Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e)) For calendar year 2015 or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016 Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Form 990-T

86099951

OMB No. 1545-0687

Form 990-T	(2015) GAP MINISTRIES 86-	099	9503	3	F	age 2
Part II						
	Organizations Taxable as Corporations. See instructions for tax computation.		I			
00	Controlled group members (sections 1561 and 1563) check here See instructions and:					
•	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):					
u	(1) \$ (2) \$ (3) \$					
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$					
U						
_	(2) Additional 3% tax (not more than \$100,000)		05.			0.
_	Income tax on the amount on line 34		35c			<u> </u>
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from:					
	Tax rate schedule or Schedule D (Form 1041)		36			
	Proxy tax. See instructions		37			
38	Alternative minimum tax		38			
	Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39			0.
	V Tax and Payments		1 1			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		4 1			
b	Other credits (see instructions) 40b		_			
C	General business credit, Attach Form 3800					
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		_			
е	Total credits Add lines 40a through 40d		40e			
41	Subtract line 40e from line 39		41			0.
42	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sc	nedule)	42			
43	Total tax. Add lines 41 and 42		43			0.
44 a	Payments: A 2014 overpayment credited to 2015					
	2015 estimated tax payments 44b		7			
	Tax deposited with Form 8868 44c		7			
	Foreign organizations: Tax paid or withheld at source (see instructions) 44d		1			
	Backup withholding (see instructions) 44e		1			
	Credit for small employer health insurance premiums (Attach Form 8941) 44f		1			
	Other credits and payments: Form 2439		┥			
y						
45			ا ہے ا			
45	Total payments. Add lines 44a through 44g		45			
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached		46			
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		47			0.
48	Overpayment If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		48			<u>0.</u>
49	Enter the amount of line 48 you want: Credited to 2016 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions)		49			
Part \					1	
	iny time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a fina			ank,	Yes	No_
	urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank	ınd Fin	ancial			
Acc	ounts. If YES, enter the name of the foreign country here ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? S, see instructions for other forms the organization may have to file			}		<u>X</u>
				1		<u>X</u>
	er the amount of tax-exempt interest received or accrued during the tax year ▶ \$					
Sched	dule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A		., .			
1 Inve	entory at beginning of year 1 6 Inventory at end of year		6			
2 Pur	chases 7 Cost of goods sold Subtract line 6					
3 Cos	st of labor 3 from line 5. Enter here and in Part I, line 2		7			
4a Add	itional section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with respect to				Yes	No
b Oth	er costs (attach schedule) 4b property produced or acquired for resale) app	y to				
	al. Add lines 1 through 4b 5 the organization?					1
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best	of my kr	nowledge a	nd belief, it is	true,	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			S discuss this		with 1
Here	13/12/11 PRESIDENT		•	s aiscuss this er shown belov		WITE
	Signature of officer Date Title		instructions		·	¬ No I
	Print/Type preparer's name Preparer's signature Date Check	- 	ıf PTI	· · · · · · · · · · · · · · · · · · ·		
D=' :	LAVOIE & COMPANY,	ndove.		•		
Paid		יףיטאפו		00408	110	
Prepa		CINI N		6-104		
Use C	/III y =	EIN D	- 0	0-104	<u>0 7 0</u>	<u> </u>
	[E 2 0	333 A	0 <i>C C</i>	
		110.	<u> 540-</u>	322-0		
523711 01				Form 9 9	ו -טק	(2015)

Description of property	o (r rom riour	Troporty uno	- Croonar	Toporty	Loude		
(1)							
(2)							
(3)							
(4)	<u></u>						·
		ed or accrued				3(a) Deductions direct	tly connected with the income in
(a) From personal property (if the rent for personal property is m 10% but not more than 5	ore than	of rent for p	nd personal propert ersonal property ex- t is based on profit	ceeds 50% or	ntage if	columns 2(a)	and 2(b) (attach schedule)
(1)							
(2)							
(3)							
(4)							
Total	<u> </u>	Total			0.	.	
(c) Total income. Add totals of column		iter			•	(b) Total deductions. Enter here and on page 1,	
here and on page 1, Part I, line 6, colu		11			0.	Part I, line 6, column (B)	<u> </u>
Schedule E - Unrelated D	ept-Financed	income (see	instructions)				
			2. Gross inc	come from			onnected with or allocable inced property
1. Description of deb	t-financed property		or allocable financed p	to debt-	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
					S	ratement 2	STATEMENT
(1) COMMERCIAL REAL	ESTATE			0,025		22,143	
(2) COMMERCIAL REAL	ESTATE		7	4,587	•	15,92	7. 48,5
(3)							
(4)			-				
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 4	of or debt-fina	a adjusted basis allocable to anced property h schedule)	6. Column by colu			7, Gross income reportable (column 2 x column 6)	8 Allocable deduction (column 6 x total of column 3(a) and 3(b))
(1) 822,946	1	,110,715.	7	4.09%	-	44,47	3. 45,4
$\begin{array}{cccccccccccccccccccccccccccccccccccc$		516,383		3.31%	1	54,68	
(3)		310,303.	·	3.31 %	 -	34,00	17,2
(4)			† 	%			
			<u> </u>			nter here and on page 1, Part I, line 7, column (A)	Enter here and on page Part I, line 7, column (
Totals					<u> </u>	99,15	392,6
Total dividends-received deductions	s included in colum	n 8				<u> </u>	D
Schedule F - Interest, Ani			nts From C	ontrolled	d Orga	nizations (see in	structions)
		Exemp	ot Controlled C	rganization	18		
1 Name of controlled organization	Employer io	lentification Net u	3. inrelated income (see instructions)	Total of	4. specified nts made	5 Part of column 4 included in the control organization's gross in	rolling connected with inco
(1)							
(2)				 			
(3)							
(4)							
Nonexempt Controlled Organizati	ons						
7. Taxable Income	Net unrelated incor (see instruction		otal of specified pay made	ments 1	in the cor	column 9 that is included strolling organization's gross income	11. Deductions directly coni with income in column 10
(1)							
(1)							
(3)							
(4)							
	·				Enter here	columns 5 and 10 and on page 1, Part I,	Add columns 6 and 11 Enter here and on page 1, Pa
					lin	e 8, column (A)	line 8, column (B)
Totals				▶		0.	
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Schedule G - Investme (see instr				- (-/(*/			 _		
1. Description of income					2. Amount of income	 Deduction Deduction	nnected 4.	Set-asides tach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)									
(2)									
(3)									
(4)									
					inter here and on page 1, Part I, line 9, column (A)				Enter here and on page 1 Part I, line 9, column (B)
Totals					0.				0.
Schedule I - Exploited (see instru			Income	, Other	Than Advertisi	ng Incor	ne		
			3 5		4. Net income (loss)				7. Excess exempt
Description of exploited activity	"	2. Gross lated business ncome from de or business	3. Expedirectly conwith production of unrelabusiness in the control of the contro	nnected uction ated	from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7	5. Gross from activ is not un business	ity that a	5. Expenses ttributable to column 5	expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)									
	p.	er here and on age 1, Part I, e 10, col (A)	Enter here page 1, i line 10, c	Part I, ol (B)					Enter here and on page 1, Part II, line 26
Totals -	<u> </u>	0.		0.		٠ بسیس			0
Schedule J - Advertisi									
Part I Income From	Perio	odicais Rep	ortea on	a Cons	solidated Basis				
1. Name of periodical		2. Gross advertising income		. Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, comput cols 5 through 7		culation 6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	_	-	1			 			
(2)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1
(3)					7				
(4)					7				1
Totals (carry to Part II, line (5))	•		0.	0.					0
Part II Income From	Perio	dicals Rep	orted on	a Sepa	rate Basis (For e	each period	dical listed in P	art II, fill in	
columns 2 through					·	·			
1. Name of periodical		2. Gross advertising income		. Direct tising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, comput cols 5 through 7		culation 6.	Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
<u>(1)</u>						1			
(2)					T	1			1
(3)						1		 	
(4)					1	1			
Totals from Part I			0.	0	•			. <u> </u>	0
		Enter here and page 1, Part I. line 11, col (A	, pag	here and on e 1, Part I, 11, coi (B)	1				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)			0.	0					0
Schedule K - Compen	satio	n of Office	rs, Direc	tors, an	d Trustees (see	instruction	ns)		
1 1	Name				2 Title		3 Percent of time devoted to business		pensation attributable prelated business
(1)				1					
(2)				1					
(3)			 -	 				1	·
(4)				T -	· · · · · · · · · · · · · · · · · · ·				
Total. Enter here and on page 1, i	Part II. I	line 14					•		0
							···		Form 990-T (201
523731 01-08-18									

FORM 990-T	SCHEDULE E - DEPRECI	ATION DEDUCTI	ON	STATEMENT
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION DEPRECIATION	- SUBTOTAL	- 1	22,143. 15,927.	22,143
DEPRECIATION	- SUBTOTAL	- 2	15,927.	15,927
TOTAL OF FORM 990-	T, SCHEDULE E, COLUMN	3(A)		38,070
	COVERNIA DE COMUN	P DEDITORIONS		STATEMENT
FORM 990-T	SCHEDULE E - OTHE	R DEDUCTIONS		
	SCHEDULE E - OTHE	ACTIVITY NUMBER	AMOUNT	TOTAL
DESCRIPTION INTEREST UTILITIES REPAIRS INSURANCE		ACTIVITY NUMBER	AMOUNT 34,978. 2,393. 268. 1,574. 0.	TOTAL
FORM 990-T DESCRIPTION INTEREST UTILITIES REPAIRS INSURANCE TRASH INTEREST UTILITIES REPAIRS INSURANCE TRASH INTEREST UTILITIES REPAIRS INSURANCE TRASH	- SUBTOTAL	ACTIVITY NUMBER	34,978. 2,393. 268. 1,574. 0. 17,712. 6,711. 19,731. 1,702.	
DESCRIPTION INTEREST UTILITIES REPAIRS INSURANCE TRASH INTEREST UTILITIES REPAIRS		ACTIVITY NUMBER	34,978. 2,393. 268. 1,574. 0. 17,712. 6,711. 19,731.	TOTAL

FORM 990-T	AVERAGE ACQUISI ALLOCABLE TO DEBT			STATEMENT 4
DESCRIPTION		ACTIVI NUMBEI	- -	TOTAL
2154	- SUBTOT	AL - 1	822,946	822,946.
2750	- SUBTOT	AL - 2	378,550	378,550.
TOTAL OF FORM 99	00-T, SCHEDULE E, COL	UMN 4		1,201,496.