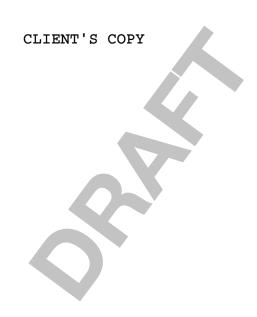
EIDE BAILLY LLP 5929 FASHION POINT DR., STE. 300 OGDEN, UT 84403-4684

GATEWAY PREPARATORY ACADEMY 201 E THOROUGHBRED WAY ENOCH, UT 84721

Halalalladaldadlladd





January 12, 2023

Gateway Preparatory Academy 201 E Thoroughbred Way Enoch, UT 84721

Gateway Preparatory Academy:

Enclosed is the 2021 Exempt Organization return, as follows...

2021 Form 990

2021 IRS E-File Signature Authorization for a Tax Exempt Entity (Form 8879-TE)

Please review the return for completeness and accuracy.

In addition, we have included a separate public disclosure copy of the Form 990 and Form 990-T (if applicable) on our secure portal site. All exempt organizations are required to have a copy of their current year Form 990 and two prior year returns available for public inspection. If the Form 990 includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return, as this information is not open to public inspection. Only organizations exempt under 501(c)(3) must make the current year Form 990-T and two prior year returns available. Please print and sign the public disclosure copy(ies) and keep them available at your primary office location.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Many states require legal entities to register with them in order to do business in their state. Please remember to keep your registration active and current for each state where you have business activities.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Chett Campbell, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2022

| Prepared For: | | |
|---------------|---|--|
| | Gateway Preparatory Academy 201 E Thoroughbred Way Enoch, UT 84721 | |
| Prepared By: | | |
| | Eide Bailly LLP 5929 Fashion Point Dr., Ste. 300 Ogden, UT 84403-4684 | |
| Amount Due | or Refund: | |
| | Not applicable | |
| Make Check F | Payable To: | |
| | Not applicable | |
| Mail Tax Retu | rn and Check (if applicable) To: | |
| | Not applicable | |
| Return Must b | oe Mailed On or Before: | |

Special Instructions:

Not applicable

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2023

Form **8879-TE**

THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for a Tax Exempt Entity

| , – , | | | | |
|--------------|--------------------|-----|----|----------|
| UL 1 | , 2021, and ending | JUN | 30 | . 20 2 2 |

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information.

2021

| Name of filer | | EIN or SSN |
|---|--|--|
| GATEWAY PREPARATORY ACAD | EMY | 20-8253001 |
| Name and title of officer or person subject to tax ANDREW E | BURT | |
| DIRECTOR | | |
| Part I Type of Return and Return Information | tion | |
| Check the box for the return for which you are using this Form Form 5330 filers may enter dollars and cents. For all other form or 10a below, and the amount on that line for the return being whichever is applicable, blank (do not enter -0-). But, if you enter than one line in Part I. | ns, enter whole dollars only. If you check the box on lin filed with this form was blank, then leave line 1b, 2b, | ne <mark>1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9</mark> a, , 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, |
| 1a Form 990 check here ▶ X b Total rever | nue, if any (Form 990, Part VIII, column (A), line 12) | ъ 7,491,412. |
| | 2b | |
| 3a Form 1120-POL check here ▶ b Total tax (l | | |
| | on investment income (Form 990-PF, Part V, line 5) | |
| | ue (Form 8868, line 3c) | |
| | Form 990-T, Part III, line 4) | |
| | Form 4720, Part III, line 1) | |
| | sets at end of tax year (Form 5227, Item D) | 8b |
| 9a Form 5330 check here b Tax due (F | orm 5330, Part II, line 19) | 9b |
| 10a Form 8038-CP check here b Amount of | credit payment requested (Form 8038-CP, Part III, li | ine 22) 10b |
| Part II Declaration and Signature Authoriz | ation of Officer or Person Subject to Tax | |
| as my signature on the tax year 2021 electronically | the amount shown on the copy of the electronic return. originator (ERO) to send the return to the IRS and to resmission, (b) the reason for any delay in processing the test designated Financial Agent to initiate an electronic freparation software for payment of the federal taxes over a payment, I must contact the U.S. Treasury Financiate. I also authorize the financial institutions involved in the payment of the same and resolve issues related to the | . I consent to allow my eceive from the IRS (a) an he return or refund, and (c) the date funds withdrawal (direct debit) wed on this return, and the ial Agent at 1-888-353-4537 no n the processing of the electronic payment. I have selected a ronic funds withdrawal. enter my PIN 10898 Enter five numbers, but do not enter all zeros copy of the return is being filed |
| on the return's disclosure consent screen. As an officer or person subject to tax with respect to return. If I have indicated within this return that a co IRS Fed/State program, I will enter my PIN on the re | o the entity, I will enter my PIN as my signature on the py of the return is being filed with a state agency(ies) return's disclosure consent screen. | tax year 2021 electronically filed |
| Signature of officer or person subject to tax | NOT A FILEABLE COPY **** | Date > |
| ERO's EFIN/PIN. Enter your six-digit electronic filing identifica | ation | |
| number (EFIN) followed by your five-digit self-selected PIN. | 87395707807 Do not enter all zeros | |
| I certify that the above numeric entry is my PIN, which is my s submitting this return in accordance with the requirements of Business Returns. | | |
| ERO's signature CHETT CAMPBELL, CPA | Date ► 01/ | 12/23 |
| | etain This Form - See Instructions orm to the IRS Unless Requested To Do S | So |

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print GATEWAY PREPARATORY ACADEMY 20-8253001 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 201 E THOROUGHBRED WAY return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 84721 ENOCH, UT Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 Form 990-T (corporation) JONADA MUNK The books are in the care of ► 201 EAST THOROUGHBRED WAY ENOCH, UT 84721 Telephone No. ► 435-867-5558 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 ____, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ JUN $\hspace{0.5cm}$ 30 , $\hspace{0.5cm}$ 2022 ► X tax year beginning JUL 1, 2021 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

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

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

| A F | or the | \simeq 2021 calendar year, or tax year beginning $$ JUL $1,$ 2021 $$ a | ınd ending | <u>JUN 30, 2022</u> | | | | | | |
|---------------|---------------------|---|----------------------------|-----------------------------|----------------------------------|--|--|--|--|--|
| | Check if pplicable | C Name of organization | | D Employer identifi | cation number | | | | | |
| Г | Addres | | | | | | | | | |
| | Name change | | 20-82530 | 01 | | | | | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | e E Telephone numbe | er | | | | | | |
| | □Final return/ | 201 E THOROUGHBRED WAY | 435-867- | | | | | | | |
| | termin- ated | | | G Gross receipts \$ | 7,491,412. | | | | | |
| Ļ | Ameno | ENOCH, 01 84/21 | | H(a) Is this a group r | | | | | | |
| | Application pending | F Name and address of principal officer: OAPLES DOOGLAS STO | MP | for subordinates | | | | | | |
| _ | | SAME AS C ABOVE | | H(b) Are all subordinates i | | | | | | |
| | | empt status: X 501(c)(3) 501(c) () | (1) or 52 | | list. See instructions | | | | | |
| _ | | e: GPACHARTER . ORG organization: X Corporation | l. v. | H(c) Group exemption | | | | | | |
| | | organization: X Corporation | L Yea | ar of formation: 2007] | M State of legal domicile; UT | | | | | |
| • | | | СНАВТЕ | R SCHOOL SER | VING | | | | | |
| e | l ' | STUDENTS FROM KINDERGARTEN TO EIGHTH GR. | | K DOMOOL BLK | <u> </u> | | | | | |
| Governance | 2 | Check this box if the organization discontinued its operations or dis | | re than 25% of its net as | sets. | | | | | |
| Ver | 3 | | | 3 | 6 | | | | | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1) | | | 6 | | | | | |
| ري وي | | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | | | 172 | | | | | |
| /itie | 6 | Total number of volunteers (estimate if necessary) | | 6 | 80 | | | | | |
| Activities & | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | | | | |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | 7b | 0. | | | | | |
| | | | | Prior Year 6,352,583. | Current Year 7,433,700. | | | | | |
| ē | 1 | | | | | | | | | |
| en | | Program service revenue (Part VIII, line 2g) | | 74,955. | 27,904. | | | | | |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 14,206. 18,980. | 14,333. | | | | | |
| | I | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 6,460,724. | 15,475. 7,491,412. | | | | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 | | 0,400,724. | 7,491,412. | | | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | | | | | | |
| | 45 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1 | | 3,816,266. | | | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | | | |
| ben | b | Total fundraising expenses (Part IX, column (D), line 25) | | | | | | | | |
| ŭ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,991,706. | 2,085,673. | | | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 5,807,972. | 6,309,036. | | | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 652,752. | 1,182,376. | | | | | |
| Net Assets or | | | E | Beginning of Current Year | End of Year | | | | | |
| sets | 20 | Total assets (Part X, line 16) | | 11,367,910. | 12,324,077. | | | | | |
| A | 21 | Total liabilities (Part X, line 26) | | 8,131,665. | 7,905,456. | | | | | |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | 3,236,245. | 4,418,621. | | | | | |
| | art II | | | | منان المنابعة المسام مسلم السمين | | | | | |
| | • | lties of perjury, I declare that I have examined this return, including accompanying sched t, and complete. Declaration of preparer (other than officer) is based on all information o | | · | y knowledge and belief, it is | | | | | |
| uue | , correc | t, and complete. Declaration of preparer (other than officer) is based on all information of | i willcii prepari | i nas any knowieuge. | | | | | | |
| Sig | n | Signature of officer | | Date | | | | | | |
| Her | | JAMES DOUGLAS STUMP, DIRECTOR | | | | | | | | |
| | • | Type or print name and title | | | | | | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN | | | | | |
| Paid | ı | CHETT CAMPBELL, CPA CHETT CAMPBELI | , CPA | 01/12/23 self-emplo | P01301037 | | | | | |
| Prep | arer | Firm's name EIDE BAILLY LLP | | Firm's EIN ▶ | 45-0250958 | | | | | |
| Use | Only | Firm's address 5929 FASHION POINT DR., STE. 3 | | | | | | | | |
| | | OGDEN, UT 84403-4684 | | Phone no. 80 | 1-621-1575 | | | | | |
| May | the IF | RS discuss this return with the preparer shown above? See instructions | | | X Yes No | | | | | |

| Part III | Statement of Program Service Accomplishments |
|----------|--|
| | <u>.</u> |

| | Check if Schedule O contains a response or note to any line in this Part III |
|----|--|
| 1 | Briefly describe the organization's mission: TO MANAGE, OPERATE, GUIDE, DIRECT, AND PROMOTE A PUBLIC CHARTER SCHOOL |
| | FUNDED BY LOCAL, STATE, AND FEDERAL SOURCES. FOCUS ON INCREASED |
| | INDIVIDUAL ATTENTION TO IMPROVE STUDENT LEARNING, AS WELL AS, ALLOWING |
| | STUDENTS TO PROGRESS AT THEIR OWN PACE. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| _ | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| • | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| - | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 6,269,586 • including grants of \$) (Revenue \$ 27,904 •) |
| | OPERATES A PUBLIC CHARTER SCHOOL FOR STUDENTS GRADES KINDERGARTEN TO |
| | EIGHTH GRADE |
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| 4b | (Code:) (Expenses \$ |
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| | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ► 6,269,586. |

Form 990 (2021) GATEWAY PREPARATORY ACADEMY
Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-------|------|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1_ | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | | | |
| • | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| • | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | ا ا | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | 10 | | |
| •• | as applicable. | | | |
| _ | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| а | | | х | |
| | Part VI | 11a | Λ | |
| D | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | Х |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | المدا | | v |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | ١ | | v |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | 37 |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | _X_ |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | , |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | ļ.,. | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | X | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | | Х |

Form 990 (2021) GATEWAY PREPARATORY ACADEMY
Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----------|---|----------------|-----|------------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | ,,, |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | \ _{3,7} |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | x |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | 00- | | x |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| C | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 28c | | x |
| 20 | "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 29 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29 | | 21 |
| 30 | | 30 | | x |
| 31 | contributions? If "Yes," complete Schedule M | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i> | • | | |
| 52 | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| 00 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |

Form 990 (2021) GATEWAY PREPARATORY ACADEMY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | Yes | No | | | | | | |
|---|--|----------|-----|----------|--|--|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | | | | | | | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | | | | | |
| b | b If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O | | | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X | | | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | | | | | |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | ۱ | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | | |
| | were not tax deductible? | 6b | | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | 7.7 | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X | | | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | - | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | | | |
| | to file Form 8282? | 7c | | X | | | | | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | _ | | v | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | _^ | | | | | | |
| g h | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g 7h | | | | | | | | |
| 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | /11 | | | | | | | | |
| Ü | | 8 | | | | | | | | |
| 9 | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds, | | | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | | |
| а | Gross income from members or shareholders | | | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | | |
| | amounts due or received from them.) | | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | | |
| | organization is licensed to issue qualified health plans 13b | | | | | | | | | |
| | Enter the amount of reserves on hand Did the expanization receive any payments for indeer tenning convices during the tay year? | 44- | | Х | | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | <u> </u> | | | | | | |
| ъ 15 | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 14b | | | | | | | | |
| IJ | | 15 | | X | | | | | | |
| | excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 13 | | Ë | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х | | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | | | | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | 1 | | | | | | |
| | If "Yes." complete Form 6069. | | | | | | | | | |

Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | X | | | | | | |
|-----|--|------------------|--------|--------|----------|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | | | |
| | | | | Yes | No | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 6 | | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | | | | | |
| b | b Enter the number of voting members included on line 1a, above, who are independent 1b | | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | | | |
| | officer, director, trustee, or key employee? | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | . 📙 | 5 | | <u>X</u> | | | | | | |
| 6 | Did the organization have members or stockholders? | <u> </u> | 6 | | X | | | | | | |
| 7a | , | | | | | | | | | | |
| | more members of the governing body? | _7 | 7a | | X | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | | | |
| | persons other than the governing body? | 7 | 7b | | X | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | 37 | | | | | | | |
| | The governing body? | _ | 3a | X | | | | | | | |
| b | , | 3 | 3b | Х | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | v | | | | | | |
| 800 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | 9 | | X | | | | | | |
| 360 | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | V | NI- | | | | | | |
| 10- | Did the experimation have level charters branches as effiliates? | 4 | 0a | Yes | No X | | | | | | |
| | Did the organization have local chapters, branches, or affiliates? | ' ' | ua | | | | | | | | |
| D | | 14 | 0b | | | | | | | | |
| 112 | and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | . — | 1a | | Х | | | | | | |
| b | | i i | Ia | | | | | | | | |
| 12a | | 1 | 2a | х | | | | | | | |
| | and the control of th | | 2b | X | | | | | | | |
| c | | · | | | | | | | | | |
| · | on Schedule O how this was done | 1: | 2c | х | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | 13 | х | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | Х | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 1: | 5a | Х | | | | | | | |
| | Other officers or key employees of the organization | | 5b | | Х | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | | | |
| | taxable entity during the year? | 10 | 6a | | X | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | | | |
| | exempt status with respect to such arrangements? | 10 | 6b | | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶UT | | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(c) | 3)s or | nly) a | vailab | le | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a | nd fir | nanci | al | | | | | | | |
| | statements available to the public during the tax year. | | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | | | | | | |
| | JONADA MUNK - 435-867-5558 201 EAST THOROUGHBRED WAY ENOCH UT 84721 | | | | | | | | | | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

| Check this box if neither the organization r | or any related | orga | niza | | | nper | ısat | T | irector, or trustee. | |
|--|---------------------|--------------------------------|--|-------------------|--------------|---------------------------------|---------|------------------|----------------------------------|-----------------------|
| (A) | (B) | | | ((| C) | _ | | (D) | (E) | (F) |
| Name and title | Average | (do | not c | Pos heck | more | 1 than | one | Reportable | Reportable | Estimated |
| | hours per | box | box, unless person is officer and a director | | | | n an | compensation | compensation | amount of |
| | week | | T a | | T | T | 100) | from | from related | other |
| | (list any hours for | lirecto | | | | | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | e or c | tee | | | sated | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | ruste | l trus | | ee/ | mpeu | | 1099-NEC) | 1000 NEO) | and related |
| | below | dualt | n oitr | _ | oldm | st co | - | | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | J |
| (1) ANDREW BURT | 40.00 | | | | | | | | | |
| DIRECTOR (THRU 9/21) | | | | Х | | | | 93,941. | 0. | 7,100. |
| (2) CHRIS KUPFER | 40.00 | | | | | | | | | |
| INTERIM DIRECTOR | | L | | X | | | | 47,885. | 0. | 0. |
| (3) BRITTANY JENSEN | 5.00 | | | | | | | | | |
| CHAIR | <u> </u> | Х | _ | X | | | | 0. | 0. | 0. |
| (4) PAUL DAIL | 0.50 | | | | | | | | | |
| VICE-CHAIR | 1 | X | | Х | | | 1 | 0. | 0. | 0. |
| (5) JENNA BEHM | 1.00 | | | | | | | | | |
| TREASURER | 1 00 | Х | | X | | | | 0. | 0. | 0. |
| (6) TIFFANY SCHEUERMAN | 1.00 | | | | ľ | | | | • | • |
| BOARD MEMBER (THRU 5/22) | 1 00 | Х | | ⊬ | - | - | | 0. | 0. | 0. |
| (7) TODD PETERSEN | 1.00 | | | | | | | | 0 | • |
| BOARD MEMBER (8) MATT OGBURN | 1.00 | Х | | ⊢ | | | | 0. | 0. | 0. |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| BOME MEMBER | + | | | | | \vdash | | 0. | 0. | <u></u> |
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Form **990** (2021)

| Section A. Officers, Directors, Trus | | oloy(| ees, | | | gnes | st C | | , | | | | |
|---|-------------------|--------------------------------|--|---------|--------------|------------------------------|--------|--------------------------|----------------------------|---------------|----------|-----------------|------|
| (A) | (B) | | | (C | | | | (D) | (E) | | | (F) | |
| Name and title | Average | Positi (do not check me | | | | than | | Reportable | Reportable | - 1 | | imate | |
| | hours per week | | ox, unless person is both an officer and a director/trustee) | | | | | compensation | compensation | | | ount c |)f |
| | (list any | | | | | Π | | from the | from related organizations | | | other oensat | rion |
| | hours for | individual trustee or director | | | | P | | organization | (W-2/1099-MIS | | | om the | |
| | related | ee or | stee | | | nsate | | (W-2/1099-MISC/ | 1099-NEC) | | | nizatio | |
| | organizations | trust | nal tru | | yee | om pe | | 1099-NEC) | , | | _ | relate | |
| | below | vidual | Institutional trustee | Je. | Key employee | Highest compensated employee | ner | | | | orga | nizatio | ากร |
| | line) | ib | Insti | Officer | Key | High | Former | | | | | | |
| | | - | | | | | | | | | | | |
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| | | | | L, | | Ļ | | 141 006 | | $\overline{}$ | | , 10 | |
| 1b Subtotal | | | | | | | | 141,826. | | 0. | | ,10 | 0. |
| c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) | | | | | | | | 141,826. | | 0. | 7 | 7,10 | |
| 2 Total number of individuals (including but n | | | | | | | o re | • | 000 of reportable | | | , _ 0 | |
| compensation from the organization | | | | | | , | | | | | | | 0 |
| 0 000 | | | | M | | | | | | 1 | | Yes | No |
| 3 Did the organization list any former officer, | * | | • | • | • | | • | · | • | | 2 | | Х |
| line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su | | | | | | | | | | | 3 | | |
| 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 | • | | | | | | | • | J | | 4 | | Х |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | 7 | | |
| rendered to the organization? If "Yes, " com | • | | | | • | | | • | | | 5 | | Х |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | | | | | | | | | | oensat | tion fro | m | |
| the organization. Report compensation for (A) | ine calendar ye | ear e | enair | ng w | ith c | or wi | tnin | the organization's tax y | ear. | | (C | · · · | |
| Name and business | address | NO | ONE | 3 | | | | Description of s | ervices | С | ompen | | 1 |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (ii | | ot lin | nited | d to | _ | | ted | above) who received mo | ore than | | | | |
| \$100,000 of compensation from the organiz | zation > | | | | (| , | | | | | - 0 | <u> </u> | |

20-8253001

| | | Check if Schedule O contains a response or | note to any lin | e in this Part VIII | | | |
|--|------|---|-------------------|---------------------|-------------------|------------------|--------------------|
| | | Officer if Cofficació O Cofficilità a response of | Hote to arry III1 | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt | Unrelated | Revenuè excluded |
| | | | | | function revenue | business revenue | from tax under |
| | | | | | | | sections 512 - 514 |
| ıts | 1 a | Federated campaigns 1a | | | | | |
| rar | b | Membership dues1b | | | | | |
| e, E | С | Fundraising events1c | | | | | |
| ifts | d | Related organizations 1d | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | _ | | 89,886. | | | | |
| Sin | ٠ | All other contributions, gifts, grants, and | , | | | | |
| e Hi | ī | | 12 011 | | | | |
| 듗됨 | | similar amounts not included above 1f | 43,814. | | | | |
| gg | g | Noncash contributions included in lines 1a-1f 1g \$ | | | | | |
| <u>ठ</u> ह | h | Total. Add lines 1a-1f | | 7,433,700. | | | |
| | | | Business Code | | | | |
| Ð | 2 a | STUDENT ACTIVITIES AND | 722210 | 27,904. | 27,904. | | |
| į ķ | b | | | | | | |
| Program Service Revenue | c | | | | | | |
| E S | _ | | | | | | |
| Jra Be | d | | | | | | |
| Š, | е | | | | | | |
| Д | | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | <u></u> | 27,904. | | | |
| | 3 | Investment income (including dividends, interest | t, and | | | | |
| | | other similar amounts) | > | 14,333. | | | 14,333. |
| | 4 | Income from investment of tax-exempt bond pro | | | | | |
| | 5 | Royalties | | | | | |
| | • | (i) Real | (ii) Personal | VA | 7 | | |
| | ٠. | 1 | () | | | | |
| | | | | | | | |
| | | Less: rental expenses 6b 0 . | | | | | |
| | | Rental income or (loss) 6c 15,475. | | A = 4 = = | | | 4 - 4 |
| | d | Net rental income or (loss) | | 15,475. | | | 15,475. |
| | 7 a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a | | | | | |
| | b | Less: cost or other basis | | | | | |
| <u>o</u> | | and sales expenses | | | | | |
| au l | c | Gain or (loss) 7c | | | | | |
| Revenue | | Net gain or (loss) | | | | | |
| er B | | | | | | | |
| | 8 а | Gross income from fundraising events (not | | | | | |
| ŏ | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 | | | | | |
| | b | Less: direct expenses 8b | | | | | |
| | С | Net income or (loss) from fundraising events | | | | | |
| | 9 a | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 9a | | | | | |
| | h | Less: direct expenses 9b | | | | | |
| | | | | | | | |
| | | Net income or (loss) from gaming activities | ····· | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | | |
| | | and allowances 10a | | | | | |
| | b | Less: cost of goods sold 10b | | | | | |
| | С | Net income or (loss) from sales of inventory | | | | | |
| ,, | | | Business Code | | | | |
| snc 4 | 11 a | | | | | | |
| ne Tre | b | | | | | | |
| Miscellaneous Revenue | c | | | | | | |
| Sc | | All other revenue | | | | | |
| Ξ | | | | | | | |
| | | Total Add lines 11a-11d | | 7 491 412. | 27.904. | 0. | 29 808. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| Secti | on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons | | | | |
|--------|--|---------------------|--------------------------|---------------------------------|--------------------------|
| | not include amounts reported on lines 6b, | (A) | (B) | (C) | (D) Fundraising |
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | · | | · |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 130,081. | 130,081. | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 2 222 442 | 2 222 142 | | |
| 7 | Other salaries and wages | 3,333,142. | 3,333,142. | | |
| 8 | Pension plan accruals and contributions (include | 04 575 | 04 575 | | |
| _ | section 401(k) and 403(b) employer contributions) | 94,575. 411,408. | 94,575. 411,408. | | |
| 9 | Other employee benefits | 254,157. | | | |
| 10 | Payroll taxes | 434,13/• | 254,157. | | |
| 11 | Fees for services (nonemployees): | 8,040. | 8,040. | | |
| a | Management | 0,040. | 0,040. | | |
| b | Legal | 16,650. | | 16,650. | |
| C | Accounting | 10,030. | | 10,030. | |
| d e | Lobbying Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| 9 | column (A), amount, list line 11g expenses on Sch 0.) | 76,806. | 76,806. | | |
| 12 | Advertising and promotion | 2,401. | 2,401. | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | 25,663. | 25,663. | | |
| 15 | Royalties | • | • | | |
| 16 | Occupancy | 12,352. | 12,352. | | |
| 17 | Travel | 58,223. | 58,223. | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 379,123. | 379,123. | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 296,964. | 296,964. | | |
| 23 | Insurance | 18,597. | 18,597. | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), | | | | |
| а | amount, list line 24e expenses on Schedule 0.) CURRICULUM AND MATERIAL | 666,024. | 643,224. | 15,616. | 7,184. |
| a b | INSTRUCTIONAL ENHANCEME | 433,070. | 433,070. | 13,010 | ,,101 |
| C | REPAIRS AND MAINTENANCE | 84,051. | 84,051. | | |
| d | DUES AND FEES | 6,063. | 6,063. | | |
| | All other expenses | 1,646. | 1,646. | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 6,309,036. | 6,269,586. | 32,266. | 7,184 |
| 26 | Joint costs. Complete this line only if the organization | .,, | -,, | , | · / = 3 = |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | 12-09-21 | | | | Form 990 (202 |

Form 990 (2021)
Part X Balance Sheet

| Par | Part X Balance Sheet | | | | | | |
|-----------------------------|------------------------|--|----------|-----------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or note | to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 1,122,024. | 1 | 1,280,221. |
| | 2 | Savings and temporary cash investments | | | 2,604,547. | 2 | 2,617,571. |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | 297,761. | 4 | 714,118. | | |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, substa | antial c | ontributor, or 35% | | | |
| | | controlled entity or family member of any of thes | e perso | ons | | 5 | |
| | 6 | Loans and other receivables from other disqualifi | ed per | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons described | in sec | tion 4958(c)(3)(B) | | 6 | |
| ıς | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | 5 | | | 32,109. | 9 | 22,404. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 11,138,260. | | | |
| | b | Less: accumulated depreciation | | 3,448,497. | 7,311,469. | 10c | 7,689,763. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 1 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 1 | | | 13 | | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 11,367,910. | 16 | 12,324,077. |
| | 17 | Accounts payable and accrued expenses | | | 322,603. | 17 | 293,471. |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | 3,050. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | | | 21 | |
| တ္သ | 22 | Loans and other payables to any current or form | er offic | er, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substa | antial c | ontributor, or 35% | | | |
| abi | | controlled entity or family member of any of these | e perso | ons | | 22 | |
| = | 23 | Secured mortgages and notes payable to unrelate | ed thir | d parties | 7,809,062. | 23 | 7,608,935. |
| | 24 | Unsecured notes and loans payable to unrelated | third p | parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | ables ' | to related third | | | |
| | | parties, and other liabilities not included on lines | 17-24) | . Complete Part X | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | - | | | 8,131,665. | 26 | 7,905,456. |
| | | Organizations that follow FASB ASC 958, check | ck here | e ▶ X | | | |
| Ses | | and complete lines 27, 28, 32, and 33. | | | | | |
| a | 27 | Net assets without donor restrictions | | | 3,056,378. | 27 | 3,954,817. |
| Ba | 28 | Net assets with donor restrictions | | | 179,867. | 28 | 463,804. |
| Pur | | Organizations that do not follow FASB ASC 95 | 8, che | eck here 🕨 🔛 | | | |
| 띤 | | and complete lines 29 through 33. | | | | | |
| ō g | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or eq | | i i | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated inc | | | | 31 | |
| Se l | 32 | Total net assets or fund balances | | | 3,236,245. | 32 | 4,418,621. |
| | 33 | Total liabilities and net assets/fund balances | | | 11,367,910. | 33 | 12,324,077. |

| Pa | rt XI │ Reconciliation of Net Assets | | | | |
|----|--|-----------|------|-----|------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | . | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 7,49 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 6,30 | 9,0 | <u>36.</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,18 | 2,3 | 76. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 3,23 | 6,2 | 45. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 4,41 | 8,6 | 21. |
| Pa | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | О. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | |
| | Act and OMB Circular A-133? | | За | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | X | |
| | | | Form | 990 | (2021) |

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

20-8253001

GATEWAY PREPARATORY ACADEMY

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions

| ui t i | Trodecon for Fabric (| onanty otatas. | (All Organizations must c | omplete ti | iis part.) S | ee manuchons. | |
|---------|--|---------------------------------------|--|-------------------------------------|---------------------------------|---|----------------------------|
| ne orga | anization is not a private found | ation because it is: (I | For lines 1 through 12, c | heck only | one box.) | | |
| 1 | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | |
| 2 X | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) | | | | | | |
| з 🗌 | A hospital or a cooperative | hospital service orga | anization described in se | ection 170 | (b)(1)(A)(ii | i). | |
| 4 🗌 | A medical research organiz | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A)(iii). Enter | the hospital's name, |
| | city, and state: | | | | | | |
| 5 | An organization operated for | or the benefit of a col | llege or university owned | or operate | ed by a go | vernmental unit describe | ed in |
| | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | |
| 6 | A federal, state, or local go | vernment or governm | nental unit described in | section 17 | '0(b)(1)(A) | (v). | |
| 7 | An organization that norma | ŭ | | | | • • | oublic described in |
| | section 170(b)(1)(A)(vi). (C | - | | ŭ | | | |
| 8 🗌 | A community trust describe | • • | (1)(A)(vi). (Complete Par | t II.) | | | |
| 9 🗀 | An agricultural research org | | | | ed in coniu | nction with a land-grant | college |
| | or university or a non-land-g | | | | | - | - |
| | university: | | (************************************** | | | | |
| o 🗀 | An organization that norma | Illy receives (1) more | than 33 1/3% of its supp | ort from c | ontribution | s. membership fees. and | d gross receipts from |
| | activities related to its exen | | | | | | |
| | income and unrelated busin | | • | | | • • | · · |
| | See section 509(a)(2). (Co | | | | | , , | , |
| 1 | An organization organized | | vely to test for public sa | fetv. See | section 50 | 9(a)(4). | |
| 2 | An organization organized | | | | | | purposes of one or |
| | more publicly supported or | • | | | | • | • |
| | lines 12a through 12d that | - | | | | | |
| а | Type I. A supporting orga | | | | | | aivina |
| _ | the supported organization | · · · · · · · · · · · · · · · · · · · | | , , , , | - | | |
| | organization. You must o | | | ,, - | | | 9 |
| ь | Type II. A supporting org | | | tion with its | s supporte | d organization(s), by hav | rina |
| | control or management o | • | | | | | - |
| | organization(s). You mus | | | | | | |
| с | Type III functionally inte | | | in connect | ion with. a | and functionally integrate | d with. |
| | its supported organization | | | | | • • | ····, |
| d [| Type III non-functionally | | · | | | | ration(s) |
| | that is not functionally int | | | | | * * | * * |
| | requirement (see instruct | | | | | | |
| еГ | Check this box if the orga | • | - | | | | |
| _ | functionally integrated, or | | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| f Er | nter the number of supported o | organizations | , | | | | |
| | rovide the following information | - | | | | | |
| | (i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | nization listed na document? | (v) Amount of monetary | (vi) Amount of other |
| | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| -4-1 | | | | | | | |

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.)

| | tion A. Public Support | | | | | | |
|------|--|-----------------------|---------------------|-----------------------|-----------------------------|----------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | ļ | | | | | |
| | membership fees received. (Do not | ļ | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | ļ | | | | | |
| 3 | The value of services or facilities | | | | | | |
| Ū | furnished by a governmental unit to | ļ | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| | The portion of total contributions | | | | | | |
| 5 | • | | | | | | |
| | 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) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | | | | · | | |
| 8 | Gross income from interest, | ļ | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | ļ | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | ļ | | | | | |
| | business is regularly carried on | ļ | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | _ | | | | |
| 44 | Total support. Add lines 7 through 10 | | | | | | |
| | • | eta (eca inetruetio | l | | | 12 | |
| | Gross receipts from related activities, | • | | iourth or fifth town | | | |
| 13 | First 5 years. If the Form 990 is for the | · · | | | | | ▶□ |
| Sac | organization, check this box and storetion C. Computation of Publi | | | | | | |
| | • | | | actions (f) | | 44 | 0/ |
| | Public support percentage for 2021 (I | | • | .,, | | 14 | <u>%</u> |
| | Public support percentage from 2020 | | | | | 15 | . % |
| 16a | 33 1/3% support test - 2021. If the c | | | | 14 is 33 1/3% or m | ore, check this box | and |
| | stop here. The organization qualifies | | - | | | | |
| b | 33 1/3% support test - 2020. If the o | - | | | | | |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | ▶□ |
| 17a | 10% -facts-and-circumstances test | - 2021. If the org | anization did not d | heck a box on line | e 13, 16a, or 16b, a | and line 14 is 10% o | or more, |
| | and if the organization meets the fact | s-and-circumstance | es test, check this | box and stop he | re. Explain in Part | VI how the organiz | ation |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pu | blicly supported o | rganization | | |
| b | 10% -facts-and-circumstances test | - 2020. If the org | anization did not d | heck a box on line | e 13, 16a, 16b, or 1 | 7a, and line 15 is 1 | 10% or |
| | more, and if the organization meets th | ne facts-and-circum | nstances test, chec | ck this box and st | t op here. Explain i | n Part VI how the | |
| | organization meets the facts-and-circu | umstances test. Th | e organization qua | alifies as a publicly | supported organiz | zation | ▶□ |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | |

Schedule A (Form 990) 2021 GATEWAY PREPARATORY ACADEMY Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

| Sed | ction A. Public Support | now, picase comp | olete i art ii.j | | | | |
|------------|--|-------------------|----------------------------|----------------------|--------------------|--------------------|---------------|
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise 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 | | | | | | |
| 7 <i>a</i> | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | 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 | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | (1) | | | (1) | (7,222 | (1) |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included on 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.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | 1 | <u> </u> |
| 14 | First 5 years. If the Form 990 is for the | • | | | • | . , . , | · — |
| 8^- | check this box and stop hereetion C. Computation of Public | | | | | | P |
| | • | | | - l (n) | | 145 | 0/ |
| | Public support percentage for 2021 (lir | | • | .,, | | 15 | <u>%</u> |
| | Public support percentage from 2020 stion D. Computation of Invest | | | | | 16 | % |
| | • | | | - 10 l (f)\ | | 47 | 0/ |
| | Investment income percentage for 202 | | | | | | % |
| | Investment income percentage from 2 | | | on line 14, and line | | 18 | 7 is not |
| 198 | 33 1/3% support tests - 2021. If the | | | | | -4. | ▶ □ |
| b | more than 33 1/3%, check this box and 33 1/3% support tests - 2020. If the | = | - | • | • • | | |
| | line 18 is not more than 33 1/3%, chec | k this box and st | t op here. The orga | nization qualifies a | as a publicly supp | orted organization | > |
| 20 | Private foundation. If the organization | n did not check a | hoy on line 14 19s | or 19h check th | is hay and see in | structions | ightharpoonup |

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

- 1 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.
- 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).
- **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.
- **b** 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 box 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.
- c 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).
- **b** 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?
- 6 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.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on 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 line 10b below.
 - **b** 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 |
|----------|-----|----|
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| 10b | | |

| Par | t IV Supporting Organizations (continued) | | | |
|------|---|-----------------|-----|----|
| | | | Yes | No |
| 11 | 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 on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sect | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office | rs, | | |
| | 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 | . d | | |
| | 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 | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| | 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 | | | |
| Caat | the supported organization(s). | 1 | | |
| Seci | tion D. All Type III Supporting Organizations | | | l |
| | | | Yes | No |
| | 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 | | |
| | 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). | 2 | | |
| | By reason of the relationship described on line 2, above, 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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization</i> 's | | | |
| | | 2 | | |
| Sect | supported organizations played in this regard. tion 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). | | |
| 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</i> line 3 <i>below</i> . | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (| see instruction | s). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| 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 on 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 | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| | 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. | 3a | | |
| 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 | Orga | nizations | |
|------|---|---------|-------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying t | rust o | n Nov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations must co | | • | |
| Sect | ion 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 | | |
| Sect | ion 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 | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 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 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 | | |
| Sect | ion 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 in | integra | ated Type III supporting orga | unization (see |

Schedule A (Form 990) 2021

instructions).

| Par | rt V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations _{(continu} | ıed) | |
|-------|---|-------------------------------|-------------------------------|------|----------------------------------|
| Secti | ion D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | S | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pri | ovide 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 | he organization is responsive | 1 | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | • | (i) | (ii) | | (iii) |
| Secti | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistribution Pre-2021 | ıs | Distributable Amount for 2021 |
| _1_ | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| a | From 2016 | | | | |
| b | From 2017 | | | | |
| с | From 2018 | | | | |
| d | From 2019 | | | | |
| е | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2021 distributable amount | | | | |
| i_ | Carryover from 2016 not applied (see instructions) | | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2021 distributable amount | | | | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

GATEWAY PREPARATORY ACADEMY

Employer identification number 20-8253001

| Pai | t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | s or Accounts. Complete if the |
|------|---|--|---------------------------------------|
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in w | riting that the assets held in donor advis | sed funds |
| | are the organization's property, subject to the organization's ea | xclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | visors in writing that grant funds can be | e used only |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose | conferring |
| | | | |
| Pai | t II Conservation Easements. Complete if the orga | anization answered "Yes" on Form 990, | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | n (check all that apply). | |
| | Preservation of land for public use (for example, recreation | on or education) Preservation o | of a historically important land area |
| | Protection of natural habitat | Preservation of | of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | ed conservation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | • | | |
| С | Number of conservation easements on a certified historic structure | cture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired aff | ter 7/25/06, and not on a historic struct | ure |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, release | ased, extinguished, or terminated by the | e organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ease | | • |
| 5 | Does the organization have a written policy regarding the period | | |
| | violations, and enforcement of the conservation easements it i | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | andling of violations, and enforcing con | servation easements during the year |
| | > | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handli | ng of violations, and enforcing conserva | ation easements during the year |
| | ▶ \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above | • | |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | - | |
| | balance sheet, and include, if applicable, the text of the footno | ote to the organization's financial statem | nents that describes the |
| Dai | organization's accounting for conservation easements. † III Organizations Maintaining Collections of A | Art Historical Treasures or O | thar Similar Assats |
| ı aı | Complete if the organization answered "Yes" on Form 9 | • | ther offinial Assets. |
| 10 | If the organization elected, as permitted under FASB ASC 958 | | and balance about works |
| Ia | of art, historical treasures, or other similar assets held for publi | • | |
| | • | · · · · · · · · · · · · · · · · · · · | · |
| _ | service, provide in Part XIII the text of the footnote to its finance | | |
| b | If the organization elected, as permitted under FASB ASC 958 | • | |
| | art, historical treasures, or other similar assets held for public e | exhibition, education, or research in furt | rierance of public service, |
| | provide the following amounts relating to these items: | | L ¢ |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| ^ | | | · |
| 2 | If the organization received or held works of art, historical treas | | ai gaiii, provide |
| _ | the following amounts required to be reported under FASB AS | - | L ¢ |
| a | Revenue included on Form 990, Part VIII, line 1 | | |
| a | Assets included in Form 990, Part X | | |

| 3 Using the organization of an explaint of the comment of the following that make significant use of its collection terms (check all that apply): a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds a there than to be maintained as part of the organization answered "Yes" on Form 900, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assests not included on Form 900, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assests not included on Form 900, Part X, line 21. 1b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance and the organization include an amount on Form 990, Part X, line 21, for secrow or custodial actiount liability? Yes No 1 "Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 1a Beginning of year balance [In Comment Year (In) Part X In Comment Year (In) P | | | | | | <u>-82530</u> | | Page 2 | | |
|--|--------|--|-------------------------|-------------------------|----------------|---------------|----------------|----------------|----------|---------|
| a Public exhibition d Loan or exchange program a Public exhibition d Cother b Scholarly research e Other b Scholarly research e Other c Preservation for future generations d Cother d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds after than to be maintained as part of the organization collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance G Beginning of year and programization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Beginning of year balance G Beginning of year | Par | Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) | | | | | | | | |
| a Public exhibition d | 3 | Using the organization's acquisition, accessi | on, and other record | s, check any of the | following that | make sigr | nificant use o | of its | | |
| b Scholarly research e | | collection items (check all that apply): | | | | | | | | |
| c | а | Public exhibition | d | Loan or exc | change progra | am | | | | |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C | b | Scholarly research | е | Other | | | | | | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Scorow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an apart, flustees, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Complete III Amount 1 1 1 1 1 1 1 1 1 | С | Preservation for future generations | | | | | | | | |
| to be sold to raise funds rather than to be maintained as part of the organization's collection? | 4 | Provide a description of the organization's co | ollections and explair | n how they further th | ne organizatio | n's exemp | t purpose in | Part XIII. | | |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? | 5 | During the year, did the organization solicit of | or receive donations of | of art, historical trea | sures, or othe | er similar a | ssets | | | |
| reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Pain XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Fou | | | | | | | | | | No |
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes | Par | | | ete if the organization | on answered ' | 'Yes" on F | orm 990, Pa | rt IV, line 9, | or | |
| on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Pairt XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 9% c Term endowment 9% c Term endowment 9% c Term endowment 9% c Term endowment 9% Administrative expenses (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Uurelated organizations (iv) Related organizations (iv) Related organizations (iv) Related organizations 2a(ii) 3a(iii) 3 | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance | 1a | Is the organization an agent, trustee, custod | ian or other intermed | iary for contribution | s or other ass | sets not ind | cluded | | _ | |
| c Beginning balance d Additions during the year e Distributions during the year 1 to | | | | | | | | Yes | ; L | No |
| c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial acount liability? Ves No If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (f) Three yea | b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing table: | | | | | | |
| d Additions during the year 1d 1e 1f 1 | | | | | | | | Amo | unt | |
| e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) 1/W0 years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (e) Fo | С | Beginning balance | | | | | 1c | | | |
| f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back | d | Additions during the year | | | | | 1d | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | е | Distributions during the year | | | | | 1e | | | |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year Call Three years back Cal | | | | | | | | | | |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back | | · · | | • | | | ·? | Yes | ; | No |
| (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years | | | | | | | | | L | |
| 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | Par | Endowment Funds. Complete | | | | | | | | |
| b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | | | (a) Current year | (b) Prior year | (c) Two year | rs dack (c | i) inree years | Dack (e) F | our yea | rs dack |
| c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment ▶ | 1a | | | _ | | | | | | |
| d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | | | | — | | | | | | |
| e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | С | | | | | | | | | |
| and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | | | | | | | | | | |
| f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | е | Other expenditures for facilities | | | | | | | | |
| g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | | . • | | | Y | | | | | |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | f | | | | | | | | | |
| a Board designated or quasi-endowment ▶ | | | | | | | | | | |
| b Permanent endowment ▶ | 2 | | • | e (line 1g, column (a | i)) held as: | | | | | |
| Term endowment ▶ | а | • | | _% | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 8 31,681. 8 31,681. b Buildings 8 8,878,703. 3,005,577. 5,873,126. c Leasehold improvements 4 69,696. 272,635. 197,061. e Other 140,344. | b | | | | | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings B 331, 681. B Buildings C Leasehold improvements 4 Equipment C Other 140,344. | С | | -* - | | | | | | | |
| Ves No (i) Unrelated organizations 3a(i) | _ | | | | | | | | | |
| (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iii | За | | ession of the organiza | ition that are held a | nd administer | ed for the | organization | | Va | o No |
| (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 831,681. 831,681. 831,681. b Buildings 8,878,703. 3,005,577. 5,873,126. c Leasehold improvements 817,836. 170,285. 647,551. d Equipment 469,696. 272,635. 197,061. e Other 140,344. 140,344. | | - | | | | | | 0- | _ | 3 NO |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 831,681. 831,681. 831,681. b Buildings 8,878,703. 8,878,703. 3,005,577. 5,873,126. c Leasehold improvements 469,696. 272,635. 197,061. e Other | | | | | | | | | | + |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 831,681. 831,681. b Buildings 8,878,703. 3,005,577. 5,873,126. c Leasehold improvements 817,836. 170,285. 647,551. d Equipment 469,696. 272,635. 197,061. e Other 140,344. 760,344. | | (ii) Related organizations | | and an Cabandula DO | | | | 3a | | + |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 831,681. 831,681. b Buildings 8,878,703. 3,005,577. 5,873,126. c Leasehold improvements 817,836. 170,285. 647,551. d Equipment 469,696. 272,635. 197,061. e Other 140,344. 760,344. | D 4 | | | | | | | | o | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 831,681. 831,681. b Buildings 8,878,703. 3,005,577. 5,873,126. c Leasehold improvements 817,836. 170,285. 647,551. d Equipment 469,696. 272,635. 197,061. e Other 140,344. 140,344. 140,344. | Par | | | wment lunus. | | | | | | |
| Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value | | , | |) Part IV line 11a S | See Form 990 | Part X lin | ne 10 | | | |
| basis (investment) basis (other) depreciation 1a Land 831,681. 831,681. b Buildings 8,878,703. 3,005,577. 5,873,126. c Leasehold improvements 817,836. 170,285. 647,551. d Equipment 469,696. 272,635. 197,061. e Other 140,344. 140,344. | | · · · · · · · · · · · · · · · · · · · | | Í | | | | (4) 0 | ook va | luo. |
| 1a Land 831,681. b Buildings 8,878,703. 3,005,577. 5,873,126. c Leasehold improvements 817,836. 170,285. 647,551. d Equipment 469,696. 272,635. 197,061. e Other 140,344. 140,344. | | Description of property | 1 ' ' | , , , , , , | | | | (a) E | ook va | iue |
| b Buildings 8,878,703. 3,005,577. 5,873,126. c Leasehold improvements 817,836. 170,285. 647,551. d Equipment 469,696. 272,635. 197,061. e Other 140,344. 160,344. | 10 | Land | , | , | ` ' | асрі | | l a | 31 | 681 |
| c Leasehold improvements 817,836. 170,285. 647,551. d Equipment 469,696. 272,635. 197,061. e Other 140,344. 140,344. | | | | | | 3 0 | 05 577 | | | |
| d Equipment 469,696. 272,635. 197,061. e Other 140,344. 140,344. | | | | | | | | | | |
| e Other 140,344. 140,344. | | | | | | | | | | |
| F 600 F60 | | | I | | | | , 0 5 5 6 | | | |
| | | | | · · | | | | | | |

Schedule D (Form 990) 2021

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

| Schedule D (Form 990) 2021 | GATEWAY PR | EPARATORY | ACADEMY | | 20 |
|--------------------------------------|---------------------------------|--------------------|-------------------|--------------------------------|-------|
| Part VII Investments - 0 | Other Securities. | | | | |
| Complete if the orga | anization answered "Ye | s" on Form 990, Pa | art IV, line 11b. | See Form 990, Part X, line 12. | |
| (a) Description of security or cated | OTV (including name of security | (b) Book v | /alue | (c) Method of valuation: Cost | or en |

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |
| Part VIII Investments - Program Related. | | |

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| | | |

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total (Column (h) must equal Form 900, Port V, eq. (P) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. | (a) Description of liability | (b) Book value |
|-------|---|----------------|
| (1) | Federal income taxes | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total | (Column (b) must agual Form 900, Part V. col. (P) line 35.) | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

| Par | Reconciliation of Revenue per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, li | | ue per Return. | |
|-------|---|----------------------------|------------------------|--------------------|
| 1 | | | 1 | 7,491,412. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | 7,471,412. |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | | | |
| C | Recoveries of prior year grants | | | |
| d | Other (Describe in Part XIII.) | 1 4.1 | | |
| e | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 7,491,412. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | · · |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | | | |
| С | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 | .) | 5 | 7,491,412. |
| Par | t XII Reconciliation of Expenses per Audited Financial St | atements With Exper | ses per Returr |) . |
| | Complete if the organization answered "Yes" on Form 990, Part IV, li | ne 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 6,309,036. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | | | |
| е | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 6,309,036. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| b | Other (Describe in Part XIII.) | 4b | | • |
| С | Add lines 4a and 4b | | | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. | 8.) | 5 | 6,309,036. |
| Provi | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | | Part V, line 4; Part X | , line 2; Part XI, |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a | ny additional information. | | |
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SCHEDULE E

(Form 990)

Part I

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

GATEWAY PREPARATORY ACADEMY

 $Employer\ identification\ number \\ 20-8253001$

| | | | YES | NO |
|---|---|----|-------|----------|
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, | | | |
| | bylaws, other governing instrument, or in a resolution of its governing body? | 1 | Х | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, | | | |
| | catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | Х | |
| 3 | Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet | | | |
| | homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the | | | |
| | homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the | | | |
| | registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general | | | |
| | community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II | 3 | | _X_ |
| | THE SCHOOL IS EXCUSED FROM FORMAL COMPLIANCE WITH REV. PROC. | | | |
| | 75-50 AS LONG AS THE SCHOOL'S CHARTER AGREEMENT WITH THE | | | |
| | STATE OF UTAH REMAINS IN EFFECT. | | | |
| | | | | |
| | | | | |
| 4 | Does the organization maintain the following? | | | |
| а | Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a | Х | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 4b | Х | |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing | | | |
| | with student admissions, programs, and scholarships? | 4c | Х | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | Х | |
| | If you answered "No" to any of the above, please explain. If you need more space, use Part II. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 5 | Does the organization discriminate by race in any way with respect to: | | | |
| | Students' rights or privileges? | 5a | | <u> </u> |
| b | Admissions policies? | 5b | | X |
| | Employment of faculty or administrative staff? | 5c | | X |
| | Scholarships or other financial assistance? | 5d | | X |
| е | Educational policies? | 5e | | X |
| | Use of facilities? | 5f | | X |
| | Athletic programs? | 5g | | X |
| h | Other extracurricular activities? | 5h | | X |
| | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Does the organization receive any financial aid or assistance from a governmental agency? | 6a | Х | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 6b | | X |
| | If you answered "Yes" on either line 6a or line 6b, explain on Part II. | | | |
| 7 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through | | | |
| | 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." explain on Part II | 7 | I X I | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule E (Form 990) 2021

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GATEWAY PREPARATORY ACADEMY

Employer identification number 20-8253001

| FORM 990, PART VI, SECTION A, LINE 1A: |
|---|
| BROAD AUTHORITY HAS BEEN GRANTED TO THE EXECUTIVE COMMITTEE TO HANDLE |
| AFFIARS OF THE ORGANIZATION IN BETWEEN THE SCHEDULED BOARD MEETINGS. |
| |
| FORM 990, PART VI, SECTION B, LINE 11B: |
| THE TAX RETURN IS REVIEWED BY THE DIRECTOR BEFORE THE RETURN IS FILED. |
| AFTER THE RETURN HAS BEEN FILED, THE BOARD REVIEWS THE RETURN AT THE NEXT |
| BOARD MEETING. |
| |
| FORM 990, PART VI, SECTION B, LINE 12C: |
| ANNUALLY, THE BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF |
| INTEREST THROUGH AN ANNUAL QUESTIONNAIRE. IF ANY ISSUES ARISE, THE BOARD |
| WILL CONSIDER THE CONFLICT TO SEE IF ANY ACTIONS NEED TO BE TAKEN. |
| |
| FORM 990, PART VI, SECTION B, LINE 15A: |
| THE COMPENSATION FOR THE DIRECTOR IS SET ON A THREE YEAR TERM/CONTRACT |
| BETWEEN HIM AND THE BOARD. THE BUSINESS ADMINISTRATOR PRESENTS TO THE BOARD |
| COMPARABLE WAGES FOR SIMILAR POSITIONS IN THE AREA SO THAT THE BOARD IS |
| INFORMED ON WHAT FAIR PAY IS. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: |
| ALL PUBLIC DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. |
| |
| |
| |