			,-	71-0
	·	Extended to August 15, 2018	₹	
, F	990-T	Exempt Organization Business Income Tax Return	ו	OMB No 1545-0687
: .ر م	(1 -)	(and proxy tax under section 6033(e)) For calendar year 2016 or other tax year beginning OCT 1, 2016, and ending SEP 30, 201	7	2016
5,	10/	Information about Form 990-T and its instructions is available at www.irs.gov/form990t.	''	2016
	epartment of the Treasury Iternal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	7	Open to Public Inspection for 10 1(c)(3) Organizations Only
_ A		Name of organization (Check box if name changed and see instructions.)	D Emplo	yer identification number byees' trust, see
	address changed			ctions)
	Exempt under section	Print The Arc Gateway, Inc.		9-0940528
	X 501(c)(3/7)	Of Number, street, and room or suite no. If a P.O. box, see instructions Type 3.0.3.2 are 1.0.4.5 are 3.0.4.5.4.5.4.5.4.5.4.4.4.4.4.4.4.4.4.4.4		ted business activity codes structions)
	408(e) 220(e)	3932 N 10th Ave	-	
	408A530(a)		453	220
_	529(a) Book value of all assets	Pensacola, FL 32503-2807 F Group exemption number (See instructions.)	455	220
U	at end of year	G Check organization type X 501(c) corporation 501(c) trust 401(a) trust		Other trust
H		on's primary unrelated business activity See Statement 1		
_		s the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Ye	s X No
_	If "Yes," enter the name a	and identifying number of the parent corporation.		
		f ▶ Dan Bury j Telephone number ▶ 8		
_		ed Trade or Business Income (A) Income (B) Expenses	S	(C) Net
	1a Gross receipts or sale		Ì	
	b Less returns and allo			
	Cost of goods sold (\$ Gross profit. Subtrac			76,257.
	•	me (attach Schedule D)		10,2511
		n 4797, Part II, line 17) (attach Form 4797)		
	c Capital loss deduction			
~	, , ,	partnerships and S corporations (attach statement) 5		
J	6 Rent income (Schedu			
>		ced income (Schedule E) 7		
•		byalties, and rents from controlled organizations (Sch. F) 8 of a section 501(c)(7), (9), or (17) organization (Schedule G) 9		
1		tivity income (Schedule I)		
1	•			
	,	nstructions; attach schedule) 12		
	3 Total. Combine lines			76,257.
L		ons Not Taken Elsewhere (See instructions for limitations on deductions)		
_		contributions, deductions must be directly connected with the unrelated business income.)		
	•	fficers, directors, and trustees (Schedule K)	14	48,268.
	Salaries and wagesRepairs and mainter		15 16	40,200.
	7 Bad debts	E JUN O 6 2012 B	17	
	8 Interest (attach scho	edule) 7 2018 [9]	18	
1	9 Taxes and licenses	edule) tions (See instructions for limitation rules)	19	4,420.
2			20	
	 Depreciation (attach 		.	
	•	claimed on Schedule A and elsewhere on return	22b	
	3 Depletion4 Contributions to def	ferred compensation plans	23	
	5 Employee benefit pr		25	116.
	6 Excess exempt expe	•	26	
	7 Excess readership of	· ,	27	
2	8 Other deductions (a	attach schedule) See Statement 2	28	34,494.
2		Add lines 14 through 28	29	87,298.
		taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-11,041.
	•	deduction (limited to the amount on line 30) See Statement 3	31	11 0/1
		taxable income before specific deduction. Subtract line 31 from line 30 (Generally \$1,000, but see line 33 instructions for exceptions)	32	-11,041. 1,000.
		s taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	33	
_	line 32		34	-11,041.
_				Farm 000-T (2016)

Form 990-T	The Arc Gateway, Inc.	59-09	4 0528	Page 2
Part I			20020	
	Organizations, Taxable as Corporations See instructions for tax computation	 -		
00	Controlled group members (sections 1561 and 1563) check here See instructions and	d·		
•	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order			
a		'). 		
	(1) \$ (2) \$ (3) \$			
D	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
	(2) Additional 3% tax (not more than \$100,000)			_
C	Income tax on the amount on line 34	•	35c	0.
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of	on line 34 from:		
	Tax rate schedule or Schedule D (Form 1041)	•	36	
37	Proxy tax See instructions	•	37	
38	Alternative minimum tax		38	
39	Tax on Non-Compliant Facility Income See instructions		39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0.
Part I				
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		· <u> </u>
	Other credits (see instructions)	41b	7	
	General business credit. Attach Form 3800	41c	┥	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	\dashv \mid	
		410	- ;, 	
	Total credits Add lines 41a through 41d		41e	
42	Subtract line 41e from line 40	aa 🗀 au	42	0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	66 Other (attach schedule)		
44	Total tax Add lines 42 and 43	1 1	44	0.
	Payments: A 2015 overpayment credited to 2016	45a	_	
b	2016 estimated tax payments	45b	_	
C	Tax deposited with Form 8868	45c	_	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	_	
е	Backup withholding (see instructions)	45e		
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f	7	
g	Other credits and payments. Form 2439			
·	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	
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48	0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49	0.
	Enter the amount of line 49 you want: Credited to 2017 estimated tax	Refunded	50	<u> </u>
Part V				
				Van Na
31	At any time during the 2016 calendar year, did the organization have an interest in or a signature	•		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	=		'
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the f	oreign country		1 1
	here >			X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a foreign trust?		X
	If YES, see instructions for other forms the organization may have to file			
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
·	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	statements, and to the best of my kn	owledge and belief, it	is true,
Sign	Chief E	waantima -	May the IRS discuss the	nis return with
Here	Meline Clogn 5/30/18 Officer	·	the preparer shown be	
	Signature of officer Date Title		instructions)? X	∕es No
	Print/Type preparer's name Preparer's signature Dat	e Check	ıf PTIN	
Paid		self- employed	ı	
	rer Molly Murphy, CPA Molly Murphy, CPA 05		P0098	5783
Prepa	5 1 2 2 1 2 2 2 2 2	Firm's EIN		
Use O	900 North 12th Avenue	THE SERVE		
	Firm's address ▶ Pensacola, FL 32501	Phone no	<u>850-435-</u>	8300
	P Telibacota, Fil Jajut	I FIIUIR 110	<u> </u>	000

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory v	aluation ► N/	A					
1 Inventory at beginning of year	1	0.	6	Inventory at end of y	ear		6			0.
2 Purchases	2		7 Cost of goods sold. Subtract line 6							
3 Cost of labor	3			from line 5. Enter her	e and in f	Part I,		.		
4 a Additional section 263A costs)	line 2			7	9	91,0	65.
(attach schedule)	4a		8	Do the rules of section	n 263A (v	with respect to			Yes	No
b Other costs (attach schedule)	4b	91,065.		property produced or	acquired	l for resale) apply to				
5 Total Add lines 1 through 4b	5	91,065.	<u>l </u>	the organization?						X
Schedule C - Rent Income (see instructions)	(From Real	Property and	i Pe	rsonal Property	Lease	ed With Real Pro	opei	rty)		
1 Description of property										
(1)										
(2)										
(3)										
(4)										
		ed or accrued				0/				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	ersonal	conal property (if the percei property exceeds 50% or ed on profit or income)	ntage if	3(a) Deductions direct columns 2(a) :		nected with the b) (attach sched		'n
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•			0.
Schedule E - Unrelated Del		I Income (see	nstru	ctions)		<u></u>				
			2	Gross income from		3 Deductions directly co to debt-finar	nnecte	ed with or alloc roperty	able	
1 Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other (attach s	deduction schedule)	15
(1)				·	+		_			
(2)										
(3)						<u> </u>				
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property a schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocab (column 6 x t 3(a) a		
(1)				%						
(2)	-			%						
(3)				%						
(4)				%						
						nter here and on page 1, Part I, line 7, column (A)		Enter here ar Part I, line 7		
Totals				•	. L.					0.
Total dividends-received deductions in	<u>icluded in col</u> umi	18					lacksquare			0.

Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross advertising 1. Description of exploited activity 2. Excess exempt from description of unrelated business income floation of unrelated from unrelated activity hat is not unrelated from activity hat is not unrelated business activity hat is not un	Schedule F - Interest, A	Annuitie	s, Royali	ies, an	d Rents	From Co	ontrolle	ed Organiz	ations	s (see ins	tructio	ns)
Section Control Cont	•				Exempt C	ontrolled O	rganizatio	ons				
Section Controlled Organizations Total of sections payments Total	1. Name of controlled organizat	ion	identifica	ation					included	I in the contr	'Olling	connected with income
Section Controlled Organizations Total of sections payments Total	(1)			-								
Nonexompt Controlled Organizations 8 Net eviralization statute (sees) 9 Total of insensitive progression 10 Part of columns of Spatical columns of eviral progression 11 Columns of columns of columns of eviral c												
Nonexempt Controlled Organizations S Not survivate mome basis S Total of separate preparents 10 Per of column is their a relative to the medical preparents 10 Per of column is their a relative to the medical preparents 11 Contractions disnet) relative to the medical preparents 12 Per of column is their a relative to the medical preparents 13 Per of column is their and contract of the medical preparents 11 Contractions disnet) relative to the medical preparents 12 Per of column is the medical preparents 13 Per of column is their and contract is not to the medical preparents 13 Per of column is the medical preparent preparents 13 Per of column is the medical preparents 13									<u> </u>			
Nonexempt Controlled Organizations 8 Net surelisted modem (loss) 9 total of specified payments 10 Part of deviation 8 pairs a websited with vectore in column 10 11 Catacidans energic connected in the controlling appreciation's grots income. 11 Catacidans energic connected in the controlling appreciation's grots income. 11 Catacidans energic energy connected in the controlling appreciation's grots in a websited in the controlling appreciation's grots in the controlling appreciation's grots in a websited in controlling appreciation's grots and an application in the controlling appreciation's grots and an application in the controlling appreciation in the controlling											$\neg +$	
7 Taubble thoses 8 Not unrelated measure (less in red colors of special gaspersons and the control gaspersons of the contr		zations	<u></u>	!					<u> </u>			· — · · · · · · · · · · · · · · · · · ·
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(d) Add columns 5 and 10 Enter here and on page 1, Part I, line 8, columns (b) Column (c) Column (c	/ Taxable income				y lotal c		nents	in the controll	ng organiz			
(d) Add columns 5 and 10 Enter here and on page 1, Part I, line 8, columns (b) Column (c) Column (c	(1)									1		
Add columns 5 and 10 Totals Add columns 5 and 10 Enter here and on page 1, Pert 1. Enter here and on page 1, Pert 2. Enter here and on page 1. Enter here and on page	_											
Add columns 5 and 10 Enter here and on page 1, Part 1, line 6, column (R) 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 Description of income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2 Amount of income of 3 Description of income of												·
Add columns 2 and 10 Enter the sand on page 1, Part I, line 8, column (s) O . O . O . O . O . O . O . O . O . O												
Totals Totals	_(4)											·
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(See instructions) 1 Description of income 2 Amount of moome 3 Descriptions directly connected (etitach schredule) (collabor schredule		nt Inco	mo of a S	cotion	501/o\/	7) (0) or	(17) 05			0.1		
1 Description of income 2 Amount of income 2 Amount of income 3 Description of excitivy connected (strach schedule) (attach schedule) 4. Set-assides (entach schedule) (col. 3 plus col. 4) (2) (3) (4) Enter here and on page 1, Part I, Iner 91, col (will) (5) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited exitivity unreliated business income from exploited activity (attach schedule) (attach sc			ne or a s	ection	501(6)(7	7), (9), or	(17) Org	ganization	•			
1 Description of income 2 Amount of income 2 Amount of income 3 (etable schedule) (etable schedu	(See iiisti	uctions)			·							T
(1) (2) (3) (4) Enter here and on page 1 Part I, line 9, column (A) Part I, line 9, column (B) Part I, line 9,	1 Desc	ription of inco	me		ļ	2 Amount of	income					
(4) Enter here and on page 1 Fart line 9, column (2)								(attach sched	lule)	(attach si		(col 3 plus col 4)
(3) (4) Enter here and on page 1, Part I, line 9, column (A) Common trade or business Description of exploited activity Description of trade or business Description Description of trade or business Desc									$-\!+$			
Company Comp												
Totals			_									
Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity Income from activity but is not unrelated business income form trade or business income form trade or business income form trade or business income form activity but is not unrelated business. 7. Excess readership costs advertising gain or (loss) [col 2 minus or (loss) [col 2 min	(4)				_	_						
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity in unrelated business income from trade or business income from unrelated trade or business income from unrelated trade or business income from trade or business income fr	Tatala	·					lumn (A)					
(1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals 2 Gross advertising income (see instructions) 2 Gross advertising income 2 Gross advertising income 2 Gross advertising costs advertising costs 2 Gross advertising costs 3 Expenses directly connected business (column 2 income tom unrelated trade or business (column 3) if a gain, compute costs 5 it through 7 (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) D Advertising gain or (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising costs advertising costs advertising costs advertising costs advertising costs (4) 4 Net income (ses) from unrelated trade or business (column 1) if a gain, compute costs 5 it through 7 5 Gross income from activity that is not unrelated business income 5 Gross income from activity that is not unrelated business income 6 Enter here and on page 1, Part I, line 10, col (A) Column 4) Column 5 Column 6 Column 6 Column 6 Column 6 Column 6 Column 6 Column 7 Column 6 Column 6 Column 6 Column 6 Column 7 Column 6 Column 6 Column 7 Column 6 Column 6			A adicides	l	- O4h o	Thom Ad		<u> </u>		414	-	
1. Description of exploited activity urrelated business income from trade or business income from activity that is not urrelated business from		-	Activity	incom	e, Other	inan Ad	vertisii	ng income	;			
(1) (2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) 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 of shrough 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1. Description of	2. G unrelated incom	business e from	directly co with pro of unre	onnected duction elated	from unrelated business (co minus colum gain, computi	I trade or Ilumn 2 n 3) If a e cols 5	from activity to is not unrelated	hat ed	attributa	ble to	expenses (column 6 minus column 5, but not more than
(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O Schedule J - Advertising Income (see instructions) Part I Income From Periodical Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising costs advertising costs advertising costs (solumn 6 minus column 5, but not more than column 4) (1) (2) (3) (4) Totals (carry to Part II, line (5)) O Enter here and on page 1, Part I, line 26 O O Schedule J - Advertising Income (see instructions) 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 5. Circulation income 6 Readership costs (column 6 minus column 5, but not more than column 4) Totals (carry to Part II, line (5)) O O O O O O O O O O O O	74)	 -										
(3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. O. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising riccime 1 Name of periodical 2 Gross advertising costs of income 1 Name of periodical 2 Gross advertising costs of income 3 Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) 0 . O. Chief here and on page 1, Part I, line 26 O . O . Consolidated Basis 7. Excess readership costs (column 6 minus column 5, but not more than column 4) Totals (carry to Part II, line (5)) O . O . O .			+									
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Totals Page 1, Part I, line 10, col (A) Part II, line 20, col (B)	(4)											
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Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising costs advertising costs income 3 Direct advertising costs column 6 income 5. Circulation income 6 Readership costs (column 6 inition 5, but not more than column 4) (1) (2) (3) (4) Totals (carry to Part II, line (5))	Sobodulo I Advartati	na Iraci										
1 Name of periodical 2 Gross advertising all norms advertising costs (column 6 minus column 5, but not more than column 4) (1) (2) (3) (4) Totals (carry to Part II, line (5))						,						
1 Name of periodical advertising advertising costs (column 6 minus column 5, but not more than column 4) (1) (2) (3) (4) Totals (carry to Part II, line (5))	Part I Income From I	Periodic	als Repo ———	rted o	n a Con	solidated	Basis					· · · · · · · · · · · · · · · · · · ·
(2) (3) (4) Totals (carry to Part II, line (5)) 0. 0.	1 Name of periodical		advertising			or (loss) (co	ol 2 minus ain, compute					costs (column 6 minus column 5, but not more
(2) (3) (4) Totals (carry to Part II, line (5)) 0. 0.	(1)											
(3) (4) Totals (carry to Part II, line (5)) 0. 0.						7						
(4) Totals (carry to Part II, line (5)) ▶ 0. 0. 0.						7						1
Totals (carry to Part II, line (5)) ▶ 0. 0.				 		7						1
				- 	 _	+						
	Totals (carry to Part II, line (5))	•	0		0		_					0. Form 990-T (2016)

Form 990-T (2016) The Arc Gateway, Inc. 59-09405

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)

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.

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 (2016)

Form 990-T , Description of Organization's Primary Unrelated Statement 1
Business Activity

Net proceeds from the sale of retail items provide support for ARC Gateway.

To Form 990-T, Page 1

Form 990-T	Other Deductions	Statement 2
Description		Amount
Liability Insurance		559.
Background Check		193.
Telephone		101.
Drug Screening		105.
Food and Beverage		22.
Office Supplies		276.
General Supplies		497.
Non Depreciable Equipment		362.
Freight		4,012.
Content/Equipment Insurance		91.
Printing/Photography		-35.
Advertisment/Public Relation	s	-40.
Marketing Travel		2,859.
Individual Dues		45.
Misc. Expense		248.
Loss due to theft/ damage		361.
Credit Card Fees		5,093.
Administrative Costs		12,804.
Rent		2,240.
Building/Grounds Maintenance	- Dove Garden	1,598.
Equipment Rental		340.
Staff Development/Training		40.
Conference Travel		330.
Bead reimbursement		2,393.
Total to Form 990-T, Page 1,	line 28	34,494.

Form 990-T	, Net	Operating Loss D	eduction	Statement 3
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
09/30/13 09/30/14 09/30/15 09/30/16	4,451. 31,838. 17,326. 14,030.	0. 4,451 0. 31,838 0. 17,326 0. 14,030		4,451. 31,838. 17,326. 14,030.
NOL Carryov	67,645.			
Form 990-T	Cost	of Goods Sold - O	ther Costs	Statement 4
Description	ı			Amount
Merchandise Manufacturi	90,885.			
Total to Fo	91,065.			