			F4 (O						L	OMB No. 1545-0687
Form 990	-		Exempt	Organizatio। and proxy ta)	n Busine ax under si	SS IF	1COME 1. n 6033(a))	ax Ket			2018
	•	For cale	endar vear 2018 or oth	er tax year beginning					م1900 و.	1	2010
Department of the			▶Go to ₩	www.irs.gov/Form99	90T for instruct	ions ar	nd the latest in	formation.	•	000	ita andira mini ello i roca
Internal Revenu		D D		mbers on this form				ganization	T		(G) Comen Zettons (Child
A address	changed		Name of organization	1 (Check bo	x If name changed	and see	instructions)		D Employer Ide (Employees' tr		
	C)(()3)	Print	CATECHA	Y FOUNDAT:	TON TH	~			(Employees to	304 000 0	
408(e)	220(e)	or		oom or suite no. If a P O 1					73-0	7464	IAN
408A	530(a)	Туре		ST COLLEG		•			E Unrelated bu		
529(a)	300(a)	1,750		province, country, and Z		code			(See instruction		
C Book value of	I all accets		BROKEN I	•			74012		9000	99	}
at end of year		F G	roup exemption nu	umber (See instruc					<u> </u>		
3,	518,938	G C	heck organization	type ▶ X 5	501(c) corpora	tion	501(0) trust	401(a) trus	t	Other trust
				ides or businesses			be the only (o	r first) unre	elated trade or be	usiness	here
► PAS	SS-THROU	IGH I	NVESTMEN'	rs						. If only	y one, complete
		•		blank space at the	•	evious	sentence, co	mplete Par	ts I and II, comp	lete	
				hen complete Parts							
1 During the	tax year, was	the corp	oration a subsidia	ry in an affiliated gr he parent corporat	roup or a parei	nt-subs	sidiary control	led group?	' .	. •	Yes X No
n res, e	nter the name	and iden	thying number of t	ne parent corporat							
J The books	s are in care of	1	EDEE BOA	TMAN				Telen	hone number	91	8-259-3597
Rantill.			e or Business				(A) Inco		(B) Expenses		(C) Net
	eceipts or sale:					1					
	turns and allow			c Balance	•	1c					
2 Cost of	goods sold (Sc	hedule A	A, line 7)			2		100			
•	rofit. Subtract					3		19			
4a Capital	gain net incom	e (attach	Schedule D)			4a					
b Net gain	(loss) (Form 479	7, Part II,	line 17) (attach Form	1 4797)		4b					2,364
•	loss deduction					4c					
			oration (attach statement)	See St	wc T	5		-658			-658
	come (Schedul		- (0 ->	••		6				-	
			e (Schedule E)	Cabadula		7					
		•		rganization (Schedule ganization (Schedule		8 9		-			
			(c)(r), (9), or (17) or ne (Schedule I)	ganization (Schedule	٠,	10					
-	sing income (S	-				11					
			s; attach schedule) <i>.</i>	•• ••	12		92			
	Combine lines			· · · · · · · · · · · · · · · · · · ·		13		1,706	Carron of the Company		1,706
Mark III	Deduction	ns No	t Taken Elsev	vhere (See ins	tructions fo	rlimit	ations on o	deduction	ns.) (Except	for co	ntributions,
				nnected with the	<u>he ûnrelate</u>	<u>d bûs</u>	iness inco	me.)			
		ers, direc	ctors, and trustees			~~~	اب. الرحا			14	
	s and wages			A06 - Ab	R 2 2 202	0 5	Ц		• • • • • • • • • • • • • • • • • • • •	15 16	
16 Repairs17 Bad de	and maintena	nce			•		<i>9</i> ,1			17	
	uis I (atlach sched	 ula) (saa	instructions)	OG	DEN, U		<u> </u>	•• •••	· ···· ·	18	
	and licenses		· ·				· · ·			19	
			ctions for limitation r	ules)						20	
						• • • • • • • • • • • • • • • • • • • •		21	·· ·· · ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
22 Less de	epreciation clai	med on S	Schedule A and el	sewhere on return		• ••	2			22b	0
23 Depleti					• • • • • • • • • • • • • • • • • • • •	• •		 1		23	
24 Contrib	utions to defer	red com	ensation plans		• • •		•• •••			24	
25 Employ	ree benefit prog	grams					. ,, .			25	
26 Excess	exempt exper	ses (Sch	nedule I)			••	,	•		26	
27 Excess	readership co	sts (Sch	edule J)							27	
	leductions (att		dule)							28	
29 Total d	leductions. Ad	id lines 1	4 through 28							29	<u></u>
30 Unrelai	lea business ta	ixable ind	come before net o	perating loss dedu	ction. Subtract	line 29	9 from line 13			30	1,706
31 Deduct	ion for het ope	rating los	ss arising in tax ye	ars beginning on o	r atter Januar	/ 1, 20°	18 (see instru	ctions)	31	31	
			come. Subtract lin					 	7_	32	1,706
DAA For Pa	hai MOLK LAG	uction A	ct Notice, see in	structions.							Form 990-T (2018)

Form	990-T (2018) GATESWAY FOUNDATION, INC. 73-0746440		Page 2
Pa	r性HI Total Unrelated Business Taxable Income		,
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	1,706
34	Amounts paid for disallowed fringes	34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	35	
36	instructions) Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	1,706
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36, if line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	706
Pa	HOW Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	148
40	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) Trusts Taxable at Trust Rates. See instructions for tex computation. Income tax on	# E	
	the amount on the 36 from; [] (ax rate screenile or [] \$chedule D (Form 1041)	40	·····
41	Proxy tax. See instructions	44	
42		42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44		44	148
Pa	Tax and Payments	JANUA I	
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
þ	Other credits (see instructions)		•
C	General business credit. Attach Form 3800 (see instructions)		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		
ø	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	148
47	Other toxes. Form 4255 Form 4611 Form 8697 Form 8888 Other (att. sch.) Total tax. Add lines. 46 and 47 (see instructions)	47	
48	A Action of the contract of th	. 4B	148
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49.	
50a	Payments: A 2017 overpayment credited to 2018 2018 estimated tax payments 50b		
þ	} ************************************		
¢	Tax deposited with Form 8868		
đ	Foreign organizations: Tax paid or withheld at source (see instructions)		
9	Backup withholding (see instructions)		
7	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136		
51	Total payments. Add lines 50a through 50g	41	
52	Estimated tax penalty (see Instructions). Check if Form 2220 is altached	52	140
53) ax due. If the 5 (is less than the total of thes 46, 49, and 52, e) les allount owed	\$3	148
54	Overpayment. If tine 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶ Refunded ▶	歩	
···K	Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreigh country? If "YES," the organization may have to file		Yes No
	FinCEN Form 114. Report of Foreign Bank and Financial Accounts, If "YES," enter the name of the foreign country		
	here >	************	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
P+19	If "YES," see instructions for other forms the organization may have to file,	,	
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		- A 45 M S ASSESSED
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief true, correct, and complete, Declaration of pregarer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Sig	and contest and contests between the first lines into total a large of 22 and metallic in a such the base in an analysis of	May the IRS	S discuss fitis return paper shown below dions)?
He	re ► 1/ CEO		
	Signature of officer Date Title	<u></u>	Yes No
	Print/Type preparer's name Preparer's stoneture Date	Check X X FTIN	ι,
Pai	d SUZANNE M. CAROLLA, CPA. Suranne M. Carolla 4/15/20	self-employed 120	0569339
Pre			-1479528
Use	Only 8905 S Yale Ave Ste 200		
	Firm's address > Tulsa, OK 74137-3553	eno. 918-4	196-1248
			990-T (2018)
		. 311	
	nom k ding A must 21/3		156

Form 990-T (2018) GATES	WAY FOUNDA	TION	, INC.		73-0	746440	Page 3	
Schedule A - Cost of Go	ods Sold. Enter	method	of invent		· ·			
1 Inventory at beginning of ye	ar 1			Inventory at end of y	еаг		6	
2 Purchases	2		7	7 Cost of goods sold				
3 Cost of labor				line 6 from line 5. En				
4a Additional sec 263A costs				ın Part I, line 2		[7	
(attach schedule)	4a		8	B Do the rules of section			Yes No	
b Other costs (attach schedule)	4b			property produced or acquired for resale) apply				
5 Total. Add lines 1 through 4				to the organization?				
Schedule C - Rent Incom		roperty	and Per		ased V	Vith Real Property	')	
(see instructions)							,	
1. Description of property								
n/A								
(2)								
(3)			· · · · · · · · · · · · · · · · · · ·					
(4)						_,		
	2. Rent recelu	utoos to bur	ed			1		
(a) From personal property (if the p	percentage of rent		(b) From real	and personal property (If the		3(a) Deductions dire	ctly connected with the income	
for personal property is more that	en 10% but not	1		nt for personal property exceeds	;	In columns 2(a)	and 2(b) (attach schedule)	
more than 50%)	····		50% or if the re	nt is based on profit or income)				
(1)		ļ						
(2)								
(3)								
(4)		<u> </u>						
Total	 	Total				(b) Total deductions.		
(c) Total income. Add totals of c		. Enter				Enter here and on page		
here and on page 1, Part I, line 6,		<u> </u>	. / !			Part I, line 6, column (B)		
Schedule E – Unrelated I	Dept-Financed	income	(see instru	ictions)	η			
			2. G	iross income from or	:	 Deductions directly condebt-finance 		
1. Description of debi-	financed property		alloc	able to debt-financed	}			
				property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) N/A	····			······································	+			
(2)					+			
(3)					 			
(4)	· · · · · · · · · · · · · · · · · · ·			······································	 			
4. Amount of average	5. Average adjusted	basis		6. Column	1		8. Allocable deductions	
acquisition debt on or allocable to debt-financed	of or allocable to	0		4 divided		Gross income reportable	(column 6 x total of columns	
property (attach schedule)	debt-financed prop (attach schedule			by column 5	1	(column 2 x column 6)	3(a) and 3(b))	
(1)					/6			
(2)					6	***		
(3)					/6			
(4)					%			
			*		-	here and on page 1,	Enter here and on page 1,	
						I, line 7, column (A)	Part I, line 7, column (B).	
Totals				•	1		}	
Total dividends-received dedu						>		

Schedule F – Interest, Annui	ties, Royalti	es, and Rent	s From	Controlle	d Orga	aniza	ions (see instru	ctions)		
				t Controlled							
Name of controlled organization		2. Employer ntification number	3. Net uni			Total of specified payments made		Part of column 4 that is included in the controlling organization's gross income			Deductions directly nected with Income in column 5
(1) N/A										1	
(2)				· - · · · · · · · · · · · · · · · · · ·						1	
(3)											
(4)											
Nonexempt Controlled Organizati	ons										
The state of the s	7			······························		T			1		
7. Taxable Income		tet unrelated income 9. Total of specified s) (see instructions) payments made			inc	• • • • • • • • • • • • • • • • • • • •			nnected	ctions directly with income in umn 10	
(1)											
(2)											
(3)											
(4)						ļ					
						En	ter here ar	ns 5 and 10. nd on page 1, column (A)	E	nter here	nns 6 and 11. and on page 1, 8, column (B)
Totals					>						
Schedule G - Investment in	come of a Se	ection 501(c	(7), (9),	or (17) O	ganiz	ation	(see in	structions))		
					ductions				<u> </u>		otal deductions
1. Description of income		2. Amount of I	лсоте	directly	connected schedule)		` (e	4. Set-asides stlach schedule	,	and set-asides (col. 3 plus col 4)	
(t) N/A				<u> </u>	-		******				
(2)											
(3)				1							
(4)	· · · · · · · · · · · · · · · · · · ·										
Totals	.	Enter here and e Part I, line 9, co									ere and on page 1, ine 9, column (B).
Schedule I - Exploited Exen	npt Activity	ncome. Oth	er Than	Advertisi	na Inc	ome	see ins	structions)			
	/		7	7.2.7.01.00.	1		000 1110				
1 Description of exploited activity	2. Gross unrelated business incom from trade or business	3. Expe direct connecte producti unrela business	lly d with on of ted	4. Net income from unrelated or business (c 2 minus cotun if a gain, con cols 5 through	trade olumn nn 3). ipute	from is no	oss income activity tha t unrelated ass income	t at	. Expenses inbutable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A											·····
(2)										_	
(3)	···										
(4)					 +					_	
19	Enter here and o page 1, Part I, Ilne 10, col (A)	page 1,	Part I,								Enter here and on page 1, Part II, line 26
Totals .	l										
Schedule J - Advertising In	come (see in	structions)									
Rama Income From P	eriodicals R	eported on a	a Conso	olidated B	asis						
1. Name of penodical	2. Gross advertising Income	3. Dir advertisin		4. Advertis gain or (loss) 2 minus col a gain, com cols. 5 throu	(col 3) If pute		Circulation Income	6	. Readership costs	1	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A	t				- 1					電腦	
(2)	† 		····								
(3)	 								·····	一臟	
(4)	<u> </u>								····		
	1							_		端板	ALCHER SET STATE OF THE SET OF TH
Totals (carry to Part II, line (5))											

GATESWAY FOUNDATION, INC. Form 990-T (2018) 73-0746440 Page 5 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 7. Excess readership 4. Advertising 2. Gross gain or (loss) (col costs (column 6 3. Direct 6. Circulation 6. Readership advertising 1. Name of periodical 2 minus col. 3) If minus column 5, bul advertising costs costs Income income a gain, compute not more than cols 5 through 7 column 4). (1) N/A (2) (3) (4) Totals from Part I Enter here and Enter here and on Enter here and on page 1, Part I, on page 1, Part II, line 27. page 1, Pert I, line 11, col. (B). line 11, col (A). Totals, Part II (lines 1-5)
Schedule K - Com

Schedule K - Compensation of Officers, Directors,	, and irustees (see instructions)		
1. Name	2. Tiuo	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		_%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	>		

Form 990-T (2018)

73-0746440

Federal Statements

Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

Name of Partnership or S-Corp		Gross Income	Directions (I		Net Income
PSHIP INVESTMENTS-ORD. GAIN PSHIP INVESTMENTS-NET LOSSES	\$	2,364	\$	\$ 658	2,364 -658
Total	\$	2,364	\$	658 \$	1,706

Form	
990	

Total failure to pay penalty

Interest and Penalty Worksheets

For calendar year 2018, or tax y	ear beginning 0°	7/01/18 , and endi	ng06/	30/19	
					dentification Number
OUNDATION, INC.				73-07	46440
	ate Payments and F	ailure to File Works			
Description	Amount	Balance	No. of Days	Rate	Late Interest
	148			5 00	
			- 40 -	5.00	2
/1-5/15		151			
	-				
				··	
				·	
ate nayments	•				
e penalty					
	Failure to Pav Penal	tv Worksheet			
			No. of		"
Description nalty 11/15-5/15	Amount			;	FTP Penalty
	Description arn 11/15 1/16-12/31 1/1-3/31 1/1-5/15 Description are payments penalty Description	DUNDATION, INC. Interest on Late Payments and F Description Amount 11/15 148 148 14-3/31 14-5/15 Description Attendary And Amount And Amount Amount	DUNDATION, INC. Interest on Late Payments and Failure to File Works Description Amount Balance 148 148 148 149 11-5/15 151 Amount Balance 149 11-5/15 151 Failure to Pay Penalty Worksheet Description Amount Balance	DUNDATION, INC. Interest on Late Payments and Failure to File Worksheet	Taxpayer to Taxpayer to