Form 990-T	Exempt Organization Bus			ax Return	L	OMB No 1545-0687
	(and proxy tax und	er sec	ction 6033(e))			_
	For calendar year 2016 or other tax year beginning OCT 1, 2016 and ending SEP 30, 2017					2016
Department of the Treasury	▶ Information about Form 990-T and its instructions is available at www urs gov/form990t.					
Internal Revenue Service	▶ 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 01(c)(3) Organizations Only
A Check box if address changed	Name of organization (er identification number yees' trust, see tions)
B Exempt under section	Print GATEWAY				63-0288854	
X 501(@g(3)	Type 1.401 2.00 From COLUMN	ς see in	structions.			ted business activity codes structions)
408(e) 220(e)	1401 ZOTH STREET SOUTH				-	
408A530(a) 529(a)	City or town, state or province, country, and ZIP or foreign postal code BIRMINGHAM, AL 35205 531120					
C Book value of all assets at end of year	F Group exemption number (See instructions.)	<u> </u>				
	G Check organization type ► X 501(c) corporation		501(c) trust	401(a) trust		Other trust
	n's primary unrelated business activity. RENTAL					
	the corporation a subsidiary in an affiliated group or a parer	nt-subsi	diary controlled group?	▶ 1	Yes	x No
	and identifying number of the parent corporation. ► KATHRYN O'DAY, CEO		Talaah		205)	510-2600
	d Trade or Business Income		(A) Income	one number (B) Expense		(C) Net
1a Gross receipts or sale			(A) modific	(b) Expense		(O) NCI
b Less returns and allow		1c				1
2 Cost of goods sold (S		2		***	. 1	
3 Gross profit Subtract	•	3			1/3	~ ** '
•	ne (attach Schedule D)	4a		- ,50\$,	hán hail	****
	4797, Part II, line 17) (attach Form 4797)	4b	···-		, " E	
c Capital loss deduction	· ·	4c		31 E 20 W	` > /	-
5 Income (loss) from p	artnerships and S corporations (attach statement)	5		, \$13°.	- 13	-
6 Rent income (Schedu	ile C)	6				
	ed income (Schedule E)	7				
	yalties, and rents from controlled organizations (Sch. F)	8				
	f a section 501(c)(7), (9), or (17) organization (Schedule G)	9				
	vity income (Schedule I)	10				
11 Advertising income (S	•	11		·	8. 18.83.	
	structions; attach schedule)	12	0.			
13 Total. Combine lines Part II Deduction	ons Not Taken Elsewhere (See instructions for	13				
	contributions, deductions must be directly connected			ıncome.)		
14 Compensation of off	ficers, directors, and trustees (Schedule K)		1		14	-
15 Salaries and wages					15	_
16 Repairs and mainter	nance		1X		16	
17 Bad debts		_	.2018		17	
18 Interest (attach sche	edule)	h	,		18	
19 Taxes and licenses		U			19_	
	ions (See instructions for limitation rules)		1 1		20	
21 Depreciation (attach	•		21		 	
22 Less depreciation de23 Depletion	aimed on Schedule A and elsewhere on return		22a		22b	
·	erred compensation plans				23	
25 Employee benefit pr					25	
26 Excess exempt expe	_				26	
27 Excess readership of	•				27	
28 Other deductions (at					28	
•	dd lines 14 through 28				29	0.
	taxable income before net operating loss deduction. Subtrac	t line 29	9 from line 13		30	0.
	eduction (limited to the amount on line 30)		SEE STAT	EMENT 1	31	
32 Unrelated business	taxable income before specific deduction. Subtract line 31 fr	om line	30		32	0.
	Generally \$1,000, but see line 33 instructions for exceptions	•			33	1,000.
	$\textbf{taxable income}. \ \ \text{Subtract line 33 from line 32.} \ \ \text{If line 33 is}$	greater	than line 32, enter the sr	naller of zero or		••
line 32	or Panarwork Paduation Act Nation and Instructions				34	0.

623701 11-22-17 LHA For Paperwork Reduction Act Notice, see Instruction

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Part II	Tax Computation			
35	Organizations Taxable as Corporations See instructions for tax computation.	Ţ		
•	Controlled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and:		l	
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	İ		
	(1) \$ (2) \$ (3) \$			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	ĺ	1	
	(2) Additional 3% tax (not more than \$100,000)	L		_
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 on line 34 from:	L		
	Tax rate schedule or Schedule D (Form 1041)	▶↓	36	
37	Proxy tax. See instructions	▶	37	
38	Alternative minimum tax	<u> </u>	38	
	Tax on Non-Compliant Facility Income. See instructions	 	39	
	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0.
Part I				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		1	
b	Other credits (see instructions) 41b		L	
	General business credit. Attach Form 3800		•	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		,	
е	Total credits Add lines 41a through 41d	<u> </u>	41e	
	Subtract line 41e from line 40	Ļ	42	0.
	Other taxes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach so	hedule)	43	
	Total tax Add lines 42 and 43	<u> </u>	44	0.
	Payments: A 2015 overpayment credited to 2016			
	2016 estimated tax payments		- 1	
	Tax deposited with Form 8868			
	Foreign organizations: Tax paid or withheld at source (see instructions)		Î	
	Backup withholding (see instructions) 45e		- 1	
	Credit for small employer health insurance premiums (Attach Form 8941)		- 1	
g	Other credits and payments: Form 2439	ļ		
	Form 4136 Other Total ▶ 45g			
	Total payments. Add lines 45a through 45g	Ļ	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.
50 Dart V	Enter the amount of line 49 you want: Credited to 2017 estimated tax		50	
Part V				
51	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	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			X
F0	here	0		$ \frac{\lambda}{x}$
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign true	JSC		
50	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 \$\bigs\\$ Under penalties of period, if eclare that have examined this return, including accompanying schedules and statements, and to the best of received.	ny knowledi	ne and beli	ef it is true
Sign	correct, and complete Deglaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Here	N CEO		•	scuss this return with
	Signature of officer Date Title			hown below (see
			_	122 TES NO
Б	Print/Type preparer's name Preparer's signature Date Check		[]	
Paid	DAMPTON II DONALAI 16/m 15/2/10	mployed	PΛ	1264344
Prepa	THE THE PROPERTY OF THE PROPER	s EIN 🕨		-1498870
Use C	1121 RIVERCHASE OFFICE RD	S LIIV P	=0	
	Firm's address BIRMINGHAM, AL 35244 Phon	2 00 2	05-9	82-5500
	PHOTO	UTIO ZI	<u> </u>	22 220

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Schedule A - Cost of Goods	Sold. Enter	method of invent	tory 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 in			ine 6				
3 Cost of labor	3		from line 5. Enter here		* /				
4 a Additional section 263A costs			line 2		,	7			
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to		Yes	No	
b Other costs (attach schedule)	4b		property produced or a		·				
5 Total Add lines 1 through 4b	5		the organization?					\vdash	
Schedule C - Rent Income (From Real I	Property and		ease	d With Real Prop	erty)			
(see instructions)					<u> </u>				
1 Description of property									
(1)									
(2)									
(3)									
(4)		- · · ·							
	2. Rent receive	ed or accrued							
rent for personal property is more than for ent for personal property is more than			and personal property (if the percentage personal property exceeds 50% or if at is based on profit or income)	rsonal property exceeds 50% or if			ectly connected with the income in (a) and 2(b) (attach schedule)		
(1)									
(2)									
(3)							<u>-</u>		
(4)									
Total	0.	Total		0.			_		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	>		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)		<u>-</u> .				
			2 Gross income from		3. Deductions directly conto debt-finance				
Description of debt-financed property			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)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduc (column 6 x total of c 3(a) and 3(b))	olumns	
_(1)			%						
(2)			%						
(3)			%						
(4)			%			$\neg \vdash$			
			·		Enter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column		
Totals			•	1	0			0.	
Total dividends-received deductions in	ncluded in columi	า 8			<u> </u>	ightharpoonup		0.	
						_	Form 990- 1		

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)		•				ź.
(2)						
(3)						,
(4)			, Š. , *			-> \$
Totals (carry to Part II, line (5))	0.	0.				0.
	·					5. 000 T (0010

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

Page 5 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) Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 7. Excess readership 2. Gross advertising costs (column 6 minus column 5, but not more than column 4) 3 Direct 5 Circulation 6. Readership 1. Name of periodical advertising costs ıncome costs income (1) (2) (3) (4) 0. 0. 0. Totals from Part I Enter here and on page 1, Part II, line 27 Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part I, (ine 11, coi (A) 0. 0 0 Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to 4. Compensation attributable 2. Title to unrelated business 1. Name (1) % (2) % (3) % (4) %

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