Form **990-EZ** 

Department of the Treasury

#### Short Form **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047 2019

	organization Exor		Iux
Under section 501(c), 527	or 4947(a)(1) of the Interna	al Revenue Code (except p	rivate foundations)

**b** Do not enter social security numbers on this form as it may be made public. • Co to usual its cou/Earm000EZ for instructions and the latest information

Open to Public Inspection

Inter	nal Reven	ue Service	Go to www.irs.gov/Form990EZ for instructions and	a the latest in	normation.		
Α	For the	2019 calenda	r year, or tax year beginning , 2019,	and ending			, 20
В	Check if ap	pplicable:	C Name of organization		D Emplo	yer ident	ification number
	Address ch	hange	Gateway to the Great Outdoors		81-	-504498	89
	Name char	nge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Teleph	one numb	ber
	Initial returi	'n					
	Final returr	n/terminated	3650 N Magnolia Ave		(3)	12)623	-2857
	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemptio	n
	Application	n pending	Chicago, IL 60613		Numbe	er 🕨	
G	Account	ing Method:	X Cash		H Check ►	if the	organization is <b>not</b>
1	Website	e: ► www.	gatewayoutdoors.org		required to	attach So	chedule B
J	Tax-exe	mpt status (d	check only one) - 🕱 501(c)(3) □ 501(c)( ) ◄ (insert no.) □ 4947(a)	(1) or 527	(Form 990,	990-EZ,	or 990-PF).
			X Corporation Trust Association Other				,
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 (	or more, or if t	total assets		
						. ► \$	151,765
<u> </u>	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Ba	alances(see	e the instructio	ons for P	art I)
			the organization used Schedule O to respond to any question				
	1		s, gifts, grants, and similar amounts received • • • • • • • • • • •			1	136,990
	2		vice revenue including government fees and contracts			2	
	3		dues and assessments			3	
	4					4	40
	5a		nt from sale of assets other than inventory ••••••••	5a		-	10
			other basis and sales expenses · · · · · · · · · · · · · · · · · ·	5b			
				5c			
	6		) from sale of assets other than inventory (Subtract line 5b from line 5a fundraising events:	)			
		-	e from gaming (attach Schedule G if greater than				
e				6a			
enu	h					-	
Revenue			sing events reported on line 1) (attach Schedule G if the	contributions			
œ			gross income and contributions exceeds \$15,000) •••••••	6b	14 725		
			expenses from gaming and fundraising events	6c	14,735	-	
					9,645	-	
	u u		or (loss) from gaming and fundraising events (add lines 6a and 6b and s			6d	F 000
	70	,	of inventory, less returns and allowances • • • • • • • • • • • • • • • • • • •	7a		bu	5,090
				7a 7b		-	
			or (loss) from sales of inventory (Subtract line 7b from line 7a) · · · ·			70	
	-		le (describe in Schedule O) · · · · · · · · · · · · · · · · · ·			7c 8	
	8					9	140.100
	9		Je.         Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8         .				142,120
	10		I to or for members			10	
	11		er compensation, and employee benefits			11	0.410
es	12					12	9,419
SUE	13		fees and other payments to independent contractors • • • • • • • • • • • • • • • • • • •			13	15,737
Expenses	14	Drinting nut	ications, postage, and shipping			14	2,600
ш	15					15	6,557
	16		ses (describe in Schedule O)			16	48,312
	17		ses. Add lines 10 through 16			17	82,625
s	18		eficit) for the year (Subtract line 17 from line 9) · · · · · · · · · · · ·			18	59,495
Net Assets	19		r fund balances at beginning of year (from line 27, column (A)) (must ag				
As			figure reported on prior year's return) · · · · · · · · · · · · · · · · · · ·			19	26,024
Net	20		es in net assets or fund balances (explain in Schedule O) · · · · · ·			20	
	21		r fund balances at end of year. Combine lines 18 through 20		•	21	85,519
For	Paperv	work Reducti	on Act Notice, see the separate instructions.				Form 990-EZ (2019)

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	m 990-EZ (2019) Gateway to the Great			81-5	0449	989 Page 2
P	art II Balance Sheets (see the instructions for Pa	·				_
	Check if the organization used Schedule O	to respond to any qu	estion in this Part			
				(A) Beginning of year		(B) End of year
	Cash, savings, and investments • • • • • • • • • • • • • • • • • • •			29,024		85,519
	Land and buildings			0	23	0
	Other assets (describe in Schedule O)			0	24	0
	Total assets			29,024	25	85,519
	Total liabilities (describe in Schedule O) · · · · · · · ·			3,000	26	0
_	Net assets or fund balances (line 27 of column (B) must a			26,024	27	85,519
P	art III Statement of Program Service Accompli					Expenses
	Check if the organization used Schedule O		uestion in this Par		(Rea	uired for section
Wh	at is the organization's primary exempt purpose? <u>See Sch</u>	nedule O				c)(3) and 501(c)(4)
Des	scribe the organization's program service accomplishments for	or each of its three larg	est program services			nizations; optional for
as	measured by expenses. In a clear and concise manner, desc	ribe the services provid			other	-
per	sons benefited, and other relevant information for each progr	am title.			01.101	
28	See Schedule O					
	(Grants \$ ) If this amo	ount includes foreign gra	ants, check here •	► 📋	28a	76,887
29						
	(Grants \$ ) If this amo	ount includes foreign gra	ants, check here •	► 📋	29a	
30						
	· · · · · · · · · · · · · · · · · · ·	ount includes foreign gra			30a	
31	Other program services (describe in Schedule O) • • • •			· · · · · · · · · · · · · · · · · · ·		
	(Grants \$ ) If this amo	ount includes foreign gra	ants, check here •		31a	
	Total program service expenses (add lines 28a through 37	1a) · · · · · · · · · · · · · ·			32	76,887
Pa	art IV List of Officers, Directors, Trustees, and Key E	man lava an (list such a			4:	for Dort IV/
	<b>art IV</b> List of Officers, Directors, Trustees, and Key E	inployees (list each of	he even if not comper	sated - see the instruc	tions	
	Check if the organization used Schedule O to res					· _
_		pond to any question in	this Part IV • • (c) Reportable	(d) Health benefits,	· · ·	
_			this Part IV • • (c) Reportable compensation	(d) Health benefits, contributions to employe	· · ·	· _
_	Check if the organization used Schedule O to res	pond to any question in (b) Average	this Part IV • • (c) Reportable	(d) Health benefits,		e) Estimated amount of
	Check if the organization used Schedule O to res	pond to any question in (b) Average hours per week	this Part IV	(d) Health benefits, contributions to employe benefit plans, and		e) Estimated amount of
 Na	Check if the organization used Schedule O to response (a) Name and title	pond to any question in (b) Average hours per week	this Part IV	(d) Health benefits, contributions to employe benefit plans, and	.e ((	e) Estimated amount of
Nac	Check if the organization used Schedule O to response (a) Name and title	pond to any question in (b) Average hours per week devoted to position	this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	.e ((	e) Estimated amount of other compensation
Nac Pro	Check if the organization used Schedule O to resp (a) Name and title dav Sprague esident / Treasurer	pond to any question in (b) Average hours per week devoted to position	this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation		e) Estimated amount of other compensation
Na Pr Sh	Check if the organization used Schedule O to resp (a) Name and title dav Sprague esident / Treasurer oshana Fain	(b) Average hours per week devoted to position 5.00	this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation		e) Estimated amount of other compensation
Nac Pro Sho Vi De:	Check if the organization used Schedule O to resp (a) Name and title dav Sprague esident / Treasurer oshana Fain ce President	(b) Average hours per week devoted to position 5.00	this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation		e) Estimated amount of other compensation
Nac Pro Sho Vic Di:	Check if the organization used Schedule O to res (a) Name and title dav Sprague esident / Treasurer oshana Fain ce President nise Sprague	bond to any question in (b) Average hours per week devoted to position 5.00 5.00	this Part IV	(d) Health benefits, contributions to employe benefit plans, and deferred compensation 0		e) Estimated amount of other compensation 0
Nac Pr Sh De: Di: St	Check if the organization used Schedule O to res (a) Name and title dav Sprague esident / Treasurer oshana Fain ce President nise Sprague rector	bond to any question in (b) Average hours per week devoted to position 5.00 5.00	this Part IV	(d) Health benefits, contributions to employe benefit plans, and deferred compensation 0		e) Estimated amount of other compensation 0
Nac Pr Sh De: Di: St	Check if the organization used Schedule O to resp (a) Name and title dav Sprague esident / Treasurer oshana Fain ce President nise Sprague rector uart Sprague	pond to any question in (b) Average hours per week devoted to position 5.00 5.00 2.00	this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation 0 0		e) Estimated amount of other compensation 0 0 0
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Nac Pr Sh De: Di: St	Check if the organization used Schedule O to resp (a) Name and title dav Sprague esident / Treasurer oshana Fain ce President nise Sprague rector uart Sprague	pond to any question in (b) Average hours per week devoted to position 5.00 5.00 2.00	this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0	(d) Health benefits, contributions to employe benefit plans, and deferred compensation 0 0		e) Estimated amount of other compensation 0 0 0
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Pai	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. 🗌
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
•	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		v
25 0		34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	0.5		
-	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O · · · · ·	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N · · · · · · · · · · · · · · · · · ·	36		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions · · · · · · • 37a			
b	Did the organization file Form 1120-POL for this year?	37b		х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 • • • • • • • • • • • • • • • • • •			
b	Gross receipts, included on line 9, for public use of club facilities	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
70 a	section 4911  ; section 4912 ; section 4912 ; section 4915 ; section 4955 ; secti			
h	Section 4911 P, section 4912 P, section 4900 P, se			
U				
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	401		
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 • • • • • • • • • • • • • • • • • • •			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization ••••••••••••••••••••••••••••••••••••			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T · · · · · · · · · · · · · · · · · · ·	40e		х
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of F The Organization Telephone no. Telephone no. Telephone no.	23-2	857	
	Located at > 3650 N Magnolia Ave, Chicago, IL ZIP + 4 > 60613			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
с	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		х
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year · · · · · · · · · · · · · · · · · · ·			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44a		v
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	- <del></del> 70		x
u		446		
-	completed instead of Form 990-EZ.	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		х
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
c –		44d		
_	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		х

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									Yes	No
46	Did the	organization engage, directly or indirectly, in	n political campaign activi	ties on behal	f of or in opp	osition				
		idates for public office? If "Yes," complete S						. 46		х
Par		Section 501(c)(3) Organizations								
		All section 501(c)(3) organizations	must answer quest	ions 47 - 4	49b and 5	2, and c	omplete the	tables fo	r line	S
		50 and 51.								
	(	Check if the organization used Sc	hedule O to respond	l to any qι	uestion in	this Part	VI			· 🗌
									Yes	No
47	Did the	organization engage in lobbying activities o	r have a section 501(h) el	ection in effe	ect during the	e tax				
	year? If	"Yes," complete Schedule C, Part II						. 47		x
48	Is the or	rganization a school as described in sectior	170(b)(1)(A)(ii)? If "Yes,"	complete Se	chedule E ·			- 48		x
49a	Did the	organization make any transfers to an exer	npt non-charitable related	organizatior	1?			- 49a		x
		was the related organization a section 527								
50		te this table for the organization's five high								
		ees) who each received more than \$100,00					-			
	employe		·				th benefits,			
		(a) Name and title of each employee	(b) Average hours per week	1	eportable ensation	contributio	ns to employee	(e) Estimate		
		(a) Name and the of each employee	devoted to position		2/1099-MISC)		s, and deferred pensation	other co	mpensa	tion
					,					
NONE	,									
NONE	<u> </u>									
		mber of other employees paid over \$100,00				<u>.</u>				
51	•	te this table for the organization's five highe	• •		tors who eac	h received	more than			
	\$100,00	00 of compensation from the organization.	f there is none, enter "No	ne." I						
	(a)	Name and business address of each independent contr	actor	(b)	) Type of service	Э	(c)	) Compensatio	n	
	_									
NONE	5									
				L						
		imber of other independent contractors eac	-							
52		organization complete Schedule A? Note: /						_		
		ted Schedule A						X Yes		No
Under	penalties	of perjury, I declare that I have examined this ret	urn, including accompanying	schedules and	l statements, a	and to the be	est of my knowledg	ge and belief	it is	
true, c	orrect, an	d complete. Declaration of preparer (other than o	officer) is based on all informa	tion of which p	preparer has a	ny knowledg	je.			
<b>.</b> .		Nadav Sprague								
Sigr		Signature of officer				Date				
Here	€	Nadav Sprague, President	/ Treasurer							
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date		Check if	PTIN		
Paid	1	John Mullins	ohn Mullins		05-06-20	20	self-employed	P01429	307	
Prep	barer	Firm's name Mullins, PC					s EIN 🕨			
	Only	Firm's address <b>7625 Wisconsin</b>	Avenue							
	-	Bethesda MD 208				Phon	e no. 202-7	770-6371		
Mav t	he IRS d	liscuss this return with the preparer shown				• • • • •		X Yes		No
							-			-

SCHEDULE A
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#### - 4 - - - and Dublic Supr --hl: 1 76 04 -

D	ер	artment	of 1	the	Tre	a	

			F	Public Char	ity Status and <b>F</b>	Public	Sunno	ort	OMB No. 1545-0047
SC	HE	DULE A		zation is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					2019
•		90 or 990-EZ)			ch to Form 990 or Form				Open to Public
		t of the Treasury /enue Service	►		v/Form990 for instruct		he latest i	nformation.	Inspection
		e organization		-				Employer identificat	ion number
Gat	ewa	y to the G	reat Outdoors					81-504498	9
Pa	irt I	Reason	for Public Charity	<b>y Status</b> (All or	rganizations must c	omplete	this part	<ol> <li>See instructions</li> </ol>	S.
The	orga	nization is not a	private foundation bec	ause it is: (For line	s 1 through 12, check on	ly one box	)		
1		A church, conv	ention of churches, or	association of chur	ches described in <b>sectio</b>	on 170(b)(1	l)(A)(i).		
2		A school descr	ibed in section 170(b)	(1)(A)(ii). (Attach S	Schedule E (Form 990 or	990-EZ).)			
3		A hospital or a	cooperative hospital s	ervice organization	described in section 17	0(b)(1)(A)(	iii).		
4		A medical rese	arch organization oper	ated in conjunction	with a hospital describe	d in <b>sectio</b>	n 170(b)(1	)(A)(iii). Enter the	
	_	hospital's name	e, city, and state:						
5	$\Box$	An organizatio	n operated for the bene	efit of a college or ι	iniversity owned or operation	ated by a g	overnmen	tal unit described in	
	_	section 170(b)	(1)(A)(iv). (Complete I	Part II.)					
6	Ц		-	•	it described in <b>section 1</b>				
7		-	•		t of its support from a go	vernmenta	l unit or fro	m the general public	
_			ection 170(b)(1)(A)(vi)						
8	H		ust described in <b>section</b>		· · · /				
9		•	-		on 170(b)(1)(A)(ix) opera			• •	
			a non-land-grant colle	ege of agriculture (s	ee instructions). Enter th	ie name, c	ity, and sta	te of the college or	
40	v	university:	n that normally reasive	a. (1) mara than 20	1/20/ of its support from	aantrikuti		arabin face and grace	
10	х	-	-		3 1/3% of its support from				
		-		•	subject to certain exceptions in the second structure of the second second second second second second second s		,		
					ection 509(a)(2). (Compl		,	Torri businesses	
11	П		-		est for public safety. See		,		
12	Н	-	•		the benefit of, to perform			o carry out the purpose	s
		•	•	-	ed in section 509(a)(1) o				-
					ne type of supporting org				2a.
	а		-		sed, or controlled by its s				0
					appoint or elect a major	••	-		
		supporting	organization. You mu	st complete Part I	V, Sections A and B.	•			
	b	Type II. A	supporting organization	n supervised or cor	ntrolled in connection with	n its suppo	rted organi	ization(s), by having	
		control or i	management of the su	oporting organization	on vested in the same pe	ersons that	control or	manage the supported	
		organizatio	on(s). You must comp	lete Part IV, Section	ons A and C.				
	С	🗌 Type III fu	nctionally integrated.	A supporting orga	nization operated in conr	nection with	n, and func	tionally integrated with,	
		its support	ed organization(s) (see	e instructions). <b>You</b>	must complete Part IV	, Sections	A, D, and	Е.	
	d	Type III no	on-functionally integra	ated. A supporting	organization operated in	connectio	n with its su	upported organization(s	5)
		that is not	functionally integrated.	The organization g	generally must satisfy a d	listribution	requireme	nt and an attentiveness	6
					Part IV, Sections A and				
	е		-		determination from the I		s a Type I,	Type II, Type III	
				-	tegrated supporting orga				
	f								· · · · L
	g		lowing information abo			1			
	(	i) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization Ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docum	• •	instructions)	instructions)
							Na		
						Yes	No		
(A)									
(B)									
(C)									
(D)									

(E)

	dule A (Form 990 or 990-EZ) 2019 Gateway to	o the Great	0utdoors			81-504498	
Pa	rt II Support Schedule for Organiz						
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	o qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)►	<b>(a)</b> 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	- , <b>3</b> ,						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6							
	ction B. Total Support			1	1		
	endar year (or fiscal year beginning in)►	<b>(a)</b> 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
-	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
	Total support. Add lines 7 through 10.		<u> </u>				
	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the or						
<u> </u>	organization, check this box and stop here	rt Dorooptor					· · · · ►
	ction C. Computation of Public Suppo Public support percentage for 2019 (line 6, c			oolump (f))		14	%
	Public support percentage from 2018 Sched					14	%
	<b>33 1/3% support test - 2019.</b> If the organization						
100	box and <b>stop here</b> . The organization qualifie						
r	33 1/3% support test - 2018. If the organization			-			_
	this box and <b>stop here.</b> The organization qu						
17a	10%-facts-and-circumstances test - 2019.		• • • •	-			—
	10% or more, and if the organization meets	-					
	Part VI how the organization meets the "fact					•	
	organization						
k	0 10%-facts-and-circumstances test - 2018.						_
	15 is 10% or more, and if the organization m	•					
	Explain in Part VI how the organization mee					•	licly
	supported organization						· _
18	Private foundation. If the organization did r	not check a bo	x on line 13, 16	6a, 16b, 17a, c	or 17b, check t	his box and see	_
	instructions						🕨 🗌

		Schedule A	(Form	990 o	r 990-EZ)	2019
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Sche		o the Great				81-504498	9 Page 3
Pa	rt III Support Schedule for Organiz	zations Desc	ribed in Sec	ction 509(a)(2	2)		
	(Complete only if you checked t	he box on lin	e 10 of Part I	or if the orga	inization failed	d to qualify un	der Part II.
	If the organization fails to qualify	y under the te	ests listed be	low, please co	omplete Part l	II.)	
Sec	ction A. Public Support			•	•		
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	() = = = =	(,	(0) = 0	(0) = 0.00	(0) = 0.10	
-	received. (Do not include any "unusual grants.")				48,694	136,989	185,683
2	Gross receipts from admissions, merchandise				40,094	130,909	105,005
-	sold or services performed, or facilities furnished in any activity that is related to the						
-	organization's tax-exempt purpose • • • • • •						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 -						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5				48,694	136,989	185,683
	Amounts included on lines 1, 2, and 3				10,051	1307505	
74	received from disgualified persons						
h	Amounts included on lines 2 and 3						
D							
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						185,683
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)►	<b>(a)</b> 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> Total
9	Amounts from line 6				48,694	136,989	185,683
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources				10	40	50
b	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
~	Add lines 10a and 10b						
					10	40	50
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on		ļ				
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) • • • • • • • • • • • • • •						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0		0	48,704	137,029	185,733
14	First five years. If the Form 990 is for the or	rganization's fi	rst, second, thi	rd, fourth, or fif	th tax year as a	a section 501(c	
	organization, check this box and <b>stop here</b>	•					· · · · ► 🛛
Sec	ction C. Computation of Public Suppo						
	Public support percentage for 2019 (line 8, c			column (f))		15	%
	Public support percentage from 2018 Sched					16	%
	ction D. Computation of Investment In						70
				lina 12 aalumn	( <b>f</b> ))	17	%
	Investment income percentage for 2019 (line						
	Investment income percentage from 2018 S					18	%
19a	33 1/3% support tests - 2019. If the organiz						
~	17 is not more than 33 1/3%, check this box	-	-			· · · •	_
b	33 1/3% support tests - 2018. If the organiz						
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	ot check a bo	x on line 14, 19	a, or 19b, cheo	ck this box and	see instruction	s ▶ 🗍

#### **Supporting Organizations** Part IV (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I. complete Sections A and C. If you checked 12c of Part I. complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations No Yes Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by 1 class or purpose, describe the designation. If historic and continuing relationship, explain. 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the 3b organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? If "Yes," describe in Part VI how the organization had such control and discretion 4b despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit С from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.) 10b EEA Schedule A (Form 990 or 990-EZ) 2019

Gateway to the Great Outdoors

81-5044989

Page 4

Schedule A (Form 990 or 990-EZ) 2019

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
4	Did the directors tructors, or membership of one or more supported organizations have the newer to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	1		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
2	The organization maintained a close and continuous working relationship with the supported organization(s).	2		

**3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.* 

### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*

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- c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

3

Yes

No

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Schedule A (Form 990 or 990-EZ) 2019 Gateway to the Great Outdoors		81-504	4989 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organized	zatio	ns must complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integ	grated Type III supporting	organization (see
instructions).			

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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Gateway to the Great Ou		81-504	<b>4989</b> Page 7
Part V Type III Non-Functionally Integrated 509(a)	)(3) Supporting Organi	zations (continued)	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish ex	empt purposes		
2 Amounts paid to perform activity that directly furthers exen			
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpo	ses of supported organization	tions	
4 Amounts paid to acquire exempt-use assets	11 5		
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in <b>Part VI</b> ). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which	the organization is respon	sive	
(provide details in <b>Part VI</b> ). See instructions.	and organization to roop on		
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
		(ii)	(iii)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019			
(reasonable cause required - explain in <b>Part VI</b> ). See			
instructions.			
3 Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
i Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from			
Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
<ul><li>5 Remaining underdistributions for years prior to 2019, if</li></ul>			
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, explain in <b>Part VI</b> . See instructions.			
<ul><li>6 Remaining underdistributions for 2019. Subtract lines 3h</li></ul>			
and 4b from line 1. For result greater than zero, explain in			
<b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j			
•			
and 4c. 8 Breakdown of line 7:			
a Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
d Excess from 2018			
e Excess from 2019			
EEA		Schedu	ule A (Form 990 or 990-EZ) 2019

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section I
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

e ...

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization	Employer identification number		
Gateway to the Great Outdoors	81-5044989		
Organization type (check one):			

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Page 2

Gateway to the Great Outdoors

Employer identification number 81–5044989

Part I	Contributors (see instructions). Use duplicate copies of R	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	Blues for Kids Foundation 1401 Clark Ave Saint Louis, MO 63103	\$ <u> </u>	Person     x       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2	De La Salle 1106 N Jefferson Ave Saint Louis, MO 63106	\$6,000	Person     Image: Complete       Payroll     Image: Complete       (Complete     Part II for       noncash     contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Jewish Federation of Metro Chicago 30 S Wells St Chicago, IL 60606	\$11,500	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Pitzman Foundation 135 S Lasalle St Chicago, IL 60603	\$ <u> </u>	Person     Image: Complete       Payroll     Image: Complete       (Complete     Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_5	SAIGH Foundation 231 S Berniston Ave Saint Louis, MO 63105	\$5,000	Person     Image: Complete       Noncash     Image: Complete       (Complete     Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	St. Louis Community Foundation 2 Oak Knoll Park Saint Louis, MO 63105	\$ <u>7,062</u>	Person     Image: Complete       Noncash     Image: Complete       (Complete     Part II for       noncash contributions.)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	) (2019
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Name of organization

Page 2
Employer identification number

Gateway to the Great Outdoors

81-5044989

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_7	Thompson Coburn LLC 505 N 7th St Saint Louis, MO 63101	\$18,250	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 8	Trio Foundation 8029 Forsyth Blvd Saint Louis, MO 63105	\$5,000	PersonImage: CompletePayrollImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Washington University One Brookings Drive Saint Louis, MO 63130	\$ <u>21,051</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE G	Supplemer	ntal Informatio	on Regard	ding Fund	draising or Ga	ning Ac	tivities _	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						2019
Department of the Treasury	<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>						Open to Public Inspection	
Internal Revenue Service Name of the organization								entification number
Gateway to the Great Outdoors 81-504								44989
			he organiz	zation ans	wered "Yes" or	Form 9		
	•	t required to con	-					,
1 Indicate whether the		•	•		ties. Check all that a	apply.		
a Mail solicitations	0	Ũ	· _	-	f non-government g			
<b>b</b> 🗍 Internet and emai	l solicitations		f 🗍 S	Solicitation of	f government grants	;		
c Phone solicitation	s		gxs	Special fundr	aising events			
d 🗌 In-person solicitat	ions							
2a Did the organization	have a written or	<sup>-</sup> oral agreement w	ith any indivi	dual (includi	ng officers, directors	s, trustees,		
or key employees list	ted in Form 990,	Part VII) or entity i	n connection	with profess	sional fundraising se	ervices?	🗌 Y	es 🗌 No
<b>b</b> If "Yes," list the 10 hi	ghest paid individ	duals or entities (fu	ndraisers) p	ursuant to ag	greements under wh	nich the fur	draiser is to l	be
compensated at leas	t \$5,000 by the c	organization.						
(:) Nome and address	ofindividual		(iii) Did fund	draiser have	(ta) Cross ressints		ount paid to	(vi) Amount paid to
(i) Name and address or entity (fundra		(ii) Activity	custody or	r control of	(iv) Gross receipts from activity		tained by) ser listed in	(or retained by)
	,		contrib	utions?	,		ol. (i)	organization
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
1								
8								
·								
9								
10								
		<u>.</u>						
Total · · · · · · · · · · ·	<u>.</u>			🕨				
3 List all states in which	the organization	is registered or lic	ensed to sol	icit contribut	ions or has been no	tified it is e	xempt from	
registration or licensin	g.							

Gateway to the Great Outdoors

81-5044989 Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more
than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
gross receipts greater than \$5,000

			\$3,000.			
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue		0				
Revenue	1	Gross receipts	25,917			25,917
	2	Less: Contributions	11,182			11,182
	3	Gross income (line 1 minus	-			
		line 2) • • • • • • • • • • • • • • • • • •	14,735			14,735
	4	Cash prizes				
	4					
	5	Noncash prizes				
ses	6	Rent/facility costs • • • • • • •				
Direct Expenses	7	Food and beverages • • • • • •				
ct E)	•					
Dire	8	Entertainment				
	9	Other direct expenses	9,645			9,645
	10	Direct expense summary. Add lines	4 through 9 in column (d)			9,645
	11	Net income summary. Subtract line	10 from line 3, column (d)			5,090
Pa	rt II			'Yes" on Form 990, Par	t IV, line 19, or reported	more than
			" <b>^</b>			
		\$15,000 on Form 990-EZ,	line ba.		· · · · · · · · · · · · · · · · · · ·	
		\$15,000 on Form 990-EZ,	IINE 6a. (a) Bingo	( <b>b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (c))
		\$15,000 on Form 990-EZ,		(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	\$15,000 on Form 990-EZ, Gross revenue			(c) Other gaming	
		Gross revenue			(c) Other gaming	
Revenue	1	-			(c) Other gaming	
Revenue	2	Gross revenue • • • • • • • • • • • • • • • • • • •			(c) Other gaming	
Revenue		Gross revenue			(c) Other gaming	
Revenue	2	Gross revenue • • • • • • • • • • • • • • • • • • •			(c) Other gaming	
	2 3 4	Gross revenue			(c) Other gaming	
Revenue	2 3	Gross revenue	(a) Bingo	bingo/progressive bingo		
Revenue	2 3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo	%	
Revenue	2 3 4	Gross revenue	(a) Bingo	bingo/progressive bingo		
Revenue	2 3 4 5	Gross revenue	(a) Bingo (a) Bingo (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	bingo/progressive bingo	%	
Revenue	2 3 4 5 6 7	Gross revenue	(a) Bingo (a) Bingo (b) Bingo (c) B	bingo/progressive bingo	% % No	
Revenue	2 3 4 5 6	Gross revenue	(a) Bingo (a) Bingo (b) Bingo (c) B	bingo/progressive bingo	% % No	
Revenue	2 3 4 5 6 7 8	Gross revenue	(a) Bingo	bingo/progressive bingo	% % No	
Direct Expenses Revenue	2 3 4 5 6 7 8 En	Gross revenue	(a) Bingo	bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (c))
6 Direct Expenses Revenue	2 3 4 5 6 7 8 En Ist	Gross revenue	(a) Bingo	bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (c))
b 6 Direct Expenses Revenue	2 3 4 5 6 7 8 En Ist	Gross revenue	(a) Bingo	bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (c))
g e 6 Direct Expenses Revenue	2 3 4 5 6 7 8 En Is 1 If "	Gross revenue	(a) Bingo	bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (c))
g a b Direct Expenses Revenue	2 3 4 5 6 7 8 En Is 1 If " 	Gross revenue	(a) Bingo	bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (c))

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2019
Open to Public
Inspection
Employer identification number

#### Gateway to the Great Outdoors

81-5044989

#### 01. General explanation attachment

The Gateway to the Great Outdoors (GGO) program was developed to allow underserved

students across the US equitable access to a comprehensive environmental education. By

improving access to STEM instruction combined with outdoor learning, GGO enhances

scientific literacy and environmental stewardship for students who would otherwise be

excluded from this transformative experience.

#### 02. Description of other expenses (Part I, line 16)

Description	Amount	
Insurance	1,094	
Camping Trip	28,559	
Field Trips	17,586	
Training	1,073	

#### 03. Description of total liabilities (Part II, line 26)

Category	Beginning of Year	End of Year
Loan Payable	3,000	0