17.5	المراجعة الم	i Fy	∕emnt Ωr	ganization	Rus	siness Inc	ome	Tay Reti	ırn İ	l	the little
Form	990-T		. (a	nd proxy ta:	x un	der section	6033((e)) 2∞	9 20 <u>2 0</u>	OA	2019
Depart	ment of the Treasury			w irs gov/Form990							4010
Interna	Il Revenue Service	▶ Do	not enter SSN n	umbers on this form							to Public Inspection for ((3) Organizations Only >>
A _	Check box if		Name of organia	zation (Check t	ox if nai	me changed and see	e instruction	rs)			ntification number
	address changed		1			27Ua			(2)	ioyees iius	i, see instructions)
B Exe	empt under section		24/7 GAT	reway, LLC		2199					
X	501(C JO 3)	Print	Number, street,	and room or suite no	lf a P O	box, see instruction	ıs	•	26-1	19383	32
	408(e) 220(e)	Type									iness activity code
	408A 530(a)		275 PRYC	OR STREET, S	W				(See	nstructions)
	529(a)		City or town, sta	ate or province, count	ry, and 2	ZIP or foreign postal	code		7		
	ok value of all assets	1	ATLANTA,	GA 30303							
at e	end of year	F Gro	L	umber (See instruc	tions)	>		·			
	8,584,970.		- -	type X 50	<u>`</u>		501/6	;) trust	401(a	\ truet	Other trust
u =-		• • • • • • • • • • • • • • • • • • • •		ated trades or busine			1301(0				t) unrelated
			mzation's unleid	ated trades or busin	25565						•
	ade or business her			 			•	•			ne, describe the
	•		•	vious sentence, co	mpiete	Parts I and II, coi	npiete a s	scheaule M for e	ach additio	onai	
	ade or business, th										T 1 VI
				ubsidiary in an affi	_		ubsidiary	controlled group	?	▶	Yes X No
_				ber of the parent co	orporation	on ►			04 015		
	ne books are in care							ne number > 4		-6636	
Par	t i Unrelated	Trade o	or Business	Income	,	(A) Incon	ne	(B) Expe	enses		(C) Net
1 a	Gross receipts or :	sales									
b	Less returns and allowa	ances		c Balance ▶	<u>1c</u>			\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	N. Callet	The give	
2	Cost of goods sol	ld (Sched	ule A, line 7)		2			8 3			
3	Gross profit Sub	tract line	2 from line 1c .		3			新兴[[清]] 电线		(9)	N. Contraction of the Contractio
4 a	Capital gain net ii	ncome (a	ttach Schedule	D)	4a			250 C 474 Jr. 31		a	
				attach Form 4797)	4b			AVACIOLIE			
					4c			JEM SESAMBOR		H	
5				tach statement)				X 24 44 45 45	71. July	43	
6					<u> </u>			AMARIAN AND AND AND AND AND AND AND AND AND A	MATERIAL MATERIAL	ah.i	
7	•	-		 ; E)	—					 	
8			•	organization (Schedule F	<u> </u>						
-				• ,	-		<u>, </u>			+	
9				organization (Schedule G	` -						
10			•	le I)				-		+	· · · · · · · · · · · · · · · · · · ·
11	_				11/			1980年で、大大があってい	· (miles espes	× 3	
12	Other income (Se				12			188-1889 - 124-127 C		(1)	
				<u>/</u>		L	0.	!			
Par	connected	d with th	ne unrelated	vhere (See inst business incon	ne)		_		`	ions mi	ust be directly
14	Compensation of	officers,	directors, and tri	ustees (Schedule K)		· · · · <u>·</u>	RECEI	VER	77	
15	Salaries and wage	es	<i>./.</i> .				· · · · · · · · ·		[13	+	
16	Repairs and main	tenance	<i>/</i>				ાક્ષા	· MAV A	<u>16</u>	74	· .
17	Bad debts		, ?				-[က.]	. WAJ . Z 4.	202117	111	
18	Interest (attach so	chedule) (see instructions	i)		~	L.		18		
19	Taxes and licenses	s/.					$L_i \cdots$	OGDER	1.9.	1/2/	
20	Depreciation (atta	ch Form	4562)			2	0	LIV		월	
21	Less depreciation	claimed	on Schedule A	and elsewhere on r	eturn	<u>2</u>	1a		216	7	
22	Depletion	,							22		
23	Contributions to o	deferred o	ompensation pl	ans					23		
	,										
	,								1	1	
	,										
										1	
28				ore net operating						+	
		oo laxad								+	
29	/		- loco		חות מונים	ii anei January 1	ZUID (See	: instructions)	30	1	
29 30	Deduction for net				-	•	-	, .	- 1		
29 30 31	Deduction for net	ss taxable	ncome Subtr	ract line 30 from line	-	•	-	, .	31		Form 990-T (201

Foin	990-T.	019) 24/7 GATEWAY, LLC	26-119383(2	∿.Hage 2
Par	t III	Total Unrelated Business Taxable Income		<u> </u>
32	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see		
	ınstruc	tions)	32	
33		nts paid for disallowed fringes	33	
34	Charita	able contributions (see instructions for limitation rules)	34	
35		unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
		n the sum of lines 32 and 33	35	0.
36		lion for net operating loss arising in tax years beginning before January 1, 2018 (see		
		tions)	36	
37	Total c	f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specifi	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	
39		ted business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,		
	enter t	ne smaller of zero or line 37	39	0.
Par		Tax Computation		
40		zations Taxable as Corporations Multiply line 39 by 21% (0 21)	40	
41	Trusts			
	the am	ount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy	tax See instructions	42	
43	Alterna	itive minimum tax (trusts only)	43	
44	Tax or	Noncompliant Facility Income See instructions	44	
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
Par		Tax and Payments		
46a	Foreigi	n tax credit (corporations attach Form 1118, trusts attach Form 1116), 46a		
b	Other	credits (see instructions)		
С	Genera	business credit. Attach Form 3800 (see instructions)		
d	Credit	for prior year minimum tax (attach Form 8801 or 8827)		
е	Total c	redits Add lines 46a through 46d	46e	
47	Subtra	ct line 46e from <u>line 45 </u>	47	
48	Other ta	ixes. Check if from. Form 4255. Form 8611. Form 8697. Form 8866. Other (attach schedule).	48	
49		ax Add lines 47 and 48 (see instructions)	49	0.
50	2019 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51 a	Payme	nts_A 2018 overpayment credited to 2019	/cm 34.9	
b	2019 e	stimated tax payments	_	
С	Tax de	posited with Form 8868		
d	Foreign	organizations Tax paid or withheld at source (see instructions)		
е	Backup	withholding (see instructions)		
f	Credit	or small employer health insurance premiums (attach Form 8941) 51f		
g	Other c	redits, adjustments, and payments Form 2439		
	F	orm 4136 Other Total ▶ 51g		
52	Total p	ayments Add lines 51a through 51g	52	
53	Estima	ted tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax du	c. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed $\dots\dots\dots\dots\dots$	54	
55	Overpa	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid $\dots \dots \dots$	55	
56	Enter th	e amount of line 55 you want	56	
Par	t VI	Statements Regarding Certain Activities and Other Information (see instructions	5)	
		time during the 2019 calendar year, did the organization, have an interest in ordar signature or a	· -	Yes No _
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma		
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country	
	here 🕨			X
58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	gn trust?	X
		see instructions for other forms the organization may have to file	İ	
<u>59</u>	_	ne amount of tax-exempt interest received or accrued during the tax year > \$		
۵.	i to	nder penalties of perjury, I declare that I have examined this return including accompanying schedules and statements and to the be be correct, and complete Declaration of greparer (other that taxgayer) is based on all information of which preparer has any knowledge	st of my knowledge a	nd belief it is
Sign			the IRS discuss	this return
Here		TAPHAEL HOLLOWS WITH 105/17/2021 CEO WITH	the prep <u>arer</u> sho	
	S	ignature of officer Title (see	instructions)? X Yes	No
Paid		Print/Type preparer's name Prederer's signature Date Check		
Prep	arer	ONTEN A MOURE OF C	nployed P0137	
Use			EIN ► 58-1250	
		Firm's address ▶ 271 17TH STREET, NW SUITE 1600, ATLANTA, GA 30363 Phone	no 404-874-6	
JSA 2741 1 00	0		Form 99	0-T (2019)

Form 990-T (2019)	24/7 G	ATEWAY, LLC				26-1	1193832	14	ა Page 3
Schedule A - Cost of Goods	Sold. En	ter method of inven-	lory	valuation ▶					. age o
1 Inventory at beginning of year . 2 Purchases	1 2 3 4a 4b 5		6 7 8	Inventory at end of year Cost of goods so 6 from line 5 Enter I, line 2 Do the rules of property produced to the organization?	ld Subtract line here and in Part	resale	e) apply	Yes	No X
1 Description of property									
(1) (2) (3)									
(4)	Rent receiv	ved or accrued							
(a) From personal property (if the percen for personal property is more than 10% more than 50%)	tage of rent	(b) From real and percentage of rent f	or per	sonal property (if the sonal property exceeds ed on profit or income)	3(a) Deductions dir in columns 2(a				ome
(1)		***************************************		P codemic					
(2)									

(2) (3) (4) 2 Rent received or accrued (a) From personal property (if the percentage of rent (b) From real and personal property (if the 3(a) Deduc for personal property is more than 10% but not percentage of rent for personal property exceeds more than 50%) 50% or if the rent is based on profit or income) (1) (2) (3) (4) Total (b) Total deductions (c) Total income Add totals of columns 2(a) and 2(b) Enter Enter here and on page 1, here and on page 1, Part I, line 6, column (A) ▶ Part I, line 6, column (B) Schedule E - Unrelated Debt-Financed Income (see instructions) 3 Deductions directly connected with or allocable to 2 Gross income from or debt-financed property

1. Description of debt-financed property allocable to debt-financed (a) Straight line depreciation (b) Other deductions property (attach schedule) (attach schedule) (1) (2) (3) (4) 4 Amount of average 5 Average adjusted basis 6 Column 8 Allocable deductions acquisition debt on or of or allocable to 7 Gross income reportable 4 divided (column 6 x total of columns debt-financed property allocable to debt-financed (column 2 x column 6) by column 5 3(a) and 3(b)) property (attach schedule) (attach schedule) (1) % % (2) (3) % % (4) Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B)

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Total dividends-received deductions included in column 8

Schedule F - Interest, Ann	idities, Royaltie			ontrolled Or			Lati	0113 (36	e instructi	10113)		
1 Name of controlled organization	2 Employer identification number	uei		lated income instructions)	4 Total	of spec	- 1	ıncluded	of column 4 that is d in the controlling tion's gross income		6 Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)	·-											
Nonexempt Controlled Organi	zations				<u> </u>							
7 Taxable Income	8 Net unrelated ((loss) (see instruc	I .		Total of specific payments made		inc	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)												
Totals					▶) Orga	En Pa	iter he art I, I	olumns 5 a ere and on ine 8, colu	page 1, mn (A)	Ente	d columns 6 and 11 er here and on page 1, 1 I, line 8, column (B)	
1 Description of income	2 Amount o	f income		3 Deduction of the directly continued (attach school)	nected	•			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)												
(3)												
(4)												
Totals	Enter here and Part I, line 9, c	olumn (A)									Enter here and on page 1 Part I, line 9, column (B)	
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelated business inc	es with of	4 Net incomfrom unrelation business 2 minus coli If a gain, cc cots 5 thro	ne (loss) ed trade (column umn 3) ompute			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)					-						·	
Totals ▶	Enter here and on page 1, Part I, Inne 10, col (A)	Enter here ar page 1, Pai line 10, col	rt I,								Enter here and on page 1, Part II, line 25	
Schedule J- Advertising In												
Part I Income From Peri	iodicals Report	ed on a Co	nsol	idated Bas	is							
1 Name of periodical	2 Gross advertising income	3 Direct advertising c		4 Adverti gain or (loss 2 minus co a gain, con cols 5 throi	s) (col I 3) If npute		Circu incon		6 Reade cost	-	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				CTVALVE							智力都是是可能	
(2)				Hally	35/452						£5.34@654	
(3)		- .			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						3 7 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
(4)					TIR							
Totals (carry to Part II, line (5))		_									Form 990-T (2019)	

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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)					1	
(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 26
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
1)		%	
otal Enter here and on page 1, Part II, line	14	•	

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