** 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.

OMB No. 1545-0047

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

Open to Public

Department of the Treasury

A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change NARROW GATE FOUNDATION Name change 20-1748295 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated PO BOX 267 931-583-0633 3,478,191. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 38454 DUCK RIVER, TN H(a) Is this a group return Applica-tion pending F Name and address of principal officer: WILLIAM SPENCER for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.NARROWGATE.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > L Year of formation: 2004 M State of legal domicile: TN Trust Part I Summary Briefly describe the organization's mission or most significant activities: A CHRISTIAN EXPERIENCE FOR YOUNG **Activities & Governance** MEN FROM DISTRACTIONS OF LIFE, TO DISCOVER THEIR PURPOSE IN LIFE. if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 3 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 49 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 2,259,598. 2,293,808. Contributions and grants (Part VIII, line 1h) 8 32,528. 32,878. Program service revenue (Part VIII, line 2g) 3,490. 537. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 550,865. 643,265. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,843,528. 2,973,441. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 15,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,451,340. 1,636,195. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,074,267. 1,128,816. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,525,607. 2,780,011. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 317,921. 193,430. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,531,420. 1,833,553. 20 Total assets (Part X, line 16) 242,037. 350,740. 21 Total liabilities (Part X, line 26) 三年 289,383. 482,813 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | 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. Signature of officer Date Sign DON WHITE, BOARD TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/14/22 self-employed P00320901 KEN YOUNGSTEAD KEN YOUNGSTEAD Paid Firm's name KRAFTCPAS PLLC Firm's EIN \triangleright 62-0713250 Preparer Firm's address ▶ 555 GREAT CIRCLE ROAD Use Only Phone no. 615-242-7351 NASHVILLE, TN 37228

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

rai	Clatement of Frogram 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:
	TO PROVIDE A CHRISTIAN DISCIPLESHIP EXPERIENCE FOR YOUNG MEN AGES
	18-25 DESIRING TO TAKE A PAUSE FROM THE DISTRACTIONS OF LIFE TO
	DISCOVER WHO THEY ARE AND WHAT THEIR PURPOSE IS HERE ON EARTH. THIS
	EXPERIENCE INCLUDES LIVING IN A WILDERNESS ENVIRONMENT, PARTICIPATING
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	3, 3 3
_	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
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,184,457. including grants of \$ 15,000.) (Revenue \$ 673,476.)
4a	(Code:) (Expenses \$2, 184, 457. including grants of \$15, 000.) (Revenue \$\$ 673, 476.) NARROW GATE'S PROGRAM IS AN 8 MONTH PROGRAM TO PROVIDE A CHRISTIAN
	DISCIPLESHIP EXPERIENCE FOR YOUNG MEN AGES 18-25, HAVING THEM LIVE IN A
	WILDERNESS ENVIRONMENT, PARTICIPATE IN DAILY CHORES AND COMMUNITY WORK
	PROJECTS TO BUILD TEAMWORK AND DEVELOP GOOD WORK DISCIPLINES, GOING ON
	CHALLENGING ADVENTURES AND STUDYING THE BIBLE AND OTHER CHRISTIAN
	CURRICULUM. IN 2020, APPROXIMATELY 31 YOUNG MEN PARTICIPATED IN NARROW
	GATE'S PROGRAM. AFTER GRADUATION, MOST OF THESE YOUNG MEN EITHER ELECT
	TO CONTINUE THEIR BIBLICAL LEARNING AND GO INTO FULL TIME MINISTRY WITH
	CHURCHES OR NON-PROFIT ORGANIZATIONS, ENTER UNIVERSITIES TO STUDY THE
	PASSION THAT GOD GAVE THEM, SUCH AS HORTICULTURE, HEALTH CARE AND
	BUSINESS DEGREES, OR ELECT TO SERVE IN THE MISSION FIELD.
	DODINGO DECREES, ON BELLET TO BERVE IN THE MISSION TIMES.
4b	(Code:) (Expenses \$) (Revenue \$)
	/ Country of the second of the
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 2,184,457. Form 990 (2021)
	Form 930 (2021)

Form 990 (2021) NARROW GATE FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III	-		
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?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		X
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	X	<u> </u>
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		<u> </u>
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	·	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	TOWN THE PLANT OF	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domestic government on Fartiz, condimition, line 1: IT Yes, complete Schedule I, Parts I and II	41	22	

Form	1990 (2021) NARROW GATE FOUNDATION 20-174	8295	Р	age 4
Pai	rt 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV			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			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	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l
	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		Х
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 on Schedule O for Part VI, lines 11b and 19?		,,	
Da	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	. 38	X	
Pai				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V		 T.	
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	6		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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Form **990** (2021)

(gambling) winnings to prize winners?

Form 990 (2021) NARROW GATE FOUNDATION

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

			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 49				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х	
	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				
- Ju	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).	U.D			
a	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	Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0			
·	to file Form 8282?	7c		x	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70			
e	5:11	7e		х	
f		7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
9 h	If the organization received a contribution of qualified intellectual property, and the organization file of orm 1098-C?	79 7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
Ü		8			
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.				
а		9a			
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:	30			
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
 a	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
~	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	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				
С	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	15	_	х	
	If "Yes," see the 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.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		<u> </u>	
	If "Yes," complete Form 6069.				

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 1a Enter the number of voting members of the governing body at the end of the tax year 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶TN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request __ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JOHN PEARSON - 931-583-0633

Form **990** (2021)

TN

38487

242 DRY PRONG ROAD, WILLIAMSPORT,

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

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

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

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

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

Check this box if neither the organization no	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week		Individual trustee or director Institutional trustee Officer Ney employee Highest compensated employee employee		from	from related	other			
	(list any hours for	directo			the organization	organizations (W-2/1099-MISC/	compensation from the			
	related	9e or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	In stit utio nal tru stee		oyee	n bei		1099-NEC)		and related
	below	idual	tution	Ja.	Key employee	est co	ner	·		organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) STACY SPENCER	40.00									
BOARD MEMBER, CO-EXECUTIVE DIRECTOR		Х		Х				98,963.	0.	7,921.
(2) WILLIAM SPENCER	40.00								_	
BOARD PRESIDENT, CO-EXECUTIVE DIRECT		Х		Х				98,772.	0.	7,921.
(3) PHIL STONER	40.00								_	
BOARD MEMBER		Х						50,871.	0.	5,293.
(4) WANDA STONE	40.00									
BOARD SECRETARY		Х		Х				34,217.	0.	5,293.
(5) JERRY STONE	2.00									
BOARD VICE PRESIDENT		Х		Х				0.	0.	0.
(6) DON WHITE	2.00									
BOARD TREASURER	1 00	Х		Х				0.	0.	0.
(7) P.J. HEIMERMANN	1.00	.,							_	
BOARD MEMBER	1 00	Х						0.	0.	0.
(8) BOB ROGERS	1.00	37							_	_
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) KURT BEASLEY	1.00	37							_	_
BOARD MEMBER	2.00	Х						0.	0.	0.
(10) DON LAWRENCE	2.00	Х						_	0.	0.
BOARD CHAIRMAN (11) DARYL WALNY	1.00	Λ						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
BOARD MEMBER		Δ						0.	0.	0.
		•								
					\vdash					
		1								
		1								
		1								
132007 12-09-21								1		Form 990 (2021)

Form **990** (2021)

	1 990 (2021) NARROW GA									20-1	748	295	Pa	age 8
Pa	t VII Section A. Officers, Directors, Trus	1	oloy	ees,			ghes	st C	compensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	, unle	Pos heck ss per	more rson i	than of s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	on	am	(F) timate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fro orga and	pensat om the anizati I relate nizatio	e on ed
	Subtotal Total from continuation sheets to Part VI							<u> </u>	282,823.		0.	26	5,42	28.
		A							282,823.		0.	26	5,42	
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed ab	oove) wh	o re	eceived more than \$100,	000 of reportable	e 		I	0
3	Did the organization list any former officer,											3	Yes	No X
4	line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue comper	ısati	on fi	rom	any	unre	elate	ed organization or individ	dual for services		5		Х
1	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	oensa	tion fro	m	
	the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	n the organization's tax y (B)	ear.		(C)	
	Name and business	address	NO	ONE	3				Description of s	ervices	С	ompen		1
	Total number of independent contractors (in	•	ot lin	nited	d to			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation >)					Form 9	990 (2	2021)

19091114 781331 15964-15964

Form 990 (2021) NARROW
Part VIII Statement of Revenue

		Check if Schedule O	contains	a response	or note to any line	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenuè excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
s s	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues							
E G		Fundraising events			218,138.				
ifts ar A		Related organizations							
s, G		Government grants (contri							
Sign	f	All other contributions, gifts,	grants, ar	nd					
but		similar amounts not included	above	. 1f	2,075,670.				
ÖĘ	g	Noncash contributions included in	lines 1a-1f	1g \$	5,693.				
a C	h	Total. Add lines 1a-1f			>	2,293,808.			
					Business Code				
ġ.	2 a	ENROLLMENT FEES			812900	27,063.	27,063.		
Program Service Revenue	b	OTHER PROGRAM REVENU	JE		812900	3,700.	3,700.		
Se	С	APPLICATION FEES			812900	2,115.	2,115.		
eve	d								
og B	е								
Ā	f	All other program service	revenue						
	g	Total. Add lines 2a-2f				32,878.			
	3	Investment income (includ	ling divic	dends, intere	st, and				
		other similar amounts)			▶	157.			157.
	4	Income from investment of	f tax-exe	empt bond p	roceeds >				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6с						
		Net rental income or (loss)							
	7 a	Gross amount from sales of	(i)	Securities	(ii) Other				
		assets other than inventory	7a		10,000.				
	b	Less: cost or other basis							
Jue		and sales expenses	7b		6,667.				
Revenue		Gain or (loss)			3,333.	2 222			2 222
		Net gain or (loss)				3,333.			3,333.
ther	8 a	Gross income from fundraisin							
ð		including \$							
		contributions reported on	,		22 545				
		Part IV, line 18			22,545.				
		Less: direct expenses			19,878.	2,667.			2,667.
		Net income or (loss) from				2,007.			2,007.
	эa	Gross income from gamin	•	I					
	L	Part IV, line 19							
		Less: direct expenses Net income or (loss) from							
		Gross sales of inventory, I							
	10 a	• .		I	1,118,803.				
	h	and allowances							
		Less: cost of goods sold Net income or (loss) from:				640,598.	640,598.		
-+	<u> </u>	THOSE INCOME OF (1055) HOTH	Jaico UI	involitory	Business Code	===,===	111,010.		
sne	11 a								
ned	b								
Miscellaneous Revenue	c								
ŠČ		All other revenue							
Σ		Total. Add lines 11a-11d							
	12	Total revenue. See instruction				2,973,441.	673,476.	0.	6,157.

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Form **990** (2021)

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) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 10,000. 10,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 5,000. 5,000. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 128,601. 285,249. 29,632. 127,016. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,133,973. 998,418. 2,019. 133,536. Other salaries and wages 7 Pension plan accruals and contributions (include 12,375. 2,379. 9,167. 829. section 401(k) and 403(b) employer contributions) 103,592. 89,520. 8,620. 5,452. Other employee benefits 9 101,006. 81,671. 4,098. 15,237. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 71,200. 45,250. 18,950. 7,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 10,649. 7,785. 2,308. 556. column (A), amount, list line 11g expenses on Sch O.) 65,399. 98,470. 22,754. 10,317. Advertising and promotion 12 109,311.79,946. 22,505. 6,860. Office expenses 13 Information technology 14 15 Royalties 2,064. 312,361. 316,489. 2,064. 16 Occupancy 25,381. 4,671. 70. 20,640. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 105,705. 105,705. Depreciation, depletion, and amortization 22 61,351. 50,385. 3,478. 7,488. 23 Other expenses. Itemize expenses not covered 24 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 O.) 129,274. 126,445. 685. 2,144. FOOD 75,175. VEHICLE EXPENSES 90,754. 7,277. 8,302. 73,246. 44,040. 10,445. 18,761. OTHER EXPENSES CONTRACT LABOR 36,986. 186. 36,800. All other expenses 2,780,011. 2,184,457. 137,470. 458,084. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Form **990** (2021)

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		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			534,994.	1	820,020
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		105,521.	4	188,812	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			46,952.	8	53,005
ĕ	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,471,794.			
	b	Less: accumulated depreciation	10b	700,078.	843,953.	10c	771,716
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 3			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	1,531,420.	16	1,833,553
	17	Accounts payable and accrued expenses		215,732.	17	198,852	
	18	Grants payable			18		
	19	Deferred revenue	21,130.	19	145,230		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ရွ	22	Loans and other payables to any current or form	ner offic	er, director,			
≝		trustee, key employee, creator or founder, subst	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ons		22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X	E 485		6 650
		of Schedule D			5,175.	25	6,658
_	26	Total liabilities. Add lines 17 through 25			242,037.	26	350,740
ړ		Organizations that follow FASB ASC 958, che	ck here				
၌		and complete lines 27, 28, 32, and 33.			1 200 202		1 460 055
<u>a</u>	27	Net assets without donor restrictions			1,289,383.	27	1,460,055
ğ	28	Net assets with donor restrictions				28	22,758
<u> </u>		Organizations that do not follow FASB ASC 9	ck here ▶ 📖				
<u> </u>		and complete lines 29 through 33.					
) <u>1</u> 2	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			1 200 202	31	1 400 010
2	32	Total net assets or fund balances			1,289,383.	32	1,482,813
	33	Total liabilities and net assets/fund balances .			1,531,420.	33	1,833,553 Form 990 (202

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			3,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2			0,0		
3	Revenue less expenses. Subtract line 2 from line 1	3				30.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	289	9,3	83 .	
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7							
8							
9	Other changes in net assets or fund balances (explain on Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,	<u>482</u>	2,8	13 .	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X	
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?						
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	t				
	Act and OMB Circular A-133?		L	За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			
			F	orm	990	(2021)	

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection

Employer identification number Name of the organization NARROW GATE FOUNDATION 20-1748295 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sect	ion A. Public Support						
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 (Gifts, grants, contributions, and						
r	nembership fees received. (Do not						
i	nclude any "unusual grants.")	1355314.	1414697.	1931870.	2259598.	2293808.	9255287.
2 7	ax revenues levied for the organ-						
i	zation's benefit and either paid to						
C	or expended on its behalf						
3 7	he value of services or facilities						
f	urnished by a governmental unit to						
t	he organization without charge						
4 1	Total. Add lines 1 through 3	1355314.	1414697.	1931870.	2259598.	2293808.	9255287.
5 7	The portion of total contributions						
t	by each person (other than a						
ç	governmental unit or publicly						
8	supported organization) included						
c	on line 1 that exceeds 2% of the						
a	amount shown on line 11,						
c	column (f)						2116762.
	Public support. Subtract line 5 from line 4.						7138525.
Sect	ion B. Total Support						
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 /	Amounts from line 4	1355314.	1414697.	1931870.	2259598.	2293808.	9255287.
8 (Gross income from interest,						
c	dividends, payments received on						
S	securities loans, rents, royalties,						
a	and income from similar sources	63.	209.	528.	537.	157.	1,494.
9 1	Net income from unrelated business						
a	activities, whether or not the						
t	ousiness is regularly carried on			1,591.		22,545.	24,136.
10 (Other income. Do not include gain						
C	or loss from the sale of capital						
a	assets (Explain in Part VI.)						
11 1	Total support. Add lines 7 through 10						9280917.
	Gross receipts from related activities,	•	,				,531,809.
	First 5 years. If the Form 990 is for th	•					. —
<u>Coot</u>	organization, check this box and stop	here					>
	ion C. Computation of Publi			. (6)		44	76.92 %
	Public support percentage for 2021 (li					14	== 00
	Public support percentage from 2020					15	
	33 1/3% support test - 2021. If the contact have						
	stop here. The organization qualifies and 1/3% support test - 2020. If the control is the contro						
	and stop here. The organization quali						. \Box
	ind stop here. The organization quali 10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	neets the facts-and-circumstances te		•	•		· ·	▶ □
	10% -facts-and-circumstances test	· ·	•			7a and line 15 is 1	
	nore, and if the organization meets th	ū				•	1070 OI
	organization meets the facts-and-circu		·		•		
				as a publicly	PP 100 01 9ul 112		

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	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						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	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 on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	2		
	За		
	3b		
	0.5		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	90		
	10a		
	10b		
ule	A (Form	n 990)	2021

132024 01-04-21

Pai	TIV Supporting Organizations (continued)			
		\rightarrow	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
		1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. 1: tion B. Type I Supporting Organizations	1c		
Sec	tion B. Type i Supporting Organizations	$\overline{}$,	
_			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		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			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	and organization maintained a close and commission many relationship man and capported organization (o).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>Sac</u>	supported organizations played in this regard. Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	otion	-1	
2	Activities Test. Answer lines 2a and 2b below.	Juons	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	Ba		
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.	Bb		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must		•			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
•	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a, 1b, and 1c)	1d				
	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see		
	inchristianal					

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Organization type (check one):								
Filers of:		Section:						
Form 990 or 990-EZ		X 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year						
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

NARROW GATE FOUNDATION

20-1748295

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 260,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$176,124.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>150,864.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + 4	\$ 100,515.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Schedule B (Form 990) (2021) Page **2**

Name of organization Employer identification number

NARROW GATE FOUNDATION

20-1748295

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$55,952.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

NARROW GATE FOUNDATION

20-1748295

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123/153 11-11	04	<u> </u>	Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** NARROW GATE FOUNDATION 20-1748295 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No.

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

(c) Use of gift

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

19091114 781331 15964-15964

(b) Purpose of gift

from

Part I

(a) No. from

Part I

(d) Description of how gift is held

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization NARROW GATE FOUNDATION **Employer identification number** 20-1748295

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or <i>F</i>	Accounts. Complete if the			
	organization answered Tes On Form 990, Part IV, line	(a) Donor advise	d funds	(b) Funds and other accounts			
1	Total number at end of year	()					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	vriting that the assets he	ld in donor advised fu	nds			
	are the organization's property, subject to the organization's e	-					
6	Did the organization inform all grantees, donors, and donor ac						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?			Yes No			
Par	t II Conservation Easements. Complete if the org	anization answered "Yes	s" on Form 990, Part I	V, line 7.			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a his	storically important land area			
	Protection of natural habitat		Preservation of a ce	rtified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ution in the form of a c				
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements			2a			
b							
С	Number of conservation easements on a certified historic stru			2c			
d	Number of conservation easements included in (c) acquired a						
	listed in the National Register			2d			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the orga	nization during the tax			
_	year						
4	Number of states where property subject to conservation ease						
5	Does the organization have a written policy regarding the peri			□ v □ N.			
•	violations, and enforcement of the conservation easements it		d anfaraing concernat				
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, an	d emorcing conservat	ion easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and on	forcing consorvation o	acoments during the year			
′	\$\\$\$ \$\$	iii ig or violations, and em	lording conservation e	asements during the year			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirement	s of section 170(h)(4)(l	3)(i)			
Ū	and section 170(h)(4)(B)(ii)?	• •					
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footne						
	organization's accounting for conservation easements.	3					
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Other	Similar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its reve	enue statement and ba	alance sheet works			
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education,	or research in further	ance of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue	statement and balan	ce sheet works of			
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or	research in furtheran	ce of public service,			
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
2	If the organization received or held works of art, historical trea			, provide			
	the following amounts required to be reported under FASB AS						
	Revenue included on Form 990, Part VIII, line 1			k .			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021			

132051 10-28-21

	t III Organizations Maintaining C	Ollections of A			acurae o	r Other			40295	
	·								(continue	ed)
3										
	collection items (check all that apply):									
a	Public exhibition				hange progra					
b	Scholarly research	•	e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	•		•	-			se in Part	XIII.	
5	During the year, did the organization solicit o				•				7	
<u> </u>	to be sold to raise funds rather than to be ma								Yes	No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi								7	
	on Form 990, Part X?							L	」Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
									Amount	
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo						ty?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i									
		(a) Current year	(b) F	rior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four y	ears back
	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1ç	g, column (a))) held as:					
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3а	Are there endowment funds not in the posses	ssion of the organiz	ation tha	t are held ar	nd administer	ed for the	e organiza	ation	_	
	by:								_ Y	es No
	(i) Unrelated organizations								3a(i)	\bot
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Par										
	Complete if the organization answered	d "Yes" on Form 99	0, Part IV	, line 11a. S	See Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost or o		(b) Cost	or other		ccumulate	ed	(d) Book	/alue
		basis (invest	ment)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings									
	Leasehold improvements				4,099.		94,6			<u>,470.</u>
d	Equipment				6,299.		43,9			<u>,386.</u>
	Other			18	1.396.	1	61.5	36.	19	.860.

Schedule D (Form 990) 2021

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

		FOUNDATION	20	-1748295 Pag
	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
	ion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
	l derivatives			
Closely I	neld equity interests			
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
art VIII	_	on Form 000 Port IV line	11a Saa Farm 000 Dort V lina 12	
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(a) Description of investment	(b) book value	(c) Method of Valuation. Cost of end	1-01-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9))			
) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
uit ix	Complete if the organization answered "Yes"	on Form 900 Part IV line	11d See Form 990 Part V line 15	
		Description	Tru. See Form 990, Part A, line 15.	(b) Book value
(4)	(a)	Description		(b) book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) lin	0.15.)		
Part X	Other Liabilities.	e 10.)		I
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	
	(a) Description of liability		,	(b) Book value
	eral income taxes			()
	FERRED RENT			6,65
(3)				0,00
(4)				
(5)				
(5)				ļ

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

Schedule D (Form 990) 2021

(7) (8)

6,658.

Pai	rt XI	Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return) .			
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total r	revenue, gains, and other support per audited financial statements	1	3,494,246.			
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net ur	nrealized gains (losses) on investments					
b	Donat	ted services and use of facilities	2,600.				
С	Recov	veries of prior year grants					
d	Other	(Describe in Part XIII.)					
е	Add lir	ines 2a through 2d	2e	42,600.			
3	Subtra	act line 2e from line 1	3	3,451,646.			
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:					
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b					
b	Other	(Describe in Part XIII.)	3,205.				
С	Add lir	ines 4a and 4b	4c				
5	Total r	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	5	2,973,441.			
	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.						
Pa	rt XII	•	ses per Retu	rn.			
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statements With Expens Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ses per Retu				
Pai		•	ses per Retu	rn. 3,300,816.			
	Total 6	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25:	ses per Retu				
1	Total e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25:	ses per Retu				
1 2	Total e Amou	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25:	ses per Retu				
1 2 a	Total e Amou Donat Prior y	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses 2a 42 2b	1 2,600.				
1 2 a b	Total e Amount Donate Prior y Other	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses 2a 42 2b	ses per Retu	3,300,816.			
1 2 a b	Total of Amount Donate Prior y Other Other	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses 2a 42 2b 2c	1 2,600. 3,205.	3,300,816.			
1 2 a b c	Total e Amount Donate Prior y Other Other	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses (Describe in Part XIII.) ines 2a through 2d	1 2,600. 3,205.	3,300,816.			
1 2 a b c d	Total 6 Amoun Donat Prior y Other Other Add lin	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses (Describe in Part XIII.)	1 2,600. 3,205.	3,300,816.			
1 2 a b c d e 3	Total & Amoun Donate Prior y Other Other Add lin Subtra	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses (Describe in Part XIII.) ines 2a through 2d act line 2e from line 1	1 2,600. 3,205.	3,300,816.			
1 2 a b c d e 3 4	Total e Amoun Donate Prior y Other Other Add lin Subtra Amoun Invest	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses (Describe in Part XIII.) ines 2a through 2d act line 2e from line 1 unts included on Form 990, Part IX, line 25, but not on line 1:	1 2,600. 3,205.	3,300,816.			
1 2 a b c d e 3 4 a	Total e Amoun Donath Prior y Other Other Add lin Subtra Amoun Investi	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses (Describe in Part XIII.) ines 2a through 2d act line 2e from line 1 unts included on Form 990, Part IX, line 25, but not on line 1: tment expenses not included on Form 990, Part VIII, line 7b 4a	1 2,600. 2e 3	3,300,816.			

Part 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 X, LINE 2:

MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR

EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S INCOME

TAX RETURNS TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE

LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE

APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION OF

ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS

DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE

LIKELY THAN NOT" STANDARD. ACCORDINGLY, THERE ARE NO PROVISIONS FOR

INCOME TAXES, PENALTIES OR INTEREST RECEIVABLE OR PAYABLE RELATING TO

UNCERTAIN INCOME TAX POSITIONS IN THE ACCOMPANYING FINANCIAL STATEMENTS.

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

NARROW GATE FOUNDATION

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

IMMINOW	OAID IOONDAIION				20 1740	<u> </u>			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.									
 a Mail solicitations b Internet and email solicitations e Solicitation of non-government grants f Solicitation of government grants 									
b Internet and email solicitations			-	-					
c Phone solicitations	g Special	fundra	aising	events					
d In-person solicitations									
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees, or				
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?									
b If "Yes," list the 10 highest paid indiv	b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be								
compensated at least \$5,000 by the	organization.								
·	T	I		T	Γ	T			
(i) Name and address of individual		(iii) fundr	Did	(iv) Gross receipts	(v) Amount paid	(vi) Amount paid			
or entity (fundraiser)	(ii) Activity	have c	ustody	from activity	to (or retained by) fundraiser	to (or retained by)			
c. c.i.i.y (iai.a.a.co.)		contrib	ntrol of utions?	""	listed in col. (i)	organization			
		Yes	No						
				1					
			<u> </u>						
Total									
Total					14 in				
3 List all states in which the organization	on is registered or licensed to solicit of	contrib	utions	or has been notified	it is exempt from re	gistration			
or licensing.									
					<u> </u>				

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

Schedule G (Form 990) 2021

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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.								
				(b) Event #2 WOODWORKING	(c) Other events NONE	(d) Total events (add col. (a) through			
			GIFT BREAKFA (event type)	(event type)	(total number)	col. (c))			
ne			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	218,138.	22,545.		240,683.			
	2	Less: Contributions	218,138.			218,138.			
	3	Gross income (line 1 minus line 2)		22,545.		22,545.			
	4	Cash prizes							
	5	Noncash prizes							
benses	6	Rent/facility costs	2,650.			2,650.			
Direct Expenses	7	Food and beverages	7,620.			7,620.			
	8	Entertainment							
	9	Other direct expenses		2,953.		9,608.			
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	19,878.			
	11	Net income summary. Subtract line 10 from li)	2,667.			
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than				
	Ι	\$15,000 on Form 990-EZ, line 6a.	Τ	(b) Pull tabs/instant		(d) Total gaming (add			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
Be	 	Gross revenue							
	Ė	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes % No	Yes % No	Yes % No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>				
		Net coming income access to California	Character of the Control of the		.				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
9		ter the state(s) in which the organization condu				Yes No			
		No," explain:				Tes NO			
		ere any of the organization's gaming licenses re				Yes No			
C) If "	Yes," explain:							
	_								

132082 10-21-21 Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 NARROW GATE FOUNDATION	20-1748295 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 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?	☐ Yes ☐ No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facilityEnter the name and address of the person who prepares the organization's gaming/special events books and reco	
Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ras:
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the an	nount
of gaming revenue retained by the third party > \$	
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	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	
	, iii tile
organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (vicinity) and (vicinity).	A): and Dart III lines 0. Oh. 10h
	/), and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	(Form 990)	NARROW GATE	FOUNDATION	20-1748295	Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)			
		(continued)			
	<u> </u>		<u> </u>	<u> </u>	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2021

NARROW GA	TE FOUNDA	TION					20-1748295
Part I General Information on Grants a	and Assistance					<u>.</u>	
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assi	stance?						Yes X No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to					anization answered "Y	'es" on Form 990, Part	IV, line 21, for any
recipient that received more than	T	1	1		(f) Method of	T	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CDACE CUADEL DATEURE							
GRACE CHAPEL FAIRVIEW 1091 HWY 96 NORTH							
FAIRVIEW, TN 37062	62-1572989	501(C)(3)	10,000.	0.			DONATION
,							
2 Enter total number of section 501(c)(3) a	and government org	ganizations listed in th	e line 1 table		1		
3 Enter total number of other organization	-						

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

Schedule I (Form 990) 2021 NARROW GATE FO	UNDATION				20-1748295	Page 2
Part III Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed.	ls. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
TO ASSIST WITH MOVING EXPENSES	1	5,000.	0.			
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	ne 2; Part III, column	(b); and any other ac	dditional information.		

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

NARROW GATE FOUNDATION

Employer identification number 20-1748295

NAKROW GAIL FOUNDATION 20 1740255
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN COMMUNITY WORK PROJECTS, AND STUDYING THE BIBLE TO HELP SHAPE THEM
INTO GODLY YOUNG MEN.
FORM 990, PART VI, SECTION A, LINE 2:
WILLIAM AND STACY SPENCER HAVE A FAMILY RELATIONSHIP.
JERRY AND WANDA STONE HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION WILL REVIEW THE 990 WITH THE FULL BOARD OF DIRECTORS PRIOR
TO FILING THE RETURN WITH THE IRS. THIS FORM 990 IS REVIEWED FOR ACCURACY
WITH ITS FINANCIAL INFORMATION AS WELL AS ITS GOVERNANCE AND POLICIES
INFORMATION.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION DOES HAVE A WRITTEN CONFLICT OF INTEREST POLICY THAT IS
READ BY EACH BOARD MEMBER AND THEN SIGNED BY EACH BOARD MEMBER ON AN ANNUAL
BASIS. ADHERENCE TO THIS POLICY IS MONITORED THROUGOUT THE YEAR BY
DISCUSSION OF SUCH TOPIC AT ITS BOARD MEETINGS AS WELL AS BY THE
ADMINISTRATIVE DIRECTOR (WHO ALSO SERVES AS BOARD SECRETARY) WHO MONITORS
ALL FINANCIAL AND OPERATIONAL TRANSACTIONS CLOSELY AND MAINTAINS SUCH
FINANCIAL AND OPERATIONAL RECORDS FOR THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 15A:

132211 11-11-21

THE INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS AND

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 **Employer identification number** Name of the organization NARROW GATE FOUNDATION 20-1748295 APPROVES COMPENSATION FOR OFFICERS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE ON A THIRD-PARTY WEBSITE - THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE'S GIVING MATTER DATABASE WHICH IS ACCESSIBLE TO ANYONE IN THE GENERAL PUBLIC VIA PULLING DOWN THE RESPECTIVE FILES VIA WEBSITE. ALSO BOTH GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XII, LINE 2C THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

20-1748295

NARROW GATE F	OUNDATION						20-17482	295		
Part I Identification of Disregarded Entities. Compl	ete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.							
(a)	(b)	(c)	(d)		(e)		l	(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	r Total inco	ome I	End-of-year a	assets	l	ontrolling ntity	9	
NARROW GATE TRADING COMPANY	PRODUCTION OF WOOD, METAL,									
1741 WEST MAIN ST., SUITE B	AND LEATHER PRODUCTS.									
FRANKLIN, TN 37064	PROVIDE SUPPORT FOR NGF.	TENNESSEE	640	,598.	199	,443.	NARROW GATE	FOUNDA	TION	
NARROW GATE EXCHANGE, LLC										
242 DRY PRONG RD	EDUCATION OF INTERNATIONAL									
WILLIAMSPORT, TN 38487	STUDENTS	TENNESSEE			1	,800.	. NARROW GATE FOUNDATION			
Part II Identification of Related Tax-Exempt Organizations during the tax year. (a)	zations. Complete if the organization a	nswered "Yes" on Form 990), Part IV, line 34, t		it had one o	or more	related tax-exel	mpt	g)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code			Dire	irect controlling		Section 512(b)(13) controlled	
of related organization		foreign country)	section		(if section		entity	ent	ity?	
				50	1(c)(3))			Yes	No	
	Í	I		1				1	Ì	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

	11 "" " (D.) 10 T 11 D 1 11	0 - - - - - - -	IIX / II F 000	D - 4 B/ Page 04 In a 24 I	and and an arrangement of the second
David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34, because it r	nad one or more related
Part III	organizations treated as a partnership during the tax year.		•	, ,	

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) (h) Share of end-of-year assets		entity?			
		country)		2				Yes	No		
	-										
								<u> </u>	<u> </u>		
	-										
								<u> </u>	<u> </u>		
	-										
	-										
								<u> </u>			
-											
								<u> </u>			

Page 3

Part V	Transactions With Related Organizations.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	n Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a					
					1b					
	Gift, grant, or capital contribution from related organization(s)				1c					
	Loans or loan guarantees to or for related organization(s)				1d					
	Loans or loan guarantees by related organization(s)				1e					
	J , J , , , , , , , , , , , , , , , , ,									
f	Dividends from related organization(s)				1f					
					1g					
h	g Sale of assets to related organization(s) h Purchase of assets from related organization(s)									
i	i Exchange of assets with related organization(s)									
i	Lease of facilities, equipment, or other assets to related organization(s)				1i					
•	, , , , , , , , , , , , , , , , , , , ,				-					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k					
- 1	 k Lease of facilities, equipment, or other assets from related organization(s) I Performance of services or membership or fundraising solicitations for related organization(s) 									
	m Performance of services or membership or fundraising solicitations by related organization(s)									
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
	o Sharing of paid employees with related organization(s)									
р	Reimbursement paid to related organization(s) for expenses				1p					
	Reimbursement paid by related organization(s) for expenses				1q					
	. , ,									
r	Other transfer of cash or property to related organization(s)				1r					
s	Other transfer of cash or property from related organization(s)				1s					
	If the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on which is the above is "Yes," see the instructions for information on which is the above is "Yes," see the instructions for information on which is the above is "Yes," see the instructions for information on which is the above is "Yes," see the instructions for information on which is the above is "Yes," see the instructions for information on which is the above is "Yes," see the instructions for information on which is the above is "Yes," see the instructions for information on which is the above is "Yes," see the instructions for information on which is the above is "Yes," see the instructions for information on which is the above is "Yes," see the instructions for information on which is the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information of the above is "Yes," see the instructions for information of the above is "Yes," see the instruction of the above is "Yes," and "Yes," it is the above it is "Yes," it is "Ye				•					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved					
(1)										
(2)										
(3)										
,-,										
(4)										
(5)										

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) Percentage ownership
	-									