

Amended Return - Section 512(a)(7) Repeal

Form **990-T**
SEE STMT 1

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

OMB No 1545 0687

2017

For calendar year 2017 or other tax year beginning 7/01, 2017, and ending 6/30, 2018

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ 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 501(c)(3) Organizations Only

A Check box if address changed

B Exempt under section
 501(c)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

Check box if name changed and see instructions

Print or Type **GATEWAY CENTER OF MONTEREY COUNTY, INC.**
850 CONGRESS AVE.
PACIFIC GROVE, CA 93950

D Employer identification number (Employees' trust, see instructions)
94-2660677

E Unrelated business activity codes (See instructions)

C Book value of all assets at end of year
3,712,492.

F Group exemption number (See instructions.) ▶

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

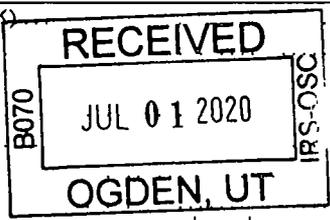
H Describe the organization's primary unrelated business activity

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If 'Yes,' enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ **NATALIE SOUSA** Telephone number ▶ **831-372-8002**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance ▶			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit Subtract line 2 from line 1c G			
4 a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions, attach schedule)			
13	Total. Combine lines 3 through 12	0.	0.	0.

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.)			
14	Compensation of officers, directors, and trustees (Schedule K)		
15	Salaries and wages		
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule)		
19	Taxes and licenses		
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return		
23	Depletion		
24	Contributions to deferred compensation plans		
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)		
29	Total deductions. Add lines 14 through 28		
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		
31	Net operating loss deduction (limited to the amount on line 30)		
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30		0.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		0.



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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____

b 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 **35 c** 0.

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**

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 IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **41 a**

b Other credits (see instructions) **41 b**

c General business credit. Attach Form 3800 (see instructions) **41 c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **41 d**

e **Total credits.** Add lines 41a through 41d **41 e** 0.

42 Subtract line 41e from line 40 **42** 0.

43 Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866
 Other (attach schedule) **43**

44 Total tax. Add lines 42 and 43 **44** 0.

45 a Payments: A 2016 overpayment credited to 2017 **45 a**

b 2017 estimated tax payments **45 b**

c Tax deposited with Form 8868 **45 c**

d Foreign organizations Tax paid or withheld at source (see instructions) **45 d**

e Backup withholding (see instructions) **45 e**

f Credit for small employer health insurance premiums (Attach Form 8941) **45 f**

g Other credits and payments: Form 2439
 Form 4136 Other 1,112. Total **45 g** 1,112.

46 Total payments. Add lines 45a through 45g **46** 1,112.

47 Estimated tax penalty (see instructions) Check if Form 2220 is attached **47**

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed **48**

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49** 1,112.

50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded **50** 1,112.

STATEMENT 2

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

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority 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 here _____ **Yes** **No**

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file _____ **Yes** **No**

53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0. **Yes** **No**

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: *Robert Allen* Date: 6/5/2017 Title: EXECUTIVE DIRECTOR May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: PATRICIA M. KAUFMAN CPA Preparer's signature: *Patricia M Kaufman* Date: 5/28/20 Check if self-employed PTIN: P00312047

Firm's name: MCGILLOWAY, RAY, BROWN & KAUFMAN Firm's EIN: 77-0460195

Firm's address: 379 WEST MARKET STREET SALINAS, CA 93901 Phone no: (831) 373-3337

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 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		
b Other costs (attach sch)	4b				
5 Total. Add lines 1 through 4b	5				X

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

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

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 sch)	(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)				
Totals			Enter here and on page 1, Part I, line 7, column (A) ▶	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8				

2017

FEDERAL STATEMENTS

PAGE 1

CLIENT 212735

GATEWAY CENTER OF MONTEREY COUNTY, INC.

94-2660677

6/03/20

12 16PM

**STATEMENT 1
FORM 990-T, AMENDED RETURN
AMENDED RETURN EXPLANATION**

ALL AMOUNTS BELOW ARE DUE TO REPEAL OF SECTION 512(A) (7)
PARKING EXPENSE - TRANSPORTATION FRINGE BENEFIT

ORIGINAL RETURN AMOUNT

PART I, LINE 12 OTHER INCOME - \$7,188
PART I, LINE 33 SPECIFIC DEDUCTION \$1,000
PART I, LINE 34 UNRELATED BUSINESS TAXABLE INCOME \$6,188
PART III, LINE 35C INCOME TAX ON LINE 34 - \$1,112

AMENDED RETURN AMOUNT

PART I, LINE 12 OTHER INCOME - \$0
PART I, LINE 33 SPECIFIC DEDUCTION - \$0
PART I, LINE 34 UNRELATED BUSINESS TAXABLE INCOME \$0
PART III, LINE 35C INCOME TAX ON LINE 34 - \$0
PART IV, LINE 45G OTHER CREDITS AND PAYMENTS - \$1,112
PART IV, LINE 49 OVERPAYMENT - \$1,112
PART IV, LINE 50 REFUNDED - \$1,112

**STATEMENT 2
FORM 990-T
REASONABLE CAUSE FROM LATE PENALTIES**

FILED PERSUANT TO NOTICE 2018-100