	**									
·	990-T	Ex	cempt Organization					rn	OMB N	o 1545-0687
Form	330-1	_	(and proxy tax					1 7		a46
		į.	ndar year 2016 or other tax year begin						2	U16
	ment of the Treasury Revenue Service	· .	formation about Form 990-T and not enter SSN numbers on this form				•		Open to Pu	iblic Inspection for Organizations Only
A	Check box if	, , ,			me changed and see			D Emple	oyer Identific	ation number
	address changed	_						(Emplo	oyees' trust, see	e instructions)
	mpt under section		24/7 GATEWAY, LLC			_		_		
	501(C)(3 ())	Print	Number, street, and room or suite no	lf a P O	box, see instruction	s			193832	
	408(e) 220(e)	Type	275 PRYOR STREET, S	TA7					ated busines structions)	ss activity codes
⊢	408A530(a) 529(a)		City or town, state or province, counti		ZIP or foreign postal o	code		}		
_	k value of all assets		ATLANTA, GA 30303	7,				1		
at e	nd of year	F Gro	up exemption number (See instruc	tions)	>					
	8,448,995.	G Che	eck organization type X 501	I(c) co	rporation	501(c)	trust	401(a)	trust	Other trust
H De	escribe the organi	zation's p	rimary unrelated business activity	<u> </u>						
			corporation a subsidiary in an affil			ubsidiary c	ontrolled group?		▶∟	Yes X No
			identifying number of the parent co	rporati	on 🕨			015	6626	
			DELIESHA M. STEWART		(4) (200		e number ▶ 40		_	(C) Not
	Gross receipts or		or Business Income	T	(A) Incon	ne	(B) Exper	ises	-	(C) Net
1a b	Less returns and allowa		c Balance ▶	1c						
2			ule A, line 7)							
3	•		2 from line 1c							
4a	Capital gain net i	income (a	attach Schedule D)	4a						
b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4797)	4b						
С	Capital loss dedu	action for t	trusts	4c	-					
5			ps and S corporations (attach statement)							
6									-	
7			come (Schedule E)						-	
8	-		nts from controlled organizations (Schedule F)				_			· · · · · · · · · · · · · · · · · · ·
9 10			i1(c)(7), (9), or (17) organization (Schedule G)				· · ·			
2211			dule J)	11			<u> </u>		 	
212			ctions, attach schedule)							
ලෙ 13	•		ough 12	13		0.	_			
e∾ Par			Taken Elsewhere (See inst					Except f	or contrib	outions,
=			be directly connected with							
≥14			directors, and trustees (Schedule K							
C 15	Salaries and wag	es	RECEIVE	D· ·	-}			15		
16	I repairs and man	1101101100			<i>(.</i> /1			_ 1 10		
15 16 17 18 19	Bad debts		MAY: 8 0:201	8 - 1	없 · · · · · ·	• • • • •	• • • • • • •	17	 	
₹ 18	Taxos and leaner	cnedule)		٠٠١ ٢	줘			18	 	
€) 20	Charitable contril	hutions (See inst uctions proprietios (4)		<u> </u>	• • • • •		19	 	
21			4562).					20	 	
22			on Schedule A and elsewhere on r							
23					_					
24			compensation plans							
25			s							
26	Excess exempt ex	хрелses (Schedule I)					26		
27	Excess readershi	p costs (S	Schedule J)					27		·
28			schedule)							
29			es 14 through 28						 	
30			ole income before net operating						ļ	
31			ion (limited to the amount on line 3						 	
32			le income before specific deductio rally \$1,000, but see line 33 instruc						 	
33 34			able income. Subtract line 33 fi						 	
J-7				111	02 11 11110 01	- io gica	11116	~'	1	•

Form **990-T** (2016)

-Pàr	t-III-	Tax Computat	tion										
35	Organia	zations Taxable	as Corpor	ations. See	instructions	for tax com	putatio	n Controlled g	roup				
••	•	s (sections 1561 a	•				•	-	·	l l			
2		our share of the \$					rackete	(in that order)		li			
а	(1) \$	our shale of the t	(2)	ooo, and s		(3) \$	acrets	(III tilat older)					
						` '	9			ll			
þ	Enter or	ganization's share o	f (1) Additional	15% tax (not	more than \$11,	/50)	2			1 1			
	(2) Addı	tional 3% tax (not m	nore than \$100	,000)						{			
С	Income	tax on the amount of							▶	35c			
36	Trusts	Taxable at T	rust Rates.	See ins	tructions for	•				{			
	the amo	unt on line 34 from	Tax rate	schedule or	Sched	fule D (Form 1	041)	<i>,</i>	▶	36			
37	Proxy ta	x. See instructions						<i>.</i>	▶	37			
38	Alternat	ive minimum tax .								38			
39	Tax on	Non-Compliant Fac	ility Income. Se	e instructions						39			
40	Total A	dd lines 37, 38 and	39 to line 35c	or 36, which	ever applies	<u> </u>			<u> </u>	40			
Par	t IV	Tax and Payn	nents										
41 a	Foreign	tax credit (corporat	ions attach For	rm 1118, trus	ts attach Form 1	116)	41a		_	\Box			
	_	redits (see instructio								1 1			
		business credit At						· · · · · ·		1			
4	Credit fo	or prior year minimi	ım tax (attach I	Form 8801 or	8827)		41d		_	1 1			
		edits. Add lines 41a								41e			
42		t line 41e from line	•							42			
43		es Check if from								43			
				_				="		44			0.
44		x. Add lines 42 and							• • •				
		its A 2015 overpay								1 1			
		timated tax paymer											
		osited with Form 88								1 1			
		organizations Tax								}			
е	Backup	withholding (see in:	structions)				45e			, (
f	Credit for	or small employer h	ealth insurance	 -			45f			1 !			
g	Other c	redits and payments	,	Form 24	39		1			1			
	F	orm 4136	l	Other		Total 🕨	45g] }			
46	Total pa	ayments. Add lines	45a through 45	5g					· <u></u>	46			
47	Estimate	ed tax penalty (see	instructions) C	heck if Form :	2220 is attached				. 🔲	47			
48		. If line 46 is less th								48			
49	Overpa	ment. If line 46 is l	larger than the	total of lines	44 and 47, ente	r amount overc	aid		▶	49			
50		amount of line 49 you						Refunde		50			
Par	t V	Statements R	Regarding (Certain Ac	tivities and	Other Inf	orma	tion (see instri	uction	s)			
51		time during the									authority	Yes	No
	over a	financial account	(bank, secur	ities, or oth	er) ın a forei	an country?	If YES	i. the organization	on ma	av hav	e to file		
		Form 114, Repo	•		•	-				•		1	
	here 🕨						,				+ ,	<u>'</u>	Х
52		he tax year, did the	organization r	agovo a distr	thution from or	was it the are	ntor of	or transferor to		an taial			X
32	-					was it the gra	iiioi oi	, or transferor to,	a iorei	gii uusi		<u> </u>	 -
E 2		ee instructions for a		-	-	lavuone 🕨 C							l
<u>53</u>		e amount of tax-exi nder penalties of penury,					hedules	and statements and t	o the h	est of m	v knowledge	and hel	laf it is
0:	l tru	re, correct, and complete									, knowledge	410 00	
Sig		ADUACT HOTT	MAN /	0 1	05/15/2	010					IRS discuss		
Her	, –	APHAEL HOLLO	WAI Jay	(seef)	VI 13/12		<u>'</u> -	 			preparer sh		_ 1
	Si	gnature of officer			12	Title		-1-	(88	e instructi		es	No
Paid	ı	Print/Type preparers	name	למ	Proparer's signatu	ire	1	ate	Checi	ار لـــا،	PTIN		
	oarer	MARC AZAR			lare	A. Aze		05/15/2018		mployed			19
-	Only		MITH & HO						Firm's		58-1250		
		Firm's address ▶ 2	71 17TH S	TREET, S	UITE 1600,	ATLANTA	, GA	30363	Phone	no '	404-874		
											Earn Q	an T	(2046)

Form 990-T (2016)								P	Page 3
Schedule A - Cost of G	oods Sold. En	ter metho	d of invento	ry valuation	>				
1 Inventory at beginning of y	ear . 1			6 Inventory	at end of ye	ar	6_		
2 Purchases	2			7 Cost of	goods so	old Subtract line			
3 Cost of labor	[3]			6 from	line 5 Er	nter here and in	1 1		
4a Additional section 263A co	osts			Part I, line	2		. 📗 7		
(attach schedule)	4a			8 Do the	rules of	section 263A (with respect to	Yes	No
b Other costs (attach schedu	le) . 4b			property	produced	or acquired fo	or resale) apply		
5 Total. Add lines 1 through				to the orga	anization?		 	ĺ	Х
Schedule C - Rent Income	(From Real P	roperty a	nd Persor	al Property	Leased V	Vith Real Prope	erty)		
(see instructions)									_
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accru	ied	<u> </u>		_			
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but not	percen	tage of rent for	personal property personal property based on profit or	exceeds		directly connected with 2(a) and 2(b) (attach sch		me
(1)						 			
(2)									
(3)									
(4)									
Total		Total				 			
(c) Total income. Add totals of c		b) Enter				(b) Total deduction Enter here and o	n page 1,		
here and on page 1, Part I, line 6						Part I, line 6, colu	ımn (B) ▶		
Schedule E - Unrelated D	ept-Financed in	icome (s	ee instruction	ons)	3	Deductions directly of	onnected with or allocab	le to	
1 Description of del	ot financed property			ncome from or odebt-financed			iced property		
1 Description of del	ot-initiaticed property		1	operty		ht line depreciation ach schedule)	(b) Other dedu (attach sched		
					(alla	ich schedule)	(attach sched	uie)	
(2)			 						
(3)									
(4)			<u> </u>	· · · · · · · · · · · · · · · · · · ·				_	
Amount of average acquisition debt on or	5 Average adjust of or allocal	ole to	1	Column		ıncome reportable	8 Allocable ded		ne
allocable to debt-financed property (attach schedule)	debt-financed (attach sche		1	olumn 5	(colum	n 2 x column 6)	3(a) and 3(i		
(1)	<u>_</u>	<u>-</u>		%					
(2)				%					
(3)				%					
(4)				——————————————————————————————————————					
· · · · · · · · · · · · · · · · · · ·			<u> </u>			e and on page 1, e 7, column (A)	Enter here and o Part I, line 7, co		
Totals				▶					

Schedule F - Interest, Annu			pt Controlled Or							
Name of controlled organization	2 Employer identification number				of specified included		f column 4 that is in the controlling ion's gross income		6 Deductions directly connected with income in column 5	
)										
)										
)				ļ						
)			·	l						
onexempt Controlled Organiz	ations									
7 Taxable Income	8. Net unrelated inc (loss) (see instruction	I .	9 Total of specific payments mad		ınclu	art of column ded in the co ization's gross	ntrolling		Deductions directly sected with income in column 10	
)										
)										
)						_				
)										
otals		: F04/-		>	Ente Part	columns 5 ar here and on I, line 8, colum	page 1, mn (A)	Ente	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)	
chedule G - Investment Ir	icome of a Sect	טויטכ חסונ	3 Dedu		nizatio				5. Total deductions	
1 Description of income	2 Amount of I	ncome	directly co	nnected			t-asides schedule)		and set-asides (col 3 plus col 4)	
1)										
2)								_		
3)										
4)										
otals ▶	Enter here and o Part I, line 9, col	lumn (A)							Enter here and on page Part I, line 9, column (E	
chedule I - Exploited Exe	empt Activity Inc	ome, Oth	er Than Adver	tising Ir	ncome	(see instru	ctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelated business inc	with or busines 2 minus color of diff a gain,	ated trade s (column olumn 3) compute	from a	oss income activity that unrelated ess income	6 Expens attributabl column	e to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
1)	1			-						
2)					···				-	
3)										
			-		<u> </u>					
4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here as page 1, Pa line 10, col	rt I,		1		I		Enter here and on page 1, Part II, line 26	
rotals ▶ Schedule J - Advertising Ir	como (con inciri	ctions)					·			
			maniidatad Da	olo						
Part I Income From Per	iodicais Reporte	ed on a Co	onsolidated Ba	ISIS	1		1			
1 Name of periodical	2 Gross advertising income	3 Directadvertising of	1 2	oss) (col col 3) If ompute		irculation icome	6 Readers costs	ship	7 Excess readersh costs (column 6 minus column 5, bi not more than column 4)	
(1)	 									
(2)	 				<u> </u>		 		7	
	 				—				-	
3)	 						 		-	
4)					 		 		 	
otals (carry to Part II, line (5))										
									Form 990-T (201	

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)						
Totals from Part I ▶						
	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
Totals, Part II (lines 1-5)		<u> </u>		·		

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			

Form 990-T (2016)