Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calen

Go to www.irs.gov/Form990EZ for instructions and the latest information.

_	For the	2020 calenda	ar year, or tax year beginning , 2020, and	a enaing			, 20
В	Check if ap	oplicable:	C Name of organization		D Employ	yer ide	ntification number
	Address ch	nange	Gateway to the Great Outdoors		81-	5044	989
	Name char	nge	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepho	one nur	mber
	Initial return	n					
	Final returr	n/terminated	3650 N Magnolia Ave		(31	2)62	3-2857
	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code		F Group I	Exempt	tion
	Application	pending	Chicago, IL 60613		Numbe	r	
G .	Accounti	ing Method:	X Cash Accrual Other (specify)	Н	Check	if th	ne organization is not
1	Website	e: www.	gatewayoutdoors.org		required to	attach :	Schedule B
J .	Tax-exe		check only one) - X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) o	r 527	(Form 990,	990-E2	Z, or 990-PF).
			X Corporation Trust Association Other				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	nore, or if total	l assets		
			\$500,000 or more, file Form 990 instead of Form 990-EZ			. \$	139,156
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bala				Part I)
			the organization used Schedule O to respond to any question in t				
	1		s, gifts, grants, and similar amounts received			1	131,243
	2		vice revenue including government fees and contracts			2	,
	3		dues and assessments			3	
	4		ncome			4	95
	5a			5a			
				5b			
						5c	
	6	,	fundraising events:				
	а	-	ne from gaming (attach Schedule G if greater than				
ne			1	Sa			
Revenue	b	•	ne from fundraising events (not including \$ 5,241 of cor	ntributions			
ě			sing events reported on line 1) (attach Schedule G if the				
			7.	sb	7,688		
	c			Sc Sc	513		
			or (loss) from gaming and fundraising events (add lines 6a and 6b and subt		525		
						6d	7,175
	7a	,	1	7a		7.1	,,,,,
				7b			
			or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	
	8		ue (describe in Schedule O)			8	130
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	138,643
	10		similar amounts paid (list in Schedule O)			10	
	11	Benefits paid	d to or for members			11	
	12	Salaries, oth	ner compensation, and employee benefits			12	39,272
Expenses	13		fees and other payments to independent contractors			13	13,200
en	14		rent, utilities, and maintenance			14	6,044
X	15	Printing, pub	olications, postage, and shipping			15	3,414
_	16		ises (describe in Schedule O)			16	29,146
	17		ses. Add lines 10 through 16			17	91,076
	18		leficit) for the year (subtract line 17 from line 9)			18	47,567
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree				,
SSI			figure reported on prior year's return)			19	85,519
Net Assets	20		les in net assets or fund balances (explain in Schedule O)			20	
Ž	21		or fund balances at end of year. Combine lines 18 through 20			21	133,086

	art II Balance Sheets (see the instructions for P	art II)				
	Check if the organization used Schedule O	to respond to any qu	uestion in this Part	II		<u>x</u>
				(A) Beginning of year		(B) End of year
	Cash, savings, and investments			85,519	22	136,581
	Land and buildings			0	23	0
	Other assets (describe in Schedule O)			0	24	0
	Total assets			85,519	25	136,581
	Total liabilities (describe in Schedule O)			0 0 510	26	3,495
	Net assets or fund balances (line 27 of column (B) must art III Statement of Program Service Accomp			85,519	21	133,086
	Check if the organization used Schedule C	•				Expenses
— Wh	nat is the organization's primary exempt purpose? See Sc					uired for section
				_	,	c)(3) and 501(c)(4)
	scribe the organization's program service accomplishments measured by expenses. In a clear and concise manner, des			,		nizations; optional for
	rsons benefited, and other relevant information for each prog		,		other	S.)
28	See Schedule O					
	(Grants \$) If this am	ount includes foreign gr	ants, check here .	<u> </u>	28a	77,687
29						
	(Grants \$) If this am	ount includes foreign gr	ants shock hara		29a	
30	(Claire #) If the arr	ount includes foreign gr	ants, check here		23a	
•						
	(Grants \$) If this am	ount includes foreign gr	ants, check here .		30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this am	ount includes foreign gr	ants, check here .		31a	
	Total program service expenses (add lines 28a through 3	31a)			32	77,687
P	art IV List of Officers, Directors, Trustees, and Key					_
	Check if the organization used Schedule O to re-	enand to any question ir				
	9 <u>9</u>	T				
	-	(b) Average	(c) Reportable	(d) Health benefits,		e) Estimated amount of
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employe benefit plans, and	ee (
	(a) Name and title	(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe	ee (e) Estimated amount of
	(a) Name and title	(b) Average hours per week devoted to position	(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
Pr	(a) Name and title dav Sprague esident / Treasurer	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employe benefit plans, and	e (e) Estimated amount of
<u>Pro</u> Sho	(a) Name and title dav Sprague esident / Treasurer oshana Fain	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (4	e) Estimated amount of other compensation
Pro Sho Vi	(a) Name and title dav Sprague esident / Treasurer oshana Fain ce President	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (4	e) Estimated amount of other compensation
Pro Sho Vio De	(a) Name and title dav Sprague esident / Treasurer oshana Fain	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	е ("	e) Estimated amount of other compensation
Pro Sho Vio De: Di:	(a) Name and title dav Sprague resident / Treasurer roshana Fain ce President	(b) Average hours per week devoted to position 5.00	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	е ("	e) Estimated amount of other compensation 0
Pro Sho Vio De: Di:	(a) Name and title dav Sprague esident / Treasurer coshana Fain ce President cnise Sprague rector	(b) Average hours per week devoted to position 5.00	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e) Estimated amount of other compensation 0
Pro Sho Vio De: Di:	(a) Name and title dav Sprague esident / Treasurer toshana Fain ce President thise Sprague trector that Sprague	(b) Average hours per week devoted to position 5.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e) Estimated amount of other compensation 0 0
Pro Sho Vio De: Di:	(a) Name and title dav Sprague esident / Treasurer toshana Fain ce President thise Sprague trector that Sprague	(b) Average hours per week devoted to position 5.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e) Estimated amount of other compensation 0 0
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Pro Sho Vio De: Di:	(a) Name and title dav Sprague esident / Treasurer toshana Fain ce President thise Sprague trector that Sprague	(b) Average hours per week devoted to position 5.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e) Estimated amount of other compensation 0 0
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Form :	990-EZ (2020) Gateway to the Great Outdoors 81-5044	989	F	age 3
Pa	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		х
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		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
b	Manual 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b		37b		х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ; section 4912 ; section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part-I	40b		х
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		523-2	857	
	Located at 3650 N Magnolia Ave, Chicago, IL ZIP+4 6061.	3		
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).	40-		
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	I .	Х
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here			Г
43	and enter the amount of tax-exempt interest received or accrued during the tax year		• •	
	43		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		169	140
u	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44a		х
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	770		Α
	completed instead of Form 990-EZ	44b		х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		x
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
•	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
	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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46	D: J 4			: b-b-16 -6 :			Г		Yes	No
46		organization engage, directly or indirectly, ir idates for public office? If "Yes," complete S		•	•			16		77
Par		Section 501(c)(3) Organizations	•			<u> </u>	• •	46		Х
		All section 501(c)(3) organizations		ions 47 - 49b and {	52, and co	mplete the	table	s for	line	s
		50 and 51.	'		,	•				
	(Check if the organization used Sch	nedule O to respond	to any question in	this Part \	/				. 🗆
									Yes	No
47	Did the	organization engage in lobbying activities or	r have a section 501(h) el	ection in effect during th	e tax					
	year? If	"Yes," complete Schedule C, Part II						47		х
48	Is the o	rganization a school as described in section	170(b)(1)(A)(ii)? If "Yes,"	complete Schedule E .				48		х
49 a	Did the	organization make any transfers to an exem	npt non-charitable related	organization?				49a		х
b		was the related organization a section 527	ŭ				· · [49b		
50		te this table for the organization's five highe				-				
	employe	ees) who each received more than \$100,000	0 of compensation from the	ne organization. If there	is none, ente	r "None."				
		(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health contributions benefit plans,	to employee and deferred		stimated ther con		
			devoted to position	(Forms W-2/1099-MISC)	Compe	nsation				
NTO NT	P									
NON	<u> </u>									
f	Total nu	imber of other employees paid over \$100,00	00 0		_					
51	Comple	te this table for the organization's five highe	st compensated independ	dent contractors who ea	ch received n	nore than				
	\$100,00	00 of compensation from the organization. I	f there is none, enter "No	ne."						
	(a)	Name and business address of each independent contra	actor	(b) Type of servi	ce	(6	c) Comp	ensation	า	
		· · · · · · · · · · · · · · · · · · ·		, , ,		·				
NTO NT	P									
NON	<u> </u>									
d	Total nu	ımber of other independent contractors each	n receiving over \$100,000							
52	Did the	organization complete Schedule A? Note: A	All section 501(c)(3) organ	izations must attach a						
	complet	ted Schedule A					x	Yes		No
Under	penalties	of perjury, I declare that I have examined this retu	urn, including accompanying	schedules and statements,	and to the best	of my knowled	dge and	belief,	it is	
true, c	correct, an	d complete. Declaration of preparer (other than o	fficer) is based on all informa	tion of which preparer has	any knowledge.					
Sigi	,	Nadav Sprague Signature of officer			Date					
Her		v	/ -		Date					
1161	~	Nadav Sprague, President Type or print name and title	/ Treasurer							
	1		Preparer's signature	Date	1,	Check if	PTIN			
Paid	d		ohn Mullins	05-13-2		elf-employed		4293	07	
	parer	Firm's name Mullins, PC		ρJ-13- <u>2</u>	Firm's E		FUL		<u>, , </u>	
	Only	Firm's address 7625 Wisconsin A	Avenue		5 .	•				
	•	Bethesda MD 2081			Phone	no. 202 -	770-6	5371		
May	the IRS o	liscuss this return with the preparer shown a						Yes	П	Nο

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number

	ewa.		· Ctatua /All a	raanizationa muat	amplata	thic nor	t \ Coo instruction	
	rt I	Reason for Public Charity		_	-		t.) See instruction	S.
_	orga	nization is not a private foundation bed	•	-	•	'		
1	닏	A church, convention of churches, or				1)(A)(i).		
2	Ц	A school described in section 170(b)	(1)(A)(ii). (Attach S	Schedule E (Form 990 or	990-EZ).)			
3	Ш	A hospital or a cooperative hospital se	ervice organization	described in section 17	0(b)(1)(A)((iii).		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the						
		hospital's name, city, and state:						
5	П	An organization operated for the bene	efit of a college or u	university owned or opera	ated by a d	overnmen	tal unit described in	
	_	section 170(b)(1)(A)(iv). (Complete F		, ,	, ,			
6	П	A federal, state, or local government	•	nit described in section 1	70/h)/1)/Δ)(v)		
	H	-	•				m the general nublic	
7	Ш	An organization that normally receive			vernmenta	i uniil or iro	in the general public	
_	П	described in section 170(b)(1)(A)(vi)		•				
8	닏	A community trust described in section		, ,				
9	Ш	An agricultural research organization	described in section	on 170(b)(1)(A)(ix) opera	ated in con	junction wi	th a land-grant college	
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter th	ne name, c	ity, and sta	te of the college or	
		university:						
10	X	An organization that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	pership fees, and gross	
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ons; and (2	2) no more	than 33 1/3% of its	
		support from gross investment incom	e and unrelated bu	siness taxable income (I	ess section	n 511 tax) f	rom businesses	
		acquired by the organization after Jur		,		,		
11	П	An organization organized and operation	·	. ,, , , , ,		,		
12	Ħ						a carry out the nurnese	c
12	Ш	An organization organized and opera	•	•			• • •	3
		of one or more publicly supported org						0
		Check the box in lines 12a through 12				•		2g.
	а	Type I. A supporting organization	operated, supervis	sed, or controlled by its s	upported o	organizatio	n(s), typically by giving	
		the supported organization(s) the	power to regularly	appoint or elect a major	ity of the d	irectors or	trustees of the	
		supporting organization. You must	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 organ	ization(s), by having	
		control or management of the sup	oporting organization	on vested in the same pe	ersons that	control or	manage the supported	
		organization(s). You must comp	lete Part IV, Section	ons A and C.				
	С	Type III functionally integrated.	A supporting organ	nization operated in conr	nection with	n. and func	tionally integrated with.	
		its supported organization(s) (see		•	_			
	d	Type III non-functionally integra	•	•				2)
	u		0					,
		that is not functionally integrated.				•	ili aliu ali allelilivelless	•
		requirement (see instructions). Yo	-					
	е	Check this box if the organization				saiypei,	Type II, Type III	
		functionally integrated, or Type III	•	tegrated supporting orga	anization.			·
	f	Enter the number of supported organ	izations					
	g	Provide the following information abo	ut the supported or	ganization(s).				
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	0	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10		ır governing	support (see	other support (see
				above (see instructions))	docum	ient?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
·-/								
Tota	ıl							

990 or 990-EZ) 2020 Gateway to the Great Outdoors 81-5044989
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	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)						I
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	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							
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (s	ee instructions	3)			12	
	First five years. If the Form 990 is for the o					a section 501	(c)(3)
	organization, check this box and stop here						_
Se	ction C. Computation of Public Suppo						
	Public support percentage for 2020 (line 6,			column (f)) .		14	9/
	Public support percentage from 2019 Scheo		•			15	9/
	33 1/3% support test - 2020. If the organize					3% or more, ch	
	box and stop here. The organization qualifi						
ŀ	33 1/3% support test - 2019. If the organize						
	this box and stop here. The organization qu						_
17a	1 10%-facts-and-circumstances test - 2020	-	• • •	-			_
	10% or more, and if the organization meets	-					
	Part VI how the organization meets the facts				-	•	
	organization			~	=		_
ŀ	0 10%-facts-and-circumstances test - 2019						
•	15 is 10% or more, and if the organization n						
	in Part VI how the organization meets the fa					•	-
	organization			-			_
18	Private foundation. If the organization did						_
	instructions						_

90 or 990-EZ) 2020 Gateway to the Great Outdoors Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")			48,694	136,989	131,243	316,926
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the			,	,		•
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
4	unrelated trade or business under section 513 - Tax revenues levied for the	_					
4							
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities			+			
3	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5			48,694	136 000	131,243	216 026
	Amounts included on lines 1, 2, and 3			40,094	136,989	131,243	316,926
<i>,</i> u	received from disqualified persons						
h	Amounts included on lines 2 and 3						
~	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						
	Public support. (Subtract line 7c from						
	line 6.)						316,926
Se	ction B. Total Support						0_0,0_0
_	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6		, ,	48,694	136,989	131,243	316,926
10a	Gross income from interest, dividends,				•	-	
	payments received on securities loans, rents,						
	royalties, and income from similar sources			10	40	95	145
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b			10	40	95	145
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)					3,625	3,625
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0)	48,704	137,029	134,963	320,696
14	First 5 years. If the Form 990 is for the orga				•	` ' ' '	<i>'</i>
<u></u>	organization, check this box and stop here						<u>x</u>
	ction C. Computation of Public Suppo			I (f))		1451	0/
	Public support percentage for 2020 (line 8, o					15	<u>%</u>
	Public support percentage from 2019 Sched					16	
	ction D. Computation of Investment In			line 12 column	(f))	47	0/
	Investment income percentage for 2020 (line		. ,			17	<u>%</u>
	Investment income percentage from 2019 S					18 than 22 1/20/	%
198	33 1/3% support tests - 2020. If the organiz						_
L	17 is not more than 33 1/3%, check this box	=	_	•			_
Ŋ	33 1/3% support tests - 2019. If the organize line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	•	_	•	•		
∠∪	riivate iouniuation. Ii the organization did f	ior our	√ OH IIII C 14, 13	oa, or rab, criec	ภ. แแจ มบุร สเโน	ace manachom	٠٠٠ ∐

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 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 lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion 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 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
 - Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
 - Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
 - Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
44		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
90		
9с		
40-		
10a		
10b		
1.00	1	

	e A (Form 990 or 990-EZ) 2020 Gateway to the Great Outdoors 81-504498	<u> </u>	F	Page !
Par	t 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI 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 officers, 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 Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			•
			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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion 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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	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.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	tions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			•
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entit	/ (see i	nstruc	ctions
2	Activities Test. Answer lines 2a and 2b below.	•	Yes	
а	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.	2a		
b	Did the activities described in line 2a, above, 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			

3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," 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.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See					
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
800	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year		
360	ction A - Adjusted Net income		(A) Filor fear	(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				
Sec	ction 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				
	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a, 1b, and 1c)	1d				
	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sec	tion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 0.85 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	y integr	ated Type III supportin	g organization		
	(see instructions).	. 3	••	- -		

EEA Schedule A (Form 990 or 990-EZ) 2020

	ule A (Form 990 or 990-EZ) 2020 Gateway to the Great Outo		81-		. 989 Pag	је 7
Par	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	ed) _		
Sec	tion D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exer			1		
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported				
	organizations, in excess of income from activity			2		
_3	Administrative expenses paid to accomplish exempt purpose	s of supported organiza	tions	3		
4	Amounts paid to acquire exempt-use assets			4		
_5	Qualified set-aside amounts (prior IRS approval required) - p	rovide details in Part VI ,)	5		
_6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is respon	sive			
	(provide details in Part VI). See instructions.			8		
	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 202	0
	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
	Excess distributions carryover, if any, to 2020					
	From 2015					
	From 2016					
	From 2017					
	From 2018					
	From 2019					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
<u> </u>	Carryover from 2015 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from					
	Section D, line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
Э	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, <i>explain in Part VI</i> . See instructions. Remaining underdistributions for 2020. Subtract lines 3h					
0	and 4b from line 1. For result greater than zero, explain in					
	•					
	Part VI. See instructions.					
,	Excess distributions carryover to 2021. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2016					
a	EXCOCC HOTH ZOTO					

b Excess from 2017 c Excess from 2018 d Excess from 2019

e Excess from 2020

. . . .

. . . .

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, 2b, 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 E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Gateway to the Great Outdoors

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

Employer identification number 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		
	1100 111011 0000001 100	and the second s
scientific literacy and environmental stewardship for students who would otherwise be		
beteneffic fitteracy and environmental betwardship for beddenes who would otherwise be		
excluded from this transformative experience.		
excluded from this transformative experience.		
02 Page intion of other name (Page T	1: 0)	
02. Description of other revenue (Part I,	line 8)	
Description	Amount	
<u>Other</u>	100	
Accrual to cash adjustment	30	
03. Description of other expenses (Part I,	line 16)	
Description	Amount	
Insurance	3,657	
Field Trips	5,804	
Training	3,987	
Program - Go & Grow with GGO	15,698	
04. Description of total liabilities (Part	II, line 26)	
Category	Beginning of Year	End of Year
Credit Card Payable	Λ	3,495
order outa rajusto	0	3,123