Form 990-T	i• E	Exempt Organization Bus			ax Return	ı L	OMB No	1545-0687
E		(and proxy tax und					0	040
E)	For ca	lendar year 2018 or other tax year beginning OCT 1,			1 /1 /2	월	2 1	018
Department of the Treasury Internal Revenue Service		Go to www irs gov/Form990T for in			1011	イ ト	Open to Pu	blic Inspection for
A Check box if address changed		Do not enter SSN numbers on this form as it may be made public if your organization is \$ 501(c)(3). Name of organization (Check box if name changed and see instructions) Description of the property of t						cation number
B Exempt under Section	Print	Print The Arc Gateway, Inc.						40528
X 501(c)(3)	Or	Number, street, and room or suite no. If a P O. box	x. see II	nstructions.		E Unrela	ated busines	ss activity code
408(e) 2 20 (e)	Туре	3932 N 10th Ave	.,			(566 (nstructions)
408A 530(a)		City or town, state or province, country, and ZIP or Pensacola, FL 32503-2		n postal code		453	220	
Book value of all assets			>	··· <u>-</u> .		1		
at end of year 154,9	<u> 19. ʻ</u>	G Check organization type ► X 501(c) corp	poration	501(c) trust	401(a)	trust		Other trust
	-	tion's unrelated trades or businesses.	1	Describe	the only (or first) un	related		
		ee Statement 1			, complete Parts I-V			,
		ce at the end of the previous sentence, complete Pa	ırts I an	d II, complete a Schedule	M for each addition	al trade	or	
business, then complete		-v oration a subsidiary in an affiliated group or a parer	at-cube	udiany controlled group?		Ye	· X	No
		oration a subsidiary in an affiliated group of a parentifying number of the parent corporation.	11-2002	idiary controlled group?		16	5 <u>[21</u>	ן ועט
J The books are in care of	▶ I	Dan Buryj		Teleph	one number 🕨 (850) 434	4-2638
Rantil Unrelate	d Trac	le or Business Income		(A) Income	(B) Expenses	`	((C) Net
1 a Gross receipts or sale		161,665.		161 665				/
b Less returns and allo		c Balance	1c	161,665.	COLEMBE CHEVE	\$\$\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\$\frac{		
2 Cost of goods sold (S			3	88,480. 73,185.	PART STATE	2 m 1 %	200 821 1780 C	7,2,185.
3 Gross profit. Subtrac4a Capital gain net incor			4a	/3,103.		10 10 10 10 10 10 10 10 10 10 10 10 10 1		12,105.
· -		art II, line 17) (attach Form 4797)	4b					
c Capital loss deduction	-		4c			7		
•		hip or an S corporation (attach statement)	5		MAN AND Y	化	,	
6 Rent income (Schedu	le C)		6	·				•
7 Unrelated debt-finance	ed incon	ne (Schedule E)	7_				·	
		nd rents from a controlled organization (Schedule F)	8		<u> </u>			
		n 501(c)(7), (9), or (17) organization (Schedule G)	9					
10 Exploited exempt action 11 Advertising income (-	•	10			_		
11 Advertising income (•	12					
13 Total Combine lines	3 throu	ah 12	13	73,185.		NAME 707 - VI	-	73,185.
Part/II Deduction	ns No	t Taken Elsewhere (See instructions fo	r limita	ations on deductions)				
(Except for	contribu	itions, deductions must be directly connected	with t	he unrelated business	income)			
	icers, dii	ectors, and trustees (Schedule-K)				14		
15 Salaries and wages		RECEIV	<u>EU</u>	- /-		15		52,952.
16 Repairs and mainter	ance	(2)		<u> </u>		16		<u>_</u>
17 Bad debts18 Interest (attach sche	dula) (co	e instructions) SS AUG 102	020	 S	· ·	17 18		
18 Interest (attach sche19 Taxes and licenses -	nnie) (20	e mstroctions)		<u> 기</u> 选		19		1,552.
20 Charitable contributi	ons (See	instructions for limitation rules) OGDEN,	UT			20		
21 Depreciation (attach			- 1					
		Schedule A and elsewhere on return		22a		22b		<u> </u>
23 Depletion	_/					23		
24 Contributions to def	/	npensation plans				24		
25 Employee benefit pr						25		1,415.
26 Excess exempt expe						26		
27 Excess readership of				See Stat	ement ?	27	 -	L8,652.
28 Other deductions (at 29 Total deductions A			,	see stat	EMEIIC Z	28 29		74,571.
/		ra unough 26 Icome before net operating loss deduction. Subtract	line 20	from line 13	,	180		-1,386.
		oss arising in tax years beginning on or after Januar		/ 1 1 1				
/	_	come. Subtract line 31 from line 30		<u>(4011)</u>		32		-1,386.
		work Reduction Act Notice, see instructions.					Form S	990-T (2018)

Form 990-			59-09	40528	Page 2		
Part	#⊒∓otal Unrelated Business Taxable Income			1			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	e ihstructio	ns)	83	-1,386.		
34	ÉÁmounts paid for disallowed fringes	. \		34			
35	Deduction for net operating loss arising in tax years beginning before January 1,2018 (see Inst.)	uctions)	Stmt 3	85	0.		
36	6 Total of unrelated business taxable income before specific deduction. Subtract line 37 from the sum of						
	lines 33 and 34		_	-⁄ 36 L	-1,386.		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		4	37	1,000.		
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,	,	$\langle \Box \Box \Box$			
	enter the smaller of zero or line 36	•	1	38	-1,386.		
Part	V Tax Computation			1			
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 of	on line 38 f	rom	3.0			
	Tax rate schedule or Schedule D (Form 1041)			40			
41	Proxy tax. See instructions			► 41			
42	Alternative minimum tax (trusts only)		•	42			
43	Tax on Noncompliant Facility Income. See instructions			43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.		
	/ Tax and Payments						
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	1450		7. 1			
	•	45a	 -	- 0			
	Other credits (see instructions)	45b		•			
C .	General business credit. Attach Form 3800	45c		⊣ ∵			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		 			
	Total credits. Add lines 45a through 45d			45e			
46	Subtract line 45e from line 44	— .		46	0.		
47	Other taxes Check if from. Form 4255 Form 8611 Form 8697 Form 88	66 (lther (attach 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	1 1		49	. 0.		
	Payments: A 2017 overpayment credited to 2018	50a		⊣ ∵.			
	2018 estimated tax payments	50b		- 1			
	Tax deposited with Form 8868	50c		_			
	Foreign organizations Tax paid or withheld at source (see instructions)	50d		- `.			
е	Backup withholding (see instructions)	50e	· · · · · · ·	⊣ ′			
	Credit for small employer health insurance premiums (attach Form 8941)	50f		⊣ : .			
g	Other credits, adjustments, and payments: Form 2439]			
	Form 4136 Other Total ▶	50g		_			
51	Total payments Add lines 50a through 50g			51			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			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	1	•	54			
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax		Refunded	55			
Part:\	Statements Regarding Certain Activities and Other Information	n (see in	structions)		·		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other au	thority		Yes No		
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may have	to file		180		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign cou	ntry				
	here				X_		
57	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.				() () () () ()		
58	Enter the amount of tax-exempt interest received or accrued during the tax year \(\rightarrow \\$						
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stat correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	tements, and	to the best of my know	ledge and beli	ef, it is true,		
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer Chief E	xecut	ive r	M - W - IDC -			
Here	1/31/2020 \ Officer		ł	•	iscuss this return with hown below (see		
	Signature of officer Date Title			instructions)?	X Yes No		
	Print/Type preparer's name Preparer's signature Dat	te	Check	ıf PTIN			
Paid	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7		self- employe				
	rer Molly Murphy, CPA Molly Murphy, CPA 07	/28/2			0985783		
Prepa			Firm's EIN		-2922169		
Use C	900 North 12th Avenue						
	Firm's address Pensacola, FL 32501		Phone no.	850-4	35-8300		
823711 01			1		Form 990-T (2018)		

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory valuation	N/A				
1 Inventory at beginning of year	1	0.		nd of year			6	0.
2 Purchases	2		7 Cost of goods	sold. Sub	otract lin	e 6	"	
3 Cost of labor	3		from line 5. Ei	nter here a	ınd ın Pa	ırt I,		
4a Additional section 263A costs			line 2			Į	7	88,480.
(attach schedule)	4a		8 Do the rules o	f section 2	263A (wi	th respect to		Yes No
b Other costs (attach schedule)	* 4b	88,480.	property prod	uced or ac	quired f	or resale) apply to		
5 Total. Add lines 1 through 4b	5	88,480.	the organization			1401 5 15		X
Schedule C - Rent Income	From Real	Property and	Personal Prop	erty Le	eased	With Real Prop	erty)	
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2 Rent receiv	ed or accrued				0/010-1-1-1-1-1-1		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	` of rent for pe	id personal property (if the ersonal property exceeds is based on profit or inco	50% or≀f	,	3(a) Deductions directly columns 2(a) an	d 2(b) (attach s	chedule)
(1)			-					
(2)								
(3)				_				
(4)								
Total	0.	Total			0.			
(c) Total income Add totals of columns		ter				b) Total deductions. Enter here and on page 1,		
here and on page 1, Part I, line 6, column		<u> </u>			0.	Part I, line 6, column (B)	<u> </u>	<u> </u>
Schedule E - Unrelated Deb	t-Financed	Income (see I	nstructions)					
			2. Gross income fr	om	,	 Deductions directly conn to debt-finance 		illocable
1. Description of debt-fin	anced property		or allocable to del financed propert		(a) St	raight line depreciation (attach schedule)		ther deductions ach schedule)
						(attach schedule)	(4,,	ion soliedale)
(1)							+	
(2)							†	
(3)							<u> </u>	
(4)								
Amount of average acquisition debt on or allocable to debt-financed	of or a	adjusted basis illocable to	6. Column 4 divide by column 5	od		7. Gross income eportable (column		ocable deductions 6 x total of columns
property (attach schedule)	debt-fina (attact	nced property h schedule)	- -			2 x column 6)		3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
						or here and on page 1,		re and on page 1,
					Par	t I, line 7, cotumn (A)	1	ine 7, column (B)
Totals		_		▶∟		0.	' 	
Total dividends-received deductions in	cluded in column	18		_			1	0

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Schedule F - Intere	st, Annuitie	s, Royalt	ies, and	Rents	From Co	ntrolle	d Organiza	tions	(see ins	structions	s)
		,—	_	Exempt	Controlled O	rganızat	tions				
1. Name of controlled or	ganization	2, Emp Identific numb	ation		related income e instructions)	4. To pay	otal of specified yments made	ınclud	t of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)							,				
(2)					•						
(3)		 			•						. ,
(4)							1	-			
Nonexempt Controlled O	rganizations	L				L					
7. Taxable Income	8. Net u	inrelated incomi see instructions		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross		ıızatıon's		ductions directly connected income in column 10
(4)		_					-				
(1)							-				
(2)							 		•		•
							 				•
(4)											
•				•		•	Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals									0.		0.
Schedule G - Invest	tment Incor	ne of a S	ection (501(c)(7	1) (9) or (17) Or	ganization				<u></u>
	instructions)	ile oi a s	ection,	ر ارد) ر), (S), OI (.,, Οι	gamzation			* '	
1000	, motradantis,			•	Ι		3 Deduction				5 Total deductions
, 1.	Description of inco	me			2. Amount of	income	directly conne	cted	4. Set-		and set-asides
							(attach sched	ule)			(col 3 plus col 4)
(1)	,				<u> </u>				.		
(2)	· 										
(3)	<u> </u>						-				ļ
(4)			<u>·</u>					4 (4.2322	200		
	•	,		_	Enter here and o Part I, line 9, col	lumn (A)					Enter here and on page 1, Part I, line 9, column (B)
Totals		A . Atta 1	<u></u>	<u> </u>	The second selection	. 0.	2554024 25. A515 -	4 45543	CARACTURE.	MACA AND AND	<u>.</u> 0.
Schedule I - Exploit	instructions)	Activity i	income	, Otner	inan Adv	erusii	ig income				•
1 Description of exploited activity	 unrelated 	e from	3. Exp directly co with prod of unre business	onnected duction elated	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	, 5. Gross inco from activity the is not unrelate business income	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)							l				
(3)	,										
(4)											,
• ,	Enter her page 1 line 10,	, Part I, col (A)	Enter here page 1, line 10, c	Part I, col (B)							* Enter here and on page 1, Part II, line 26
Totals Schedule J - Adver	ticina lacar	0.	-4	0.			ivelevel ^e itige	BARRASTI	MANAGEM AND	COTANG?	0.
			structions		- a li al ada al	Dania			-		<u> </u>
Rantil Income Fro	om Periodic 	ais Repo	rtea on	a Cons	sondated	basis 					1
1. Name of periodic	cal ,	2 Gross advertising income		. Direct tising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput		on	6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			<u> </u>		\$1000 KK	建筑设	<u> </u>	T		3	
(2)			\top	_							
(3)								$\neg \neg$		———— <u>₽</u>	
(4)			 								
					#10005 5 July	<u>nernakara</u>	<u> </u>				en en vielekoan an anar n undankimpya. 2.g
Totals (carry to Part II, line (5)) 🕨	0	•	. 0	•		<u> </u>				0. Form 990-T (2018)

Form 990-T (2018) The Arc Gateway, Inc. S9-09405 Rartill 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)	T I						
Totals from Part I	▶	0.	0.	STAR SEAL AND A			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)	FORMS STREET			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	4 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
ir	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		542.
Background Check		204.
Food and Beverage		285.
Office Supplies		254.
General Supplies		153.
Non Depreciable Equipment		746.
Freight		3,829.
Advertisment/Public Relations		25.
Marketing Travel		1,083.
Individual Dues		42.
Misc. Expense		469.
Credit Card Fees		25.
Administrative Costs		10,530.
Staff Development/Training		40.
Audit Expense		425.
Total to Form 990-T, Page 1, lin	e 28	18,652.

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	4,451.	4,451.	0.	0.
09/30/14	31,838.	64.	31,774.	31,774.
09/30/15	17,326.	0.	17,326.	17,326.
09/30/16	14,030.	0.	14,030.	14,030.
09/30/17	11,041.	0.	11,041.	11,041.
NOL Carryo	ver Available This	Year	74,171.	74,171.

Form 990-T	Cost of Goods Sold - Other Costs	Statement 4
Description		Amount
Merchandise/Raw Ma	88,480.	
Total to Form 990-	T, Schedule A, line 4b	88,480.