

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2016

For calendar year 2016 or other tax year beginning 07-01, 2016, and ending 06-30-2017

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) organization.

Open to Public Inspection for 501(c)(3) Organizations Only

Check box if address changed. Exempt under section 501(c)(3) 501(c)(6) 508(e) 408A 529(a)

Name of organization THE ARC OF SOUTHWEST WASHINGTON. Number, street, and room or suite no PO BOX 22608. City or town, state or province, country, and ZIP or foreign postal code Vancouver, WA 98668

Employer identification number 91-0759016. Unrelated business activity codes 531190

Book value of all assets at end of year 994,152

Group exemption number. Check organization type 501(c) corporation

Describe the organization's primary unrelated business activity OFFICE BILLBOARD RENTS

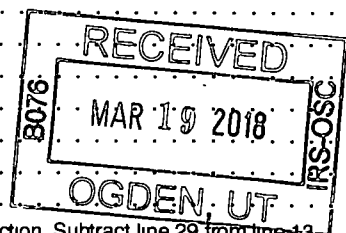
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

The books are in care of JEAN TRIBUZIO Telephone number (306) 254-1562

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, etc.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.



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Part III Tax Computation

Table with 3 columns: Description, Amount, and Total. Rows include Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), Tax on Non-Compliant Facility Income (39), and Total (40).

Part IV Tax and Payments

Table with 3 columns: Description, Amount, and Total. Rows include Foreign tax credit (41a-41e), Total credits (41e), Subtract line 41e from line 40 (42), Other taxes (43), Total tax (44), Payments (45a-45g), Total payments (46), Estimated tax penalty (47), Tax due (48), Overpayment (49), and Enter the amount of line 49 (50).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, and No. Rows include questions about foreign accounts (51), foreign trusts (52), and tax-exempt interest (53).

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature], Date: 03-14-2018, Title: DIRECTOR.

Paid Preparer Use Only: Print/Type preparer's name: JEANIE M PITNER, Preparer's signature: [Signature], Date: 03-15-2018, Check self-employed: [X], PTIN: P00645229, Firm's name: Pitner Tax Solutions LLC, Firm's EIN: 45-5388697, Firm's address: PO Box 21, Battle Ground WA 98604, Phone no: 360-574-4005.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶

|    |   |    |  |   |  |     |    |
|----|---|----|--|---|--|-----|----|
| 1  | Inventory at beginning of year . . . . .                  | 1  |  | 6 | Inventory at end of year . . . . .   | 6   |    |
| 2  | Purchases . . . . .                                       | 2  |  | 7 | <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .                           | 7   |    |
| 3  | Cost of labor . . . . .                                   | 3  |  | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . . | Yes | No |
| 4a | Additional section 263A costs (attach schedule) . . . . . | 4a |  |   |  |     |    |
| b  | Other costs (attach schedule) . . . . .                   | 4b |  |   |  |     |    |
| 5  | <b>Total.</b> Add lines 1 through 4b . . . . .            | 5  |  |   |  |     |    |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1. Description of property

(1) **BILLBOARD AND OFFICE RENTS**

(2)

(3)

(4)

| 2. Rent received or accrued  |   | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)<br><b>Statement #11</b> |
|--|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)      | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |   |
| (1)  | 20,473  | 18,943  |
| (2)  |   |   |
| (3)  |   |   |
| (4)  |   |   |
| <b>Total</b>   | <b>Total 20,473</b>   |   |
| <b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . ▶ |   | <b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ▶                                   |
|  | 20,473  | 18,943  |

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property  | 2. Gross income from or allocable to debt-financed property                           | 3. Deductions directly connected with 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) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5  | 7. Gross income reportable (column 2 x column 6)      | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %  |   |   |
| (2)   |   | %  |   |   |
| (3)   |   | %  |   |   |
| (4)   |   | %  |   |   |
| <b>Totals</b> . . . . . ▶   |   |  | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B)                |
| <b>Total dividends-received deductions</b> included in column 8 . . . . . ▶                       |   |  |   |   |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

**Nonexempt Controlled Organizations**

| 7. Taxable income         | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                      |
|---------------------------|---|-------------------------------------|--|---|
| (1)                       |   |                                     |  |   |
| (2)                       |   |                                     |  |   |
| (3)                       |   |                                     |  |   |
| (4)                       |   |                                     |  |   |
| <b>Totals</b> . . . . . ▶ |   |                                     | Add columns 5 and 10<br>Enter here and on page 1,<br>Part I, line 8, column (A)      | Add columns 6 and 11<br>Enter here and on page 1,<br>Part I, line 8, column (B) |

**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. Deductions directly connected (attach schedule)      | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col 3 plus col 4)    |
|---------------------------|---------------------|---|---------------------------------|--|
| (1)                       |                     |   |                                 |  |
| (2)                       |                     |   |                                 |  |
| (3)                       |                     |   |                                 |  |
| (4)                       |                     |   |                                 |  |
| <b>Totals</b> . . . . . ▶ |                     | Enter here and on page 1,<br>Part I, line 9, column (A) |                                 | Enter here and on page 1,<br>Part I, line 9, column (B). |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|--------------------------------------|---|---|---|---|--------------------------------------|---|
| (1)                                  |   |   |   |   |                                      |   |
| (2)                                  |   |   |   |   |                                      |   |
| (3)                                  |   |   |   |   |                                      |   |
| (4)                                  |   |   |   |   |                                      |   |
| <b>Totals</b> . . . . . ▶            |   | Enter here and on page 1, Part I, line 10, col (A)                          | Enter here and on page 1, Part I, line 10, col (B)  |   |                                      | Enter here and on page 1, Part II, line 26                                      |

**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 | 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)  |                             |                             |   |                       |                     |  |
| <b>Totals (carry to Part II, line (5))</b> . . . . . ▶ |                             |                             |   |                       |                     |  |

**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)  |  |  |   |                       |                     |  |
| <b>Totals from Part I</b> . . . . . ▶          |  |  |   |                       |                     |  |
|  | 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                                       |
| <b>Totals, Part II (lines 1-5)</b> . . . . . ▶ |  |  |   |                       |                     |  |

**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)  |          | %                                      |  |
| <b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶ |          |  |  |

**Federal Supporting Statements**

**2016 PG01**

Name(s) as shown on return

FEIN

**THE ARC OF SOUTHWEST WASHINGTON**

**91-0759016**

**990-T - Schedule C - Line 3**  
**Deductions Directly Connected with Income**

**Statement #11**

Description

Amount

PORTION OF INSURANCE, INTEREST ALOCATION

\$18,943

**Total**

\$18,943