tr Eoro	990-T	Ex	cempt Organiz	ation	Bus	siness I	nco	me T	Гах <b>2</b> Р <b>2е</b> 8		32/2	7 Que 610	254 <u>4</u>	7 0
FOITI	1000.1	Eor calo	and pri) ndar year 2018 or other tax						e))   40 og 06/30		9	<b>୬</b> ଏ	<b>110</b>	
D	dans at at the Tenant	For cale	■ Go to www.irs.go							, 20 _	-1		y IO	
	tment of the Treasury al Revenue Service	▶ Do	not enter SSN numbers of							)1(c)(3)	). F	Open to Put 501(c)(3) Or	olic Inspections	on for Only
A [	Check box if address changed		Name of organization (			me changed an		-			Employ	ees trust see	tion num	ber
B Ex	empt under section		24/7 GATEWAY,	LLC										
X	501( C )( <b>0</b> 3_)	Print	Number, street, and room	or suite no 1	faPO	box, see instru	ictions			7 2	26-11	93832		
	408(e) 220(e)	or Type								Ε		ted busines	s activity (	code
	408A 530(a)		275 PRYOR STR	EET, S	W						(See ins	tructions)		
	529(a)		City or town, state or pro-	vince, country	y, and Z	IP or foreign po	ostal cod	le						
	ok value of all assets		ATLANTA, GA 3	0303								_		
at	end of year		up exemption number (S		<u>_</u> _									
	8,136,114.		ck organization type 🕨			•		501(c)	trust	4	01(a) t	rust	Othe	r trust (
H E	nter the number of	the orga	nization's unrelated trade	s or busine	sses	▶ <u>1</u>			Descr	ibe th	e only	(or first) uni	elated	
	ade or business her							•	complete Part				lescribe ti	he
	-		end of the previous ser	ntence, cor	mplete	Parts I and II	, compl	lete a S	chedule M for	each a	addition	al		
	ade or business, the													<del> </del>
			corporation a subsidiary				ent-subs	sidiary c	ontrolled grou	p?		▶ ∟	Yes 2	7 NO
			identifying number of the		rporation	on 🚩	т.	Janhan	e number 🕨	104-	215-	6636		
			ONIQUE WILLIAMS OF Business Income		-	/A\ I=	ncome	epnon					C) Net	
			DI BUSINESS INCOME	<del>,</del>	I	(A) II	ICOINE		(B) Exp	enses	•	,	o) Net	
1a	Gross receipts or			Balance ▶	1c									
ь 2	Cost of goods sol		ule A, line 7)		2				***					
3	•		2 from line 1c		3	-				_				
4 a			ttach Schedule D)		4a					+	RI	ECEIV	FD	$\neg$
b			Part II, line 17) (attach Forr		4b					1			<del></del>	
c	• , , ,		rusts		4c				••	128		1 9 0 2	020	8
5			r an S corporation (attach statem		5					10		L 20 C	020	) <del>-</del> S
6					6									₾
7			come (Schedule E)		7	-					00	DEN,	UT	工
8	Interest, annuities, roya	alties, and re	nts from a controlled organization	n (Schedule F)	8					L				
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization	(Schedule G)	9									
10	Exploited exempt	activity ii	ncome (Schedule I)		10							• •		
11	Advertising incom	ne (Sched	iule J)		11							_		
12	Other income (Se	e instruc	tions, attach schedule).		12									
13			ough 12					0.						
Pa			Taken Elsewhere (							(Exc	cept fo	or contrib	utions,	
			be directly connect								1			
14	•		directors, and trustees (S								14			
15	_													
16														
17											17			
18			,								18			
19											19 20			
20 21			4562)				1	1		• • •	20			
22			on Schedule A and else								22b			
23	•										23			
24			compensation plans								24			
25			S								25		<u></u>	
26			Schedule I)								26			
27			chedule J)								27	_		
28			chedule)								28			
29			s 14 through 28								29			
30			le income before net								30			
31			g loss arising in tax yea								31			
32	Unrelated busines	ss taxable	e income Subtract line 3	_	-									
For I			lotice, see instructions.									Form	990-T	(2018)

	990-1 (2	<del></del>			F	Page 2
Pai	rt III	Total Unrelated Business Taxable Income				
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instruc	ctions)	33			
34	Amour	nts paid for disallowed fringes	34			
35	Deduc	tion for net operating loss arising in tax years beginning before January 1, 2018 (see				
		ctions)	35			
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
_		s 33 and 34	36			
37		ic deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37			
38	-	ited business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36.	<del></del>			
00		he smaller of zero or line 36	38			0.
Pai		Tax Computation	30			
39			39			
40	Trusts	izations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39			
40			10			
		nount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
41		tax. See instructions	41			
42		ative minimum tax (trusts only)	42			
43		Noncompliant Facility Income. See instructions				
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
Par		Tax and Payments	<del></del>			
		n tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
		credits (see instructions)	i			
С	Genera	al business credit Attach Form 3800 (see instructions)	.			
d	Credit	for prior year minimum tax (attach Form 8801 or 8827)	i			
е		redits. Add lines 45a through 45d	45e			
46	Subtra	ct line 45e from <u>line 44</u>	46			
47	Other to	axes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47			
48	Total t	ax. Add lines 46 and 47 (see instructions)	48			0.
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
50 a						
b	2018 e	nts A 2017 overpayment credited to 2018				
		posited with Form 8868				
		n organizations Tax paid or withheld at source (see instructions)				
		o withholding (see instructions)				
		for small employer health insurance premiums (attach Form 8941) 50f	.			
		predits, adjustments, and payments Form 2439				
9		Form 4136 Other Total ▶ 50g				
51		payments. Add lines 50a through 50g	51		4.2	260.
52		ted tax penalty (see instructions) Check if Form 2220 is attached	52			
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54		F-5 1	54		4 2	260.
		syment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	55		_	260.
55 Dor		se amount of line 54 you want Credited to 2019 estimated tax Refunded Statements Regularity Contains Activities and Other Information (see an activities)			4,2	.00.
Par		Statements Regarding Certain Activities and Other Information (see instructions			/	Al o
56	-	time during the 2018 calendar year, did the organization have an interest in or a signature or			/es	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	•			
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	roreign	country	-	.,
	here <b>•</b>			——		<u>X</u> _
57	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?.	_		<u>X</u>
	If "Yes,"	see instructions for other forms the organization may have to file				
<u>58</u>	Enter t	he amount of tax-exempt interest received or accrued during the tax year 🕨 \$				
	l U	Inder penalties of perjury. I declare—that I have examined this return, including accompanying schedules and statements, and to the be ue, correct, and complete Declaration of preparer (other then taypoayer) is based on all information of which preparer has any knowledge	est of my	knowledge and	d belie	श, itis
Sigr	1   K	Max		S discuss th		
Her		RAPHAEL HOLLOWS (1997) (107/15/2020 CEO WITH	n the p	reparer show	vn b	
	s	signature of officer C// Date Title (see	instruction	s)? X Yes		No
n · ·		Print/Type preparer's name Preparer's signature Date Check		PTIN		
Paid		MARC A AZAR 07/15/2020 self-er	nployed	P91739		9
	arer			58-12504		
USE -	Only	Firm's address ▶ 271 17TH STREET, NW SUITE 1600, ATLANTA, GA 30363 Phone	no 404	1-874 <b>-</b> 62	44	
154				Form 990		2018)

JSA

Form 990-T (2018)

Total dividends-received deductions included in column 8,

Schedule F-Interest, Anni	uities, Royaities		pt Controlled (			ations (se	e mstructio	113)		
Name of controlled organization	2 Employer identification numb	) e	et unrelated income (s) (see instructions)		4. Total of specified payments made		5 Part of column 4 that included in the controlling organization's gross incom		g connected with income	
(1)								•		
(2)										
(3)	<del></del>								<u> </u>	
(4)				i						
Nonexempt Controlled Organia		1		<del> </del>	10	Part of column	o o that in		1 Doductions directly	
7 Taxable Income	8 Net unrelated in (loss) (see instruc		9. Total of spec payments ma		inc	fluded in the co	ontrolling		Deductions directly nected with income in column 10	
(1)				_	<del></del> -					
(2)	<del></del>			<del></del>	<del> </del>					
(3)	<del></del> .		<u>-</u>	-						
(4)	<del></del> -					dd columns 5	and 10	Ac	dd columns 6 and 11	
Totals	come of a Sec	tion 501(c		<u>►</u>	En Pa	ter here and on art 1, line 8, colu	page 1, imn (A)		ter here and on page 1, rt I, line 8, column (B)	
	Toome or a occ	2011 00 170	3. Dec	uctions			et-asides		5 Total deductions	
1 Description of income (1)	2 Amount of	income		connected schedule)			schedule)		and set-asides (col. 3 plus col. 4)	
(2)	<del> </del>			<del>.</del>					<del></del>	
(3)										
(4)							<del></del>			
Totals ▶ Schedule I – Exploited Exe	Enter here and of Part I, line 9, co	olumn (A)	er Than Adve	rtising Ir	ncome	e (see ınstru	uctions)		Enter here and on page 1 Part I, line 9, column (8)	
Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expense directly connected production unrelated business inc	es 4 Net inc from unre or busine 2 minus d If a gain	come (loss) lated trade ss (column column 3) compute hrough 7	5 G from	cross income activity that ot unrelated ness income	6 Exper attributat column	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)									<del></del>	
(2)									- <del> </del>	
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Par line 10, col	rtl,						Enter here and on page 1, Part II, line 26	
Totals ▶ Schedule J- Advertising In	Como (soo instri	uctions)								
Part I Income From Per			nsolidated R	aeie						
1. Name of periodical	2. Gross advertising income	3. Direct	4 Adv gain or ( osts 2 minus	ertising loss) (col col 3) If		Circulation income	6. Reader		7 Excess readership costs (column 6 minus column 5, but	
	income	·-	a gain, cols 5 ti	compute rough 7					not more than column 4)	
(1)									_	
(2)									_	
(3)									_	
(4)										
Totals (carry to Part II, line (5))									Form <b>990-T</b> (2018)	
									rom 33V-1 (2018)	

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)					<u> </u>	
(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)	, , , , ,	. ,	J-	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶	_		1	ļ <sup>‡</sup> ,		

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					

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