %                               |  |   |
| (3)   |   | %                               |  |   |
| (4)   |   | %                               |  |   |

|  |  |    |  |    |
|--|--|----|--|----|
| Totals   | Enter here and on page 1, Part I, line 7, column (A) | 0. | Enter here and on page 1, Part I, line 7, column (B) | 0. |
| Total dividends-received deductions included in column 8 |  |    |  | 0. |

JUBILEE CHRISTIAN CHURCH INTERNATIONAL

Form 990-T (2018) C/O MATTHEW THOMPSON

04-2778097

Page 4

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

| 1 Name of controlled organization  | 2 Employer identification number                 | Exempt Controlled Organizations                  |   |  |   |
|------------------------------------|--|--|---|--|---|
|                                    |  | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made  | 5 Part of column 4 that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column 5 |
| (1)                                |  |  |   |  |   |
| (2)                                |  |  |   |  |   |
| (3)                                |  |  |   |  |   |
| (4)                                |  |  |   |  |   |
| Nonexempt Controlled Organizations |  |  |   |  |   |
| 7 Taxable income                   | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made               | 10 Part of column 9 that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column 10                          |   |
| (1)                                |  |  |   |  |   |
| (2)                                |  |  |   |  |   |
| (3)                                |  |  |   |  |   |
| (4)                                |  |  |   |  |   |
|                                    |  |  | Add columns 5 and 10<br>Enter here and on page 1, Part I, line 8, column (A)        | Add columns 6 and 11<br>Enter here and on page 1, Part I, line 8, column (B)       |   |
| <b>Totals</b>                      |  |  | 0.  | 0.   |   |

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

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule)    | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (col 3 plus col 4) |
|-------------------------|--------------------|--|--------------------------------|--|
| (1)                     |                    |  |                                |  |
| (2)                     |                    |  |                                |  |
| (3)                     |                    |  |                                |  |
| (4)                     |                    |  |                                |  |
|                         |                    | Enter here and on page 1, Part I, line 9, column (A) |                                | Enter here and on page 1, Part I, line 9, column (B) |
| <b>Totals</b>           |                    | 0.   |                                | 0.   |

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

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|-------------------------------------|--|--|--|--|-------------------------------------|--|
| (1)                                 |  |  |  |  |                                     |  |
| (2)                                 |  |  |  |  |                                     |  |
| (3)                                 |  |  |  |  |                                     |  |
| (4)                                 |  |  |  |  |                                     |  |
|                                     |  | Enter here and on page 1, Part I, line 10, col (A)                         | Enter here and on page 1, Part I, line 10, col (B)   |  |                                     | Enter here and on page 1, Part II, line 26                                     |
| <b>Totals</b>                       |  | 0.   | 0.   |  |                                     | 0.   |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1 Name of periodical                       | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|--|----------------------------|----------------------------|--|----------------------|--------------------|---|
| (1)  |                            |                            |  |                      |                    |   |
| (2)  |                            |                            |  |                      |                    |   |
| (3)  |                            |                            |  |                      |                    |   |
| (4)  |                            |                            |  |                      |                    |   |
| <b>Totals (carry to Part II, line (5))</b> |                            | 0.                         | 0.   |                      |                    | 0.  |

Form 990-T (2018)

JUBILEE CHRISTIAN CHURCH INTERNATIONAL

Form 990-T (2018) C/O MATTHEW THOMPSON

04-2778097

**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)                                |                             |                             |  |                      |                    |  |
| <b>Totals from Part I</b>          | 0.                          | 0.                          |  |                      |                    | 0.   |
| <b>Totals, Part II (lines 1-5)</b> | 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)  |         | %                                      |   |
| <b>Total. Enter here and on page 1, Part II, line 14</b> |         |  | 0.  |

Form 990-T (2018)

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

RENTAL INCOME FROM PARKING LOT  
 PASS THROUGH INCOME FROM REAL ESTATE PARTNERSHIP (BEGINNING 2014)

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 2

| DESCRIPTION   | NET INCOME OR (LOSS) |
|---|----------------------|
| NEW PALMER STREET LIMITED PARTNERSHIP - NET RENTAL REAL ESTATE INCOME | -43,322.             |
| NEW PALMER STREET LIMITED PARTNERSHIP - INTEREST INCOME               | 66.                  |
| TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5                          | -43,256.             |

FORM 990-T OTHER CREDITS AND PAYMENTS STATEMENT 3

| DESCRIPTION  | AMOUNT |
|--|--------|
| FORM 8827, LINE 8C                                     | 118.   |
| TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G | 118.   |

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 4

| TAX YEAR                          | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 12/31/06                          | 697,481.       | 234,869.                | 462,612.       | 462,612.            |
| 12/31/07                          | 614,552.       | 0.                      | 614,552.       | 614,552.            |
| 12/31/08                          | 334,807.       | 0.                      | 334,807.       | 334,807.            |
| 12/31/09                          | 186,013.       | 0.                      | 186,013.       | 186,013.            |
| 12/31/10                          | 189,875.       | 0.                      | 189,875.       | 189,875.            |
| 12/31/11                          | 123,895.       | 0.                      | 123,895.       | 123,895.            |
| 12/31/12                          | 75,908.        | 0.                      | 75,908.        | 75,908.             |
| 12/31/13                          | 103,887.       | 0.                      | 103,887.       | 103,887.            |
| 12/31/14                          | 11,646.        | 0.                      | 11,646.        | 11,646.             |
| 12/31/17                          | 8,630.         | 0.                      | 8,630.         | 8,630.              |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                         | 2,111,825.     | 2,111,825.          |



**Capital Gains and Losses**  
 ▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,  
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
 ▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

**2018**

Name **JUBILEE CHRISTIAN CHURCH INTERNATIONAL  
C/O MATTHEW THOMPSON** Employer identification number **04-2778097**

**Part I Short-Term Capital Gains and Losses** (See instructions.)

| See instructions for how to figure the amounts to enter on the lines below<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked   |                                  |                                 |   |   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |                                  |                                 |   |   |
| <b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Unused capital loss carryover (attach computation)  |                                  |                                 | <b>SEE STATEMENT 6</b>  | <b>6</b> ( <b>13,945.</b> )   |
| <b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h   |                                  |                                 |   | <b>7</b> <b>-13,945.</b>  |

**Part II Long-Term Capital Gains and Losses** (See instructions.)

| See instructions for how to figure the amounts to enter on the lines below<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked  |                                  |                                 |  |   |
| <b>11</b> Enter gain from Form 4797, line 7 or 9  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37   |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Capital gain distributions  |                                  |                                 |  | <b>14</b>   |
| <b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h   |                                  |                                 |  | <b>15</b>   |

**Part III Summary of Parts I and II**

|  |                     |
|--|---------------------|
| <b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)                   | <b>16</b>           |
| <b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | <b>17</b>           |
| <b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.           | <b>18</b> <b>0.</b> |

Note: If losses exceed gains, see Capital losses in the instructions.

SCHEDULE D CAPITAL LOSS CARRYOVER STATEMENT 6

| LOSS YEAR | ORIGINAL<br>LOSS SUSTAINED | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING |
|-----------|----------------------------|-------------------------------|-------------------|
| 2013      |                            |                               |                   |
| 2014      |                            |                               |                   |
| 2015      | 13,945                     |                               | 13,945            |
| 2016      |                            |                               |                   |
| 2017      |                            |                               |                   |

CAPITAL LOSS CARRYOVER TO CURRENT TAXABLE YEAR 13,945

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return  
▶ Go to [www.irs.gov/Form8827](http://www.irs.gov/Form8827) for the latest information

**2018**

Name **JUBILEE CHRISTIAN CHURCH INTERNATIONAL  
C/O MATTHEW THOMPSON**

Employer identification number  
**04-2778097**

|    |  |      |
|----|--|------|
| 1  | Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626  |      |
| 2  | Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827  | 236. |
| 3  | Enter any 2017 unallowed qualified electric vehicle credit (see instructions)  |      |
| 4  | Add lines 1, 2, and 3  | 236. |
| 5  | Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)   | 0.   |
| 6  | Enter the refundable minimum tax credit (see instructions)   | 118. |
| 7  | Add lines 5 and 6  | 118. |
| 8a | Enter the smaller of line 4 or line 7. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions   | 118. |
| 8b | <b>Current year minimum tax credit</b> Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c | 0.   |
| 8c | Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return)   | 118. |
| 9  | <b>Minimum tax credit carryforward to 2019.</b> Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years  | 118. |