/ <u>SS</u>) (C)
1 63	50
1-0	1
_	

Form	990-T	E	empt Organization) (and proxy tax					irn	04	MB No 1545-0687
1 0111	,	For cale	dilid proxy tab ndar year 2016 or other tax year begin			,	, ,, , ,	20 1 7		2016
Depai	trnent of the Treasury	▶ Int	formation about Form 990-T and	its ins	tructions is avai	lable at w	ww.irs.gov/form	990t.		<u> </u>
Intem	al Revenue Service	Do	not enter SSN numbers on this form					,,,,	501(c)	to Public Inspection for (3) Organizations Only
A	Check box if address changed		Name of organization (Check b	ox if na	me changed and so	ee instructioi	ns)			tification number
-		-	150 710					1		
	empt under section	Print	ARC, INC. Number, street, and room or suite no	u - 0 0				٠, ,	200071	0
^	501(C)(03)	or	Number, street, and foom or suite no	паро	box, see instruction	ภาร			99271	iness activity codes
<u> </u>	408(e) 220(e) 408A 530(a)	i y pe	615 W VIRGINIA ST						instructions	
	408A530(a) 529(a)		City or town, state or province, countr	v and 2	7IP or foreign posta	d code		┪		
C Bo	ok value of all assets	i	EVANSVILLE, IN 4771	-	or following posts	0000		4230	000	
© at	end of year 6,539,741.	F Gro	up exemption number (See instruct		<u> </u>			1 -100		
20	6,539,741.	G Che	eck organization type X 501	(c) co	rporation	501(0	c) trust	401(a) trust	Other trust
₽ H D			rimary unrelated business activity			TACHM		· · · ·	·	
€0 D	uring the tax year,	was the	corporation a subsidiary in an affil	ıated g				?	🕨	Yes X No
S-1	"Yes," enter the na	ame and	identifying number of the parent co	rporati	on 🕨					
<u>≓™</u>	he books are in care	e of ▶ I	DEIDRA CONNER		_	Telepho	ne number 🕨 8	12-428	-4500	
			or Business Income	· · · · ·	(A) Inco	me	(В) Ехр	enses	<u>. </u>	(C) Net
CANNE SCANNE	Gross receipts or	sales								
Z b			c Balance			1,296.				
₹ 2	=		ule A, line 7)	2		6,513. 4,783.	 			14 702
O) 3 O) 42			2 from line 1c	3	1,	4,783.	 		 -	14,783.
4a b			nttach Schedule D)	4a 4b					-	
C			trusts	4c			 			
5			ps and S corporations (attach statement)				 		<u> </u>	
6		-		6						
7			come (Schedule E)	7		-				
8			nts from controlled organizations (Schedule F)	8				-		
9	Investment income of a	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9						
10		•	ncome (Schedule I)	10				<u>.</u> _	<u> </u>	
11			dule J)	11						
12			ctions, attach schedule)	12			_			
13	Total, Combine III	nes 3 thr	ough 12	13		1,783.	1 - 1 - 1 >	<u>/=</u>		14,783.
Pa			Taken Elsewhere (See institute to be directly connected with t					(Except	tor con	tributions,
14								14	$\overline{}$	760.
15	Salaries and wage	es	directors, and lifustees (Schedule K)	<i>ن</i> ٠٠.	٠			15		2,580.
16	Repairs and main				31			16		889.
17	Bad debts		[\$] . MAY. 1 5. 2018					17		
18	Interest (attach so	chedule)	<u> </u>	6	Ş			18		
19			OGDENH							
20	Charitable contrib	outions (S	see instructions for limitation rules?	<u>.°</u>	ب ٠٠٠٠٠ اي			20		
21			4562)				2,5	49.		
22			on Schedule A and elsewhere on re					221		2,549.
23									_	
24			compensation plans						<u> </u>	
25 26			S , , , , ,							
20 27			Schedule I)							
28			chedule)						`-	7,286.
29			s 14 through 28							14,064.
30			le income before net operating							719.
31			on (limited to the amount on line 30							719.
32			e income before specific deduction							
33	Specific deduction	n (Gener	ally \$1,000, but see line 33 instruc	tions f	or exceptions)			33		1,000.
34			ble income. Subtract line 33 fr			•				
=	enter the smaller	of zero or	line 32	<u> </u>	<u></u>	<u></u>	<u></u>	34		0.
6X274	Paperwork Reduct 1000 TX5593 K91	ion Act N	lotice, see instructions.		6 7 16		28362 <i>O</i>	0		Form 990-T (2016)
	173233 KAI	_ /		VΙ	6-7.16		28362 🖊	_ J		PAGE

Form **990-T** (2016)
PAGE 47

Da	rt III	Tax Comp	utation		<u> </u>											_ <u>-</u> -
		izations Tax		Cornoratio	ne Soo	un et ru et en	o for 1			Ca	-trallad a		T			
35	_					1			putatio	on Co	ntrolled gi	oup				
		rs (sections 15														
а	(1) \$	our share of	tne \$50,00	(2) \$	and \$9	1,925,000 ta 	(3) (3)		аскет	s (in t n	at order) 					
					A (100		ل					
D		rganization's sh											1			
_		itional 3% tax (-		ا ء د			
36	Trusts	tax on the ame				tructions for										
30								•			ome tax	on	1 1			
		ount on line 34											F 1			
37	-	ax. See instruc											37	_		
38 39		tive minimum t Non-Complian											-			
40		dd lines 37, 38	•													
		Tax and P			o, willen	ever applies,	· · · ·	<u></u>	• • •	<u></u>	· · · · ·	• • • •	40			
					110 tours	in attach Form	- 1116\		412	I			T			
		tax credit (cor									_		1 1			
		redits (see inst									_		-			
	Centera	l business cred	JIL ALLACH FO	orm sout (se	e mstruct	ions)			416	 	_		-			
d		or prior year m										_	41e			
42		redits Add line at line 41e from											42	-		
43	Otherta	xes Check of from	Form	4255 T		Form 8		Form 896	· · · ·	Other	ettach schod	ulo)				
44		x. Add lines 42											44			0.
		nts A 2015 ove											77			
		stimated tax pa											1			
C		posited with Fo											1			
		organizations										_	1 1			
		withholding (s					•				_		-			
f		or small emplo		•						 			1			
g		redits and payr				39			701				1			
9		orm 4136			Other			Total D	45a	i						
46		ayments Add I											46			
47		ted tax penalty											47			
48		e. If line 46 is l											1- <u>1-</u>			
49		yment. If line 4														
50	-	e amount of line	-				nto anio	dill overp	a.a .		Refunde		-			
Pai	rt V	Statemen	ts Regar	ding Cert	tain Ac	tivities a	nd Oth	ner Info	orma	ation (see instru	ction	is)			
5 1		time during									_			authority	Yes	No
	over a	financial acc	ount (bank	, securities,	or other	er) in a fo	reign co	ountry? I	f YES	S, the	organizatio	n m	ay hav	e to file		
	FinCEN	Form 114,	Report of	Foreign Bai	nk and	Financial A	ccounts	If YES	, ente	er the	name of	the	foreign	country		
	here 🕨															X
52	During 1	the tax year, di	d the organ	ization receiv	ve a distri	bution from,	or was i	t the grai	ntor of	f, or tran	sferor to, a	fore	ian trus	t?		Х
		see instructions						Ū			,		•			
53_		ne amount of ta		_		-		аг ▶ \$								
			egury, I decla	re that I have e	examined th	ns return, includ	ing accom	panying sch	nedules	and state	ments, and to	the I	best of m	ny knowledge	and bel	lief it is
Sig	n ⊾ "	ue, correct and o	Deciaration of the control of the co	on of preparer (ot	urer uran (a)	payer) is based o	n all inform	ation of whi	on prepa	arer nas an	y knowleage	NA:	av the	IRS discuss	thie	return
Her						D.10	-12	7 190		<u> </u>	Mul		-	preparer s		
		anature of officer	, ——			Date		Title					e instructi		es	No
<u> </u>		Print/Type prep	parer's name			Preparer's sign	nature			ate	_	Chec	:k ı	PTIN		
Paid		JESSICA	FREEMA	<u>N</u>	r	Jessica	Theo	man 60	A I	1125	118		employed		26145	57
	oarer Only	Firm's name	▶ BKD,			J						Firm's	s EIN 🕨	44-0160	1260	
USE	Unity	Firm's address	▶ 360 E.	8TH AVE. S	TE 201	PO BOX 119	6, BOWI	LING GRE	EEN, I	KY 421	02-1196	Phon	e no	270-781	-011	.1

Form **990-T** (2016)

Form 990-T (2016)			,							1	Page 3
Schedule A - Cost of Goo	ods Sold. Er	iter method	d of invent	tory valu	ation	>					
1 , Inventory at beginning of year			, 953.				ar	_6_		10,	953.
2 Purchases	2	26	,513.				ld. Subtract line				
3 Cost of labor	3			6	from	line 5 En	ter here and in				
4a Additional section 263A cost	ts			Pa	rt I, line	2		7		26,	513.
(attach schedule)	4a						section 263A (w	ıth r	espect to	Yes	No
b Other costs (attach schedule)				pro	perty	produced	or acquired for	resa	ile) apply		
5 Total. Add lines 1 through 4l	b · 5	37	,466.	to	the orga	anization?	<u> </u>				Х
Schedule C - Rent Income (From Real P	roperty a	nd Perso	nal Pro	perty	Leased V	Vith Real Proper	ty)			
(see instructions)											
1. Description of property											
(1)											
(2)											
(3)											
(4)		·									
	2. Rent recei	ved or accrue	ed	-							
(a) From personal property (if the personal property is more than			rom real and age of rent fo				3(a) Deductions di				
more than 50%)		50% or	if the rent is	s based on	profit or	income)					
(1)											
(2)											
(3)											
(4)											
Total		Total					(b) Takal dad				
(c) Total income. Add totals of colu	ımns 2(a) and 2((b) Enter					(b) Total deduction Enter here and on		1,		
here and on page 1, Part I, line 6, c							Part I, line 6, colur				
Schedule E - Unrelated Det	ot-Financed I	ncome (se	e instruct	ions)							
1 Description of debt-f	Inanced property			income fro		3 (Deductions directly cor debt-financ			ble to	
i Description of debi-	manced property			property	anceu		nt line depreciation ch schedule)		(b) Other ded attach sche		
(1)											
(2)											
(3)											
(4)					-						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	sted basis ble to property edule)	4	Column divided column 5	income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))						
(1)	(2.1100), 0011	,	 		%						
(2)			 		%			·			
(3)					——/ ₀						
(4)					/ _%					-	
(7)					70	Enter here	e and on page 1,	Enter	here and	on pag	ae 1.
						Part I, lin	e 7, column (A)	Part	I, line 7, co	olumn	(B)

Form **990-T** (2016)

Total dividends-received deductions included in column 8

Schedule F - Interest, Annu	ilues, Royalues			ntrolled Org			itions (see	Instructio	ons)	
1 Name of controlled organization	2 Employer identification numb	er 3 N	let unrela	ated income nstructions)	4 Total	of specifi ents made	ed included	of column 4 that is in the controlling tion's gross income		6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	ations									
7 Taxable Income	8 Net unrelated in (loss) (see instruct	1		Total of specific ayments made		ınclı	Part of column ided in the co nization's gros		Deductions directly nected with income in column 10	
(1)			·			ļ				
(2)						ļ				
(3)									<u></u>	
(4)									<u></u>	
Totals	come of a Sec	tion 501((c)(7),	(9), or (17		Ente Par	d columns 5 aer here and on t I, line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
1 Description of income	1 Description of income 2 Amount of i							at-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)			_							
(4)	Enter here and		_							Enter here and on page 1
Totals ▶ Schedule I - Exploited Exe	Part I, line 9, or		ner Th			come	(see instru	ictions)		Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business 3 Expen: directly connected productio unrelate business in		ectly or business of 2 minus color life again, color leated colors 5 thm		s (column blumn 3) compute		5 Gross income from activity that is not unrelated business income		enses able to nn 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, pag line 10, col (A)					L		Enter here and on page 1, Part II, line 26		
Totals ▶ Schedule J - Advertising In	Come (see instri	uctions)		<u> </u>						
Part I Income From Per			oneol	idated Rac						
rait income From Fer	duicais Report	eu on a c	UISUI	luateu Das	913	· ·		7		
1 Name of periodical	Name of periodical 2 Gross advertising income advertis			4 Advertising gain or (loss) (col 2 minus col 3) It 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)				T		_				
(2)			_	1						
(3)				7				1		7
(4)			-	1	-	-				-
	<u> </u>									
Totals (carry to Part II, line (5))										Form 990-T (2016

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 ▶						
	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)						
Schedule K - Compensatio	n of Officers. D	irectors, and Tr	ustees (see instri	uctions)		

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			

Form 990-T (2016)

ATTACHMENT 2

	FORM	990T	_	PART	ΙI	- LIN	IE 28	_	TOTAL	OTHER	DEDUCTIONS
--	------	------	---	------	----	-------	-------	---	-------	-------	------------

INSURANCE	139.
UTILITIES	2,710.
SHIPPING & DELIVERY	1,520.
SUPPLIES	2,917.

Form 4562

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Name(s) shown on return

EVANSVILLE ARC,

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

0MB № 1545-0172

Attachment Sequence No 17

Identifying number 35-0992718

Business or activity to which this form relates GENERAL DEPRECIATION **Election To Expense Certain Property Under Section 179** Part i Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions). 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If marned filing 6 (a) Description of property Listed property Enter the amount from line 29. Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 . . Carryover of disallowed deduction to 2017 Add lines 9 and 10, less line 12 . . . Note: Don't use Part II or Part III below for listed property Instead, use Part V Part | Special Depreciation Allowance and Other Depreciation (Don't include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property) (See instructions) Section A 2,549 17 MACRS deductions for assets placed in service in tax years beginning before 2016 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use only - see instructions) (e) Convention (a) Classification of property placed in (f) Method (a) Depreciation deduction service 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/I 27 5 yrs MM S/L h Residential rental 27 5 yrs MM S/L property 39 yrs ММ S/L i Nonresidential real MM S/L property Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs S/L

21 Listed property Enter amount from line 28

Part IV Summary (See instructions)

21

23 For assets shown above and placed in service during the current year, enter the

40 yrs

28362

c 40-vear

2,549.

35-0992718

Form	n 4562 ((2016)															Page 2
Pa	rt V	used for en	perty (Include a tertainment, recr by vehicle for wh	reation, or	amuse	ement.))							•		-	
		24b, columns	s (a) through (c) of	Section A,	all of S	Section	B, ar	nd S	ection	Cıfa	pplicable	·					
	. D		Depreciation and														V N-
248	Do yo		to support the bus	(c)	lent use	ciaimed	1	Ye	s X (e)	NO	24b f"			$\overline{}$		Yes	X No
		(a) property (list icles first)	(b) Date placed In service	Business/ investment us percentage					s for depr ness/inve use only	estment	Recovery period	Met			h) eciation uction	Elected s	(I) section 179 ost
25			n allowance for	qualified lis					n serv	/ice d							
			ed more than 50%				e (s	ee ir	struct	ions)	<u></u>	<u></u>	. 25	<u> </u>		<u> </u>	
26	Prope	erty used more	e than 50% in a qu	ualified busir	ness us	se					т			·			
					%						 _	 -		ļ			
					%						 	ļ		 			
					%						<u> </u>			<u> </u>			
27	Prop	erty used 50%	or less in a qualif		$\overline{}$												
					%						Ļ	S/L -		<u> </u>		4	
					%						ļ	S/L -		_		4	
					%		i				L	S/L -		 		4	
28	Add a	amounts in col	umn (h), lines 25	through 27	Enter	here ar	nd o	n line	e 21, p	age 1	۱		. 28	J			
29	Add a	amounts in col	umn (ı), line 26 E									<u> </u>	<u></u>	<u></u>	. 29	<u> </u>	
			vehicles used by swer the questions in	a sole prop	rietor,	partner,	or c	other	"more	than						provided	vehicle
30			stment miles driv			(a) nicle 1		(b Vehic	-	V	(c) ehicle 3	1	d) Icle 4		e) icle 5	1	f) icle 6
31			iles driven during	ı		 				1				 			
	Total		_	mmuting)										1			
-		driven	•														
33	Total	miles drive	n during the y		_												
34	Was	the vehicle	available for	personal	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No	Yes	No
	use d	luring off-duty	hours?														
35	Was	the vehicle i	used primarily by	, a more													
	than	5% owner or r	elated person? .			<u> </u>						<u> </u>		<u></u>	<u> </u>		<u> </u>
36	-		e available for														
Δns		Sed	ction C - Questions to determine if	ons for Em								,		-		whoa	ren't
			r related persons			eption		UIIIP	leting	OCCLI	O(1 D 101	Vernoic	3 0300	by cili	Dioyees	, wiio u	
	Do y	ou maintain a	written policy s	statement t	hat pr								ding co	ommutir	ig, by	Yes	No
38	Do y	ou maintain a	written policy se instructions for	statement t	hat pr	ohibits	per	sona	ıl use	of ve	ehicles, 🧸	except (-		
39	Do vo	ou treat all use	of vehicles by em	nlovees as	nerson	al use?	C 0,,	.00.0	s, unoc	J.O.O.,	01 170 01		************		• • • •		
40	Do y	ou provide m	ore than five ve	hicles to ye	our er	nployee	s, o	btaıı	n info	matic	on from	your e	mploye	es abo	ut the		
41	Do yo	ou meet the re	and retain the info quirements conce	rning qualif	ied au	tomobile			stratio	n use		structioi	ns)				
			er to 37, 38, 39, 4	10, or 41 is	'Yes,"	don't co	mpl	ete S	Section	n B fo	r the cov	ered ve	hicles				
Pa	rt VI	Amortizati	on														
	-	(a) Description of	fcosts	(b) Date amort		An	nortız	(c) able a	amount		(d Code s		Amort	e) ization od or intage	Amortiz	(f) ation for th	his year
42	Amor	rtization of cos	ts that begins dur	ing your 20	16 tax	year (se	e in	stru	ctions)				1				
	-			 		 				-			-				
42	Amor	rtization of con	ts that began befo	ore your 20	16 toy			—					J	142			
			s in column (f). Se				 are t	 n rer			· · · · ·	• • • •		43			
	iotal	. Aug amount	5 m column (I) St	co the moult	20110118	, IOI WITE	J. G. L	- 1e		• • •	<u></u>		• • • •	44	F(m 456	2 (2016