Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



A	or th	e 2019 calendar year, or tax year beginning and	ending	_				
Ba	Check if applicab	e: C Name of organization		D Employer identific	cation number			
	Addre	IRON GATE, INC.						
	Name	Pe Doing business as						
	Initial return		Room/suite	E Telephone number				
	Final			918-879-1				
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,861,848.			
	Amen	1015A, OK /4105		H(a) Is this a group re				
	Applion tion pendi	F Name and address of principal officer: DITAILE BACINDERD		for subordinates				
	-	SAME AS C ABOVE		H(b) Are all subordinates in				
		empt status: $X 501(c)(3) 501(c) () \neq (insert no.) 4947(a)(1) ()$	or 527		list. (see instructions)			
-				H(c) Group exemption				
		f organization: X Corporation Trust Association Other ►	L Year		State of legal domicile: OK			
Г	art I	Briefly describe the organization's mission or most significant activities: FEED		F HINCOV AN				
Governance	1	OF TULSA EVERYDAY.	ING IN	E HUNGKI AN	D HOMEDESS			
rna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.			
ove	3				12			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		12				
es 2	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			17			
viti	6	Total number of volunteers (estimate if necessary)	6	1691				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.			
				Prior Year	Current Year			
e	8	Contributions and grants (Part VIII, line 1h)		3,221,666.	2,728,677.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		60,633.	71,523.			
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,442.	21,716.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,288,741.	2,821,916.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		661,525.	785,794.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		001,525.	0.			
en:		Professional fundraising fees (Part IX, column (A), line 11e)	24	0.	0.			
Ä		Total fundraising expenses (Part IX, column (D), line 25) 87,6		293,745.	355,534.			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		955,270.	1,141,328.			
	18 19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,333,471.	1,680,588.			
es		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		8,532,672.	10,223,987.			
Ass I Bal	21	Total liabilities (Part X, line 26)		0.	0.			
Net -unc	22	Net assets or fund balances. Subtract line 21 from line 20		8,532,672.	10,223,987.			
		Signature Block		, , –				

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, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer SHANE SAUNDERS, PRESID Type or print name and title	ENT		Date	_					
Paid	Print/Type preparer's name CHARLOTTE HENRY, CPA	Preparer's signature CHARLOTTE HENRY,	Date CPA11/19	/20						
Preparer		LL, P.C.		Firm's EIN 73-1293433	_					
Use Only	Firm's address 1350 S. BOULDER	AVE. STE 800			_					
	TULSA, OK 74119			Phone no. 918 - 628 - 0500						
May the IF	Aay the IRS discuss this return with the preparer shown above? (see instructions)									
932001 01-2	big 101-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)									

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Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	IRON GATE'S MISSION IS SIMPLE. WE FEED THE HUNGRY OF TULSAEVERY DAY.
	WE FEED PEOPLE IN THREE WAYS, THROUGH OUR SOUP KITCHEN, GROCERY PANTRY
	AND KIDS PANTRY.
	AND KIDS PANIKI.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	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. (Code:) (Expenses \$649,073. including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$649,073. including grants of \$) (Revenue \$)
	COMMUNITY MEALS
	THE DAILY SOUP KITCHEN SERVES A NUTRITIOUS, HOME-COOKED MEAL EVERY DAY
	OF THE YEAR FROM 8:30 AM TO 10:30 AM.
4b	(Code:) (Expenses \$ 268,902. including grants of \$) (Revenue \$)
	GROCERY PANTRY
	OUR GROCERY PANTRY IS OPEN ON WEDNESDAY AND FRIDAY FROM 12:00 P.M 1
	P.M. AND SATURDAYS FROM 11 A.M 12:00 P.M. THE GROCERY PANTRY
	PROVIDES A SELF-SERVE GROCERY BAG OF BASICS AND FRESH PRODUCE WITH NO
	REQUIRED DOCUMENTATION. GUESTS CAN GET GROCERY ASSISTANCE FROM OUR
	PANTRY ONCE A MONTH.
	PANIRI ONCE A MONTH.
	IN 2019, IRON GATE PROVIDED 10,140 HOUSEHOLDS WITH GROCERIES,
	BENEFITING 26,395 PEOPLE. WE DISTRIBUTED MORE THAN 500 BAGS OF
	GROCERIES A WEEK.
4c	(Code:) (Expenses \$ 9,272. including grants of \$) (Revenue \$)
	KIDS PANTRY
	THE KIDS PANTRY DISTRIBUTES A ZIPLOC BAG OF KID-FRIENDLY, HEALTHY
	SNACKS TO EVERY YOUTH SERVED BY IRON GATE, EITHER THROUGH THE GROCERY
	PANTRY OR SOUP KITCHEN.
	PANIRI OR SOUP RIICHEN.
<u> </u>	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 927,247.
	Form 990 (2014)

Form	990	(201)	(9)

Form 990 (2019) IRON GATE, INC. 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?	2	X	
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		x
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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? If "Yes," complete			
	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e		11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
h	Schedule D, Parts XI and XII	12a		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-10		<u> </u>
5	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		х
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	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	Х	
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		X
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			X

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 Form 990 (2019)
 IRON GATE, INC.

 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		<u> </u>
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			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	051		x
00	Schedule L, Part I	25b		
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%	26		x
97	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	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			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O ttv Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rd				
	Check if Schedule O contains a response or note to any line in this Part V			
4	Enter the number reported in Day 2 of Form 1006. Enter 0, if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b			
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	
				<u> </u>

Form 990 (2019) IRON GATE, INC. 20-3164551 Pag							
Par	t 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 2a 17						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			37			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a					
D	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).						
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	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).						
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			
b	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			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>			
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•					
0	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a					
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:	55					
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	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 11a						
	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 12b						
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 13c						
		14a		X			
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a 14b		<u> </u>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	עדי					
	excess parachute payment(s) during the year?	15		x			
	If "Yes," see instructions and file Form 4720, Schedule N.						
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.						

Form **990** (2019)

					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	2						
	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	Enter the number of voting members included on line 1a, above, who are independent	1b	1	2						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	· · · · ·		-						
2				2		x				
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision									
3				3		x				
4	of officers, directors, trustees, or key employees to a management company or other person?			4		X				
4	Did the organization make any significant changes to its governing documents since the prior Form			5		X				
5	Did the organization become aware during the year of a significant diversion of the organization's as			6		X				
6 7-	Did the organization have members or stockholders?			0						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					x				
	more members of the governing body?			7a						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					v				
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				v					
а	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	ie Code.)							
					Yes	No				
	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy bef	ore filing the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "									
	in Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13		X				
14	Did the organization have a written document retention and destruction policy?			14		X				
15	Did the process for determining compensation of the following persons include a review and approv		ndependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?								
а	The organization's CEO, Executive Director, or top management official			15a	X					
b	Other officers or key employees of the organization			15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizati	on's							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright OK									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	0-T (Section 501(c)	3)s onl	y) avai	lable				
	for public inspection. Indicate how you made these available. Check all that apply									
	X Own website Another's website X Upon request Other (explain	n on S	chedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict	of interest policy, a	nd fina	ncial					
	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 be	ooks a	nd records 🕨							
	CARRIE VESELY HENDERSON - 918-359-9017		·							
	501 W ARCHER ST, TULSA, OK 74103									

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Х

IRON GATE, INC.

Section A. Governing Body and Management

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

Form 990 (2019)

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.

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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position		Reportable	Reportable	Estimated				
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC)	from the
	related	istee	truste		e	pen s		(W-2/1099-MISC)		organization
	organizations below	Jal tru	onal		ploye	ee com				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MINDY MORRISON TAYLOR	6.00	<u> </u>	-	ò	1×	тə	R.			
BOARD CHAIR & PRESIDENT		x		x				0.	0.	0.
(2) SHANE SAUNDERS	4.00									
VICE-CHAIR		x		X				0.	0.	0.
(3) ROBERT CURFMAN	3.00									
TREASURER		Х		Х				0.	0.	0.
(4) PAIGE N. SHELTON	5.00									
SECRETARY		X		X				0.	0.	0.
(5) JOE WILBURN, JR.	3.00									0
DEVELOPMENT	0.00	X		X				0.	0.	0.
(6) MARY ANN HILLE	0.00	.,								0
BOARD MEMBER	0.00	X						0.	0.	0.
(7) MICHAEL MOORE	0.00	.,,								0
BOARD MEMBER	0.00	X						0.	0.	0.
(8) JOHN C. POWERS	0.00							0.	0.	0.
BOARD MEMBER	0.00	X						0.	0.	0.
(9) JOSH ROBY BOARD MEMBER	0.00	x						0.	0.	0.
(10) TOM MAXWELL	0.00	^						0.	0.	0.
BOARD MEMBER	0.00	x						0.	0.	0.
(11) LINDSEY BRISTOW	0.00							0.		0 •
BOARD MEMBER	0.00	x						0.	0.	0.
(12) SUSAN BUCK	0.00									
BOARD MEMBER		x						0.	0.	0.
(13) CARRIE VESELY HENDERSON	45.00									
EXECUTIVE DIRECTOR				x				94,716.	0.	0.
								,		
		1								
										- 000 (22.12)

Form 990 (2019)	IRON GAT	E, INC.								20-31	645	551	Pa	ge 8
Part VII Section A. Officer	s, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghes	t C	Compensated Employe	es (continued)				
(A) Name and title	Name and title Average hours per				erage Position (do not check more th box, unless person is				(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo	(F) mateo ount o ther	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISo		orgar	m the nizatic relate	on d	
									94,716.		0.			0.
c Total from continuation d Total (add lines 1b and									0.94,716.		0. 0.			0.
2 Total number of individua compensation from the o	als (including but n								-	,000 of reportable))			0
3 Did the organization list a	•			key e	empl	loye	e, or	hiç	ghest compensated emp	oloyee on)	/es	No
 line 1a? If "Yes," complet For any individual listed or and related organizations 	on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	ot				3		x x
5 Did any person listed on rendered to the organization	line 1a receive or a	accrue compe	nsat	ion f	rom	any	unre	lat	ted organization or indiv	dual for services		5		x
Section B. Independent Com Complete this table for year		magazatad in	done	ndo	nt o	onti	acto	~ 1	that received more than	\$100,000 of com		tion fro		
the organization. Report											561152	(C)		
Na FLINTCO	ame and business	address							Description of s	ervices	Co	ompens		
1624 W 21ST ST,	TULSA, OI	<u>x 74107</u>							CONSTRUCTION		3 ,	,754	,98	33.
2 Total number of independ \$100 000 of compensation		-	iot lii	mite	d to		se lis [.] 1	tec	d above) who received n	nore than				

Pa	rt VI	III Statement of Re	evenue					
		Check if Schedule O o	contains a response	or note to any lir		(B)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	c c f	Membership dues Fundraising events Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	1b 1c 1d ributions) grants, and 1 above 1 f 2, 1 lines 1a-1f 1g \$	Business Code	2,728,677.			
	<u> </u>	Total. Add lines 2a-2f						
	3 4 5	Investment income (includ other similar amounts) Income from investment o Royalties	of tax-exempt bond p	proceeds	69,614.			69,614.
	6 a k	 Less: rental expenses Rental income or (loss) 	(i) Real 6a 6b 6c	(ii) Personal				
		 d Net rental income or (loss) a Gross amount from sales of assets other than inventory 	(i) Securities 7a 1,909.	(ii) Other				
Revenue			7b 0. 7с 1,909.					
	c	d Net gain or (loss)		►	1,909.			1,909.
Other		a Gross income from fundraisir including \$ 301 contributions reported on Part IV, line 18 Less: direct expenses	_ , 695 . of line 1c). See 8a	61,648. 39,932.				
		Net income or (loss) from		•	21,716.			21,716.
		a Gross income from gamin Part IV, line 19 Less: direct expenses						
		Net income or (loss) from		└ ►				
	10 a	a Gross sales of inventory, I and allowances	less returns 10 a					
		Less: cost of goods soldNet income or (loss) from a						
sr			sales of inventory	Business Code				
Jeor	11 a							
Miscellaneous Revenue								
lisc. Re		d All other revenue						
2		e Total. Add lines 11a-11d		►				
	12	Total revenue. See instructio	ons		2,821,916.	0.	0.	93,239.

IRON GATE, INC.

Form 990 (2019)

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Page **9**

IRON GATE, INC.

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).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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	94,716.	57,777.	14,207.	22,732
6	Compensation not included above to disqualified	54,710.	57,777	11,2070	22,752
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	532,024.	420,937.	61,130.	49,957
8	Pension plan accruals and contributions (include		- ,	,	- ,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	111,802.	88,458.	12,846.	10,498
10	Payroll taxes	47,252.	37,386.	5,429.	10,498 4,437
11	Fees for services (nonemployees):				
а					
b	Legal				
	Accounting	10,985.		10,985.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		11 000	11 000		
	column (A) amount, list line 11g expenses on Sch 0.)	11,892.	11,892.		
12	Advertising and promotion		10.200	10.20	
13	Office expenses	24,724.	12,362.	12,362.	
14	Information technology				
15	Royalties	31,447.	31,447.		
16 17		10,023.	10,023.		
17		10,023.	10,023.		
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	40,054.	36,045.	4,009.	
23	Insurance				
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)				
	amount, list line 24e expenses on Schedule 0.)				
а	FOOD SERVICES	138,382.	138,382.		
b	OTHER OPERATING EXPENSE	52,291.	52,291.		
с	SERVING SUPPLIES	20,058.	20,058.		
d	STAFF DEVELOPMENT	7,494.	7,494.		
е	· · · · · · · · · · · · · · · · · · ·	8,184.	2,695.	5,489.	07 (01
25	Total functional expenses. Add lines 1 through 24e	1,141,328.	927,247.	126,457.	87,624
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2019

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IRON GATE, INC.	IRON	GATE,	INC
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		Check if Schedule O contains a response or not	e to any	line in this Part X			
			-		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			475,263.	1	658,960.
	2	Savings and temporary cash investments			4,597,649.	2	3,443,217.
	3	Pledges and grants receivable, net	1,967,826.	3	517,826.		
	4	Accounts receivable, net	1,417.	4	1,740.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
A	9					9	800.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>5,590,177.</u> 60,788.			
	b	Less: accumulated depreciation	10b	60,788.	1,232,673.	10c	5,529,389. 7,504.
	11	Investments - publicly traded securities	206,437.	11	7,504.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		51,407.	15	64,551. 10,223,987.	
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	8,532,672.	16	10,223,987.
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV c	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst					
iab.		controlled entity or family member of any of thes		F		22	
-	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D			0	25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
ş		Organizations that follow FASB ASC 958, che	ck here				
nce		and complete lines 27, 28, 32, and 33.			602 214		2 706 407
ala	27				693,314. 7,839,358.	27	2,796,497. 7,427,490.
dВ	28	Net assets with donor restrictions			1,039,330.	28	1,421,490.
Fun		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🛄			
or		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
et∤	31	Retained earnings, endowment, accumulated in		F	8,532,672.	31	10,223,987.
Ż	32	Total net assets or fund balances			8,532,672.	32	10,223,987.
	33	Total liabilities and net assets/fund balances			0,334,014.	33	10,443,307.

Form **990** (2019)

	1 990 (2019) IRON GATE, INC.	20-33	L64551	Paç	ge 12
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	2,82		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,14		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,68		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,53		
5	Net unrealized gains (losses) on investments	5	1	0,7	27.
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	10,22	3,9	87.
Ра	rt 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 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat				
	consolidated basis, or both:				
	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 th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2019)

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	F7)
	330	U	330-	/

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
2019
Open to Public Inspection

L

Nam	Name of the organization Employer identification nur												
			GATE, INC						0-3164551				
Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instruction	S.					
The o	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	check only	one box.)							
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(*	I)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)							
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).						
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d 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 co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in				
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	Х	An organization that norma	Illy receives a substa	ntial part of its support f	from a gov	ernmental	unit or from t	he general	public described in				
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or				
		university:											
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from				
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).						
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	e purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in				
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.					
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s),	typically by	' giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting				
		organization. You must c	complete Part IV, Se	ections A and B.									
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving				
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	Ily integrat	ed with,				
		its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organ	zation(s)				
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness				
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.						
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III					
		functionally integrated, or											
f		er the number of supported of											
g		vide the following information			(iv) is the orga	nization listed	(.) Arresute						
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10		nization listed ng document?	(v) Amount o support (see ir		(vi) Amount of other support (see instructions)				
				above (see instructions))	Yes	No							
Tota	1												

Schedule A (Form 990 or 990-EZ) 2019 IRON GATE, INC.

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

See	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	4,961,022.	2,033,705.	1,483,313.	3,221,666.	2,728,677.	14,428,383.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	4,961,022.	2,033,705.	1,483,313.	3,221,666.	2,728,677.	14,428,383.				
	The portion of total contributions	, ,	, ,	, ,	, ,	, ,	, ,				
Ŭ	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,										
							2 820 600				
•	column (f)						2,830,609.				
	Public support. Subtract line 5 from line 4.						11,597,774.				
	ction B. Total Support			() = =							
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
7	Amounts from line 4	4,961,022.	2,033,705.	1,483,313.	3,221,666.	2,728,677.	14,428,383.				
8	,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources \dots	3,286.	5,992.	24,891.	60,633.	69,614.	164,416.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10						14,592,799.				
	Gross receipts from related activities,	etc. (see instructio	ons)			12	<u> </u>				
	First five years. If the Form 990 is for		,								
	organization, check this box and stop				2						
Sec	ction C. Computation of Publ		centage								
	Public support percentage for 2019 (I		-	olumn (f))		14	79.48 %				
	Public support percentage from 2018					15	77.16 %				
	33 1/3% support test - 2019. If the c						,-				
100	stop here. The organization qualifies	•									
h	33 1/3% support test - 2018. If the c										
	and stop here. The organization qual										
47.											
1/8	10% -facts-and-circumstances test										
	and if the organization meets the "fac		-		•	•					
	meets the "facts-and-circumstances"										
b	10% -facts-and-circumstances tes	-									
	more, and if the organization meets th										
	organization meets the "facts-and-circ										
18	8 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 or 990-EZ) 2019

Part III Support Schedule for Organizations Described in Section 509(a)(2)

20-3164551 Page 3

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

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)	2019	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-								
	iness under section 513								
1	Tax revenues levied for the organ-								
-	ization's benefit and either paid to								
-	· · · · · · · · · · · · · · · · · · ·								
5	The value of services or facilities								
	furnished by a governmental unit to								
_	the organization without charge								_
	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								_
t	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.)								
	ction B. Total Support		•						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)	2019	(f) Total	
9	Amounts from line 6								
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
k	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 in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital								
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)				1				-
	First five years. If the Form 990 is for	the organization'	l Is first second this	l d fourth or fifth t	I social	1 = 501(c)	(3) organiz	ation	
17		-			-			ation,	1
Sa	check this box and stop here						<u></u>		_
	•					45			
	Public support percentage for 2019 (lin					15			%
	Public support percentage from 2018					16			%
	ction D. Computation of Inves					<u> </u>			
	Investment income percentage for 20			ine 13, column (f))		17			%
	Investment income percentage from 2					18			%
19a	a 33 1/3% support tests - 2019. If the o						, and line 1	7 is not	7
	more than 33 1/3%, check this box an							▶∟	
k	33 1/3% support tests - 2018. If the o								7
	line 18 is not more than 33 1/3%, chee	ck this box and s t	top here. The orga	nization qualifies a	as a publicly supp	orted org	anization	▶∟_]
20	Private foundation. If the organization	<u>ı did not check a</u>	u box on line 14, 19	a, or 19b, check t	his box and see in	struction	<u>s</u>	▶∟]

Schedule A (Form 990 or 990-EZ) 2019

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **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
1		
2		
20		
3a		
3b		
•		
3c		
4a		
4b		
4c		
5a		
5b 5c		
50		
6		
6		
7		
0		
8		
9a		
0		
9b		
9c		
10a		
10b		

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		165	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ĺ		
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	stion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ĺ		
	controlled the organization's activities. If the organization had more than one supported organization,	ĺ		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ĺ		
	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	ĺ		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	l		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	·		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ĺ		
	or management of the supporting organization was vested in the same persons that controlled or managed	ĺ		
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ĺ		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ĺ		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ĺ		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	ĺ		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	ĺ		
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	l		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	l		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ĺ		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	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.	3b		

Section A - Adjusted Net Income

Add lines 1 through 3.

Net short-term capital gain

Depreciation and depletion

Recoveries of prior-year distributions

Other gross income (see instructions)

1

1

2

3

4

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	tion 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):			
а	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 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

(B) Current Year

(optional)

(A) Prior Year

1

2 3

4

5

Schedule A (Form 990 or 990-EZ) 2019 IRON GATE, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	IS		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

2	0 –	31	6	45	55	1	
2	U	27	. 0	- ~	, ,	÷.,	

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

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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

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

Name of organization

Employer identification number

IRON GATE, INC.

20-3164551

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c) (d)			
No.	Name, address, and ZIP + 4	Total contributions Type of contribution			
1		\$ 61,650. \$ 61,650. Person Payroll Payroll Oncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
2		\$ 80,000. \$ 80,000. Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
3		\$ 75,000. \$ 75,000. Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
4		\$ 120,363. \$ 120,363. Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
5		\$ 400,000. \$ Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
		Section 2011 Inductions Section 2011 Induction Section 2011 Inductin Section 2011 Induction			

Schedule B (Form 990, 990-EZ, or 990-PF) (2019	9)
--	----

Name of organization

Employer identification number

IRON GATE, INC.

-

20-3164551

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) Description of noncash property given from Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

Name of o	rganization	Employer identification number	
IRON (GATE, INC.		20-3164551
Part III		a) through (e) and the following line charitable, etc., contributions of \$1,000	in section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	gift
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		gift	
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(ạ) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
-	Transferee's name, address, a	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		e) Transfer of g	
-	Transferee's name, address, a	und ZIP + 4	Relationship of transferor to transferee

SCHEDULE D)
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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.



Nam	e of the organization IRON GATE, INC.	20-3164551
Pa		
	organization answered "Yes" on Form 990, Part IV, line 6.	
		(b) Funds and other accounts
4		
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 writing that the assets held in donor advised fur	
~	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
Pa	impermissible private benefit? rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	
		, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		orically important land area
		ified historic structure
~	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	
_	day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
~	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	nization during the tax
4	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	Yes No
6	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservat	ion easements during the year
7	Amount of evenences incurred in manitoring, increating, handling of violations, and enforcing concernation a	accoments during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
0	► \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements t	hat describes the
Pa	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
I U	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
10	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	lance sheet works
Ia		
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	
h	service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	a aboat works of
U		
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	Le of public service,
	provide the following amounts relating to these items:	► ¢
	(i) Revenue included on Form 990, Part VIII, line 1	
~	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	, provide
-	the following amounts required to be reported under FASB ASC 958 relating to these items:	•
a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990. Part X	🕨 \$

Schedule D	Eorm 000	1 2010
Schedule D	FOUL 990	2019

Sche		TE, INC.				3164551 _{Page}	e 2
Pa	rt III Organizations Maintaining C	collections of Ar	rt, Historical Tr	easures, or Oth	er Similar As	sets(continued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check any of the	following that make	significant use of	its	
_	collection items (check all that apply):						
a		d		hange program			
b	Scholarly research	e	Other				
c	Preservation for future generations						
4	Provide a description of the organization's co	-	-	-		Part XIII.	
5	During the year, did the organization solicit o					—.	_
De	to be sold to raise funds rather than to be ma						No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes" o	n Form 990, Part	IV, line 9, or	
10	Is the organization an agent, trustee, custodi		lian, for contribution	e or othor accote no	t included		
Id						Yes N	No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						10
b		and complete the fo	nowing table.			Amount	
~	Beginning balance				1c	Amount	
	Additions during the year						
	Distributions during the year						
f	Ending balance						
	Did the organization include an amount on Fe					Yes	No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •		
	rt V Endowment Funds. Complete it						
		(a) Current year	(b) Prior year	(c) Two years back		ick (e) Four years bad	ck
1a	Beginning of year balance	51,407.	55,800.				37.
	Contributions		-				
	Net investment earnings, gains, and losses	13,144.	-4,393.	6,880.	1,02	211,00	.8
	Grants or scholarships		-				
	Other expenditures for facilities						
	and programs					150,58	30.
f	Administrative expenses						
g	End of year balance	64,551.	51,407.	55,800.	48,92	20. 47,89	9.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:			
а	Board designated or quasi-endowment	100.00	%				
	Permanent endowment	%	_				
с	Term endowment	%					
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.					
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organization		
	by:						lo
	(i) Unrelated organizations					3a(i) X	
	(ii) Related organizations					3a(ii) 2	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Schedule R?			3b	
	Describe in Part XIII the intended uses of the		wment funds.				
Pa	rt VI Land, Buildings, and Equipm	ient.					
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a. S	ee Form 990, Part >	K, line 10.		
	Description of property	(a) Cost or of basis (investn		. ,	Accumulated epreciation	(d) Book value	
1a	Land					_	
b	Buildings			0,703.		5,520,703	
с	Leasehold improvements		6	9,474.	60,788.	8,686	5.
d	Equipment						
	Other						_
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)	▶	5,529,389	۶.

Schedule D (Form 990) 2019

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-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.			
	an Faire 000 Dart IV line	11. Cas Farm 000 Dart V line 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	1-of-vear market value
		(c) Method of Valdation. Cost of end	-or-year market value
<u>(1)</u>			
(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" o		11d. See Form 990, Part X, line 15.	
	Description	11d. See Form 990, Part X, line 15.	(b) Book value
		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8)	Description		(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (b) Previoting of lick life	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2)	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3)	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	2 15.) 2 15.) 2 n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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...

20-31	.64551	Page 4

010	TRON	GATE,	INC
019	TROM	GAID,	TINC

Sche	dule D (Form 990) 2019 IRON GATE, INC.		20-3164551 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Reve	nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	•	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total expenses and losses per audited financial statements		1
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.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.,		
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; 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 any additional information.

PART V, LINE 4:

THESE (CONSIST	OF	THE	ORGANIZATION'S	PORTION	OF	THE	TULSA	COMMUNITY
---------	---------	----	-----	----------------	---------	----	-----	-------	-----------

FOUNDATION FUNDS WHICH ARE INVESTED IN VARIOUS MUTUAL FUNDS HELD FOR

OPERATING.

SCHEDULE G	Suppleme	ntal Informatio	n Regarding	Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)						Part IV, line 17, 18, o rm 990-EZ, line 6a.		or if the	2019
Department of the Treasury Internal Revenue Service		•	ch to Form 990						Open to Public Inspection
Name of the organization		to www.irs.gov/Fo	orm990 for instr	uction	is and	the latest informat		Employer ide	entification number
Name of the organization		TE, INC.						20-3164	
	ing Activities complete this par		anization answe	ered "Y	es" o	n Form 990, Part IV,	line 17	7. Form 990-E	Z filers are not
c Phone solicit d In-person so 2 a Did the organizatio	ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	or oral agreement wi art VII) or entity in co viduals or entities (fu	e Solicita f Solicita g Special th any individual ponnection with p	tion of tion of fundra l (inclue	non-g gover aising ding o sional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees,	Ye:	
(i) Name and address or entity (func		(ii) Acti	vity	(iii) fundi have c or cor contrib	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
Total									
3 List all states in whi or licensing.	ch the organizatio	n is registered or lic	ensed to solicit	contrik	outions	s or has been notified	d it is	exempt from	registration

Schedule G (Form 990 or 990-EZ) 2019 IRON GATE, INC.

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

		of fundraising event contributions and gr				9: + - ,
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FOUNDERS	COOKING FOR		(add col. (a) through
			DINNER	A CAUSE		col. (c)
ē			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	108,764.	207,334.	47,245.	363,343
	2	Less: Contributions	103,589.	181,914.	16,192.	301,695
	3	Gross income (line 1 minus line 2)	5,175.	25,420.	31,053.	61,648
	4	Cash prizes				
	5	Noncash prizes				
senses	6	Rent/facility costs				
Uirect Expenses	7					
	8	Entertainment				
	9	Other direct expenses		8,026.	23,374.	39,932
		Direct expense summary. Add lines 4 throug	.,		►	39,932
_		Net income summary. Subtract line 10 from I	· · · · · · ·			21,716
aر	rt I	 5 • • • • • • • • • • • • • • • • • • •	answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.	1			
Hevenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
-	1	Gross revenue				
اري	2	Cash prizes				
D						
Expense		Noncash prizes				
Ulrect Expense						
Ulrect Expense	3 4	Noncash prizes				
Unrect Expense	3 4	Noncash prizes		Yes%	Yes %	
	3 4 5	Noncash prizes		└── Yes% └── No	Yes% No	
	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses	└── Yes% └── No		No No	
	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	h 5 in column (d)	No No	No No	
	3 4 5 6 7	Noncash prizes	h 5 in column (d)	No No	No No	
9	3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	h 5 in column (d)	No No	No	Yes N
9 a	3 4 5 6 7 8 Ent	Noncash prizes	Yes % No % 1 Yes % 1 No % 2 from line 1, column (d)	No No states?	No	Yes No
a b	3 4 5 6 7 8 Ent Is t If "	Noncash prizes	h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	states?	▶ No	
a b Da	3 4 5 6 7 8 Ent Is t If " 	Noncash prizes	Yes % No No f 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these evoked, suspended, or t	states?	▶ No	
a b	3 4 5 6 7 8 Ent Is t If " 	Noncash prizes	Yes % No No f 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these evoked, suspended, or t	states?	▶ No	
a b a	3 4 5 6 7 8 Ent Is t If " 	Noncash prizes	Yes % No No f 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these evoked, suspended, or t	states?	▶ No	

Sch	edule G (Form 990 or 990-EZ) 2019 IRON GATE, INC. 20-3	3164	<u>551</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_		
	to administer charitable gaming?	ı 🗌 ۱	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
1 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	י 🗆 ו	Yes	🗌 No
Ł	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
	of gaming revenue retained by the third party \triangleright \$			
	c) If "Yes," enter name and address of the third party:			
-				
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	┌┐,		┌┐
	retain the state gaming license?	L L I	Yes	└── No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year s			<u> </u>
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lin	ies 9,	96, 106,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Part IV	Supplemental Information (continued)

SCHEDULE O

(Form 990 or 990-EZ) Complete to p Department of the Treasury Form 99

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

IRON GATE, INC.

Inspection Employer identification number 20-3164551

OMB No 1545-0047

Open to Public

g

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE CALL THOSE WHO EAT AT IRON GATE OUR "GUESTS" BECAUSE WE INVITE THEM

TO EAT WITH US. OUR PHILOSOPHY IS WE ARE ALL GUESTS ON THIS EARTH AND

GUESTS TREAT ONE ANOTHER WITH COURTESY, KINDNESS AND RESPECT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PROCEDURE FOR REVIEW OF THE 990 IS DISTRIBUTION OF THE FORM 990 BY

EMAIL TO THE BOARD MEMBERS, AND THEN A DISCUSSION LEAD BY THE TREASURER AT

THE FOLLOWING BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, EACH BOARD MEMBER COMPLETES AND SIGNS A QUESTIONNAIRE REGARDING CONFLICT OF INTEREST ISSUES. ONLY INDEPENDENT INDIVIDUALS ARE ALLOWED TO BECOME MEMBERS OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS MEETS YEARLY, ALONG WITH A FEW MEMBERS OF THE ADVISORY COMMITTEE, TO REVIEW THE PERFORMANCE OF THE EXECUTIVE DIRECTOR. THIS GROUP LOOKS AT GOALS MET, OVERALL PERFORMANCE OF THE ORGANIZATION WITH REGARD TO MISSION, GENERAL MANAGEMENT AND FUND RAISING. THE GROUP MAKES A DECISION ON SALARY/ RAISE FOR THE NEXT YEAR BASED ON COST OF LIVING PERFORMANCE, AS WELL AS THE SALARY SURVEY DONE BY THE OKLAHOMA CENTER FOR NON PROFITS EACH YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

 COPIES
 OF
 SAID
 DOCUMENTS
 ARE
 AVAILABLE
 FOR
 PUBLIC
 INSPECTION
 ON
 IRON
 GATE'S

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

Name of the organ	990 or 990-EZ) (20 ization TRON	GATE, I	INC.				Page Employer identification number 20-3164551
							20 3104331
WEBSITE, (GUIDESTAR,	OR AV	AILABLE	UPON	REQUES	Γ.	

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service ► File a separate application for each return.

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

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.

Туре о	Name of exempt organization or other filer, see instru	Taxpaye	Taxpayer identification number (TIN) $20 - 3164551$						
print	IRON GATE, INC.								
File by th due date filing you return. Se	the te for Number, street, and room or suite no. If a P.O. box, see instructions. our 501 W ARCHER ST								
instructio									
Enter the Return Code for the return that this application is for (file a separate application for each return)									
Applic	ation	Return	Application		Return				
ls For		Code	Is For	Code					
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)	07					
Form 990-BL			Form 1041-A	08					
Form 4720 (individual)			Form 4720 (other than individual)	09					
Form 9	90-PF	04	Form 5227	10					
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11					
Form 9	90-T (trust other than above) CARRIE VESELY	06	Form 8870	12					
 The books are in the care of ▶ 501 W ARCHER ST - TULSA, OK 74103 Telephone No. ▶ 918-359-9017 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 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 box If this 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. I request an automatic 6-month extension of time until									
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.						0.			
	f this application is for Forms 990-PF, 990-T, 4720, or 6069			0					
_	estimated tax payments made. Include any prior year over	<u>3b</u>	\$	0.					
	Balance due. Subtract line 3b from line 3a. Include your pa		¢	0.					
	Ising EFTPS (Electronic Federal Tax Payment System). Se If you are going to make an electronic funds withdrawa tions.			3c 3453-EO a	। ⊅ nd Form 88	÷ -			

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