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DLN: 93493135173103

Form **990** 

## **Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047 Open to Public

Depar Treasi	ıry	levenus							Inspection
				ginning 07-01-2021 , and end	ing 06-30	-2022			
		applicable: change	C Name of organization GATEWAY HOUSING FIRST INC				<b>D Employ</b> 47-109	-	cation number
O Nar	al re	eturn	Doing business as						
_		rn/terminated ed return	Number and street (or P.O. box i 1104 S JEFFERSON AVE	f mail is not delivered to street address)	Room/suite	9	E Telepho	ne number	_
	licat		•				(314) 6	509-2915	
-	9		City or town, state or province, of ST LOUIS, MO 63104	country, and ZIP or foreign postal code			<b>G</b> Gross	receipts \$ 1	,809,759
			F Name and address of prine	cipal officer:		H(a) Is this	a group re	turn for	
			CYNTHIA DUFFE 1104 S JEFFERSON AVE ST LOUIS, MO 63104			suboro	dinates? subordina		☐Yes ☑No ☐Yes ☐No
Tax	-exer	mpt status:	✓ 501(c)(3)	(insert no.) 4947(a)(1) or	527	includ		list Soo in	istructions.
We	bsi	te:▶ WW	VW.GATEWAYHOUSINGFIRST.OR		327	H(c) Group			
<b>C</b> Form	of o	organization:	✓ Corporation □ Trust □ A	ssociation Other		<b>L</b> Year of format	ion: 2014	M State o	of legal domicile:
Pai	τl	Sum	mary		<u> </u>			I.	
Acuviues & Governance		SUPPORT '	TO SECURE OR MAINTAIN HOU:	WITH A WIDE RANGE OF DISABILITI SING. THE ORGANIZATION IS A COM ROUGHOUT THE ST. LOUIS METROP	IMUNITY-DI	RECTED FACIL			
8	2			discontinued its operations or dispring body (Part VI, line 1a)		re than 25%	of its net a	ssets.	12
20	4			s of the governing body (Part VI, lir			•	4	12
	5	Total num	nber of individuals employed in	5	0				
2	6	Total num	nber of volunteers (estimate if	6	25				
	7a	Total unre	elated business revenue from F	Part VIII, column (C), line 12				7a	0
		Net unrel	7b	0					
	b					Pric	or Year		Current Year
9	8	Contributions and grants (Part VIII, line 1h)						,880	1,290,381
enu	•	Program	Program service revenue (Part VIII, line 2g)						515,017
9		-		•			1//		
Reven	10	Investme	ent income (Part VIII, column (A	A), lines 3, 4, and 7d )				8	607
Reven	10 11	Investme Other rev	ent income (Part VIII, column (A venue (Part VIII, column (A), lin	A), lines 3, 4, and 7d )			2	8,072	607 3,754
Reven	10 11 12	Investme Other rev Total reve	nt income (Part VIII, column (A venue (Part VIII, column (A), lin enue—add lines 8 through 11 (	A), lines 3, 4, and 7d )	ne 12)		2 1,253	8 ,072 ,510	607 3,754 1,809,759
Reven	10 11 12 13	Investme Other rev Total reve Grants ar	ent income (Part VIII, column (A venue (Part VIII, column (A), lin enue—add lines 8 through 11 ( nd similar amounts paid (Part I	A), lines 3, 4, and 7d )	ne 12)		2	8 ,072 ,510 ,164	607 3,754 1,809,759 609,656
	10 11 12 13 14	Other rev Total reve Grants an Benefits	ent income (Part VIII, column (A venue (Part VIII, column (A), lin enue—add lines 8 through 11 ( nd similar amounts paid (Part I paid to or for members (Part I)	A), lines 3, 4, and 7d)  les 5, 6d, 8c, 9c, 10c, and 11e)  must equal Part VIII, column (A), lir  X, column (A), lines 1-3)  C, column (A), line 4)	ne 12)		2 1,253 443	8 ,072 ,510 ,164 0	607 3,754 1,809,759 609,656
	10 11 12 13 14 15	Other reverse Total reverse Grants and Benefits Salaries,	ent income (Part VIII, column (A venue (Part VIII, column (A), line enue—add lines 8 through 11 ( nd similar amounts paid (Part I paid to or for members (Part IX other compensation, employed	A), lines 3, 4, and 7d )  les 5, 6d, 8c, 9c, 10c, and 11e)  must equal Part VIII, column (A), lin  X, column (A), lines 1-3 )  c, column (A), line 4)  be benefits (Part IX, column (A), lines	ne 12)		2 1,253 443	8 ,072 ,510 ,164 0	607 3,754 1,809,759 609,656 0 714,335
	10 11 12 13 14 15 16	Other rev Total reve Grants ar Benefits   Salaries, a Profession	ent income (Part VIII, column (A), lingenue (Part VIII, column (A), lingenue—add lines 8 through 11 (and similar amounts paid (Part I) paid to or for members (Part I) other compensation, employed and fundraising fees (Part IX, contains)	A), lines 3, 4, and 7d )	ne 12)		2 1,253 443	8 ,072 ,510 ,164 0	607 3,754 1,809,759 609,656
	10 11 12 13 14 15 16a b	Other rev Total reve Grants ar Benefits   Salaries, a Professio	ent income (Part VIII, column (A), lingenue—add lines 8 through 11 (and similar amounts paid (Part I) paid to or for members (Part I) other compensation, employed anal fundraising fees (Part IX, column (Part IX, column (	A), lines 3, 4, and 7d )	e 12) s 5-10)		2 1,253 443	8 ,072 ,510 ,164 0 ,607	607 3,754 1,809,759 609,656 0 714,335
	10 11 12 13 14 15 16a b	Investme Other rev Total reve Grants ar Benefits   Salaries, a Professio Total fundr Other ex	ent income (Part VIII, column (A), lingenue—add lines 8 through 11 (and similar amounts paid (Part I) paid to or for members (Part IX) other compensation, employed and fundraising fees (Part IX, column (A), lingenses (Part	A), lines 3, 4, and 7d )	e 12) s 5-10)		2 1,253 443 353	8 ,072 ,510 ,164 0 ,607 0	607 3,754 1,809,759 609,656 0 714,335
Exp enses Revenue	10 11 12 13 14 15 16a b	Investme Other rev Total reve Grants ar Benefits   Salaries, a Professio Total fundr Other exp	ent income (Part VIII, column (A), linenue—add lines 8 through 11 (and similar amounts paid (Part I) paid to or for members (Part IX) other compensation, employee anal fundraising fees (Part IX, caising expenses (Part IX, column (a), linenses. Add lines 13–17 (must enses.	A), lines 3, 4, and 7d )	s 5-10)		2 1,253 443 353 298	8 ,072 ,510 ,164 0 ,607 0	607 3,754 1,809,759 609,656 0 714,335 0
Exp enses	10 11 12 13 14 15 16a b	Investme Other rev Total reve Grants ar Benefits   Salaries, a Professio Total fundr Other exp	ent income (Part VIII, column (A), linenue—add lines 8 through 11 (and similar amounts paid (Part I) paid to or for members (Part IX) other compensation, employee anal fundraising fees (Part IX, caising expenses (Part IX, column (a), linenses. Add lines 13–17 (must enses.	A), lines 3, 4, and 7d )	s 5-10)	Beginning	2 1,253 443 353 298 1,094 158	8 ,072 ,510 ,164 0 ,607 0 ,207 ,978	607 3,754 1,809,759 609,656 0 714,335 0 344,778 1,668,769
Exp enses	10 11 12 13 14 15 16a b 17 18 19	Investme Other rev Total reve Grants ar Benefits   Salaries, Total fundr Other exp Total exp Revenue	ent income (Part VIII, column (A), linenue—add lines 8 through 11 (and similar amounts paid (Part I) paid to or for members (Part IX) other compensation, employee anal fundraising fees (Part IX, caising expenses (Part IX, column (a), linenses. Add lines 13–17 (must enses.	A), lines 3, 4, and 7d )	s 5-10)	Beginning	2 1,253 443 353 298 1,094 158	8 ,072 ,510 ,164 0 ,607 0 ,207 ,978 ,532 <b>Year</b>	607 3,754 1,809,759 609,656 0 714,335 0 344,778 1,668,769 140,990
Exp enses	10 11 12 13 14 15 16a b 17 18 19	Investme Other rev Total reve Grants ar Benefits   Salaries, a Professio Total fundr Other exp Total exp Revenue	ent income (Part VIII, column (A), line enue—add lines 8 through 11 (and similar amounts paid (Part I) paid to or for members (Part I) other compensation, employed anal fundraising fees (Part IX, column (A), line enses. Add lines 13–17 (must eless expenses. Subtract line 18 ets (Part X, line 16)	A), lines 3, 4, and 7d )	s 5-10)	Beginning	2 1,253 443 353 298 1,094 158 of Current	8	3,754 1,809,759 609,656 0 714,335 0 344,778 1,668,769 140,990 End of Year
Net Assets of Expenses Fund Balances	10 11 12 13 14 15 16a b 17 18 19	Investme Other rev Total reve Grants ar Benefits   Salaries, a Professio Total fundr Other exp Total exp Revenue  Total asse Total liab Net asset	ent income (Part VIII, column (A), line enue—add lines 8 through 11 (and similar amounts paid (Part I) paid to or for members (Part I) other compensation, employed anal fundraising fees (Part IX, column (A), line enses. Add lines 13–17 (must eless expenses. Subtract line 18 ets (Part X, line 16)	A), lines 3, 4, and 7d)  les 5, 6d, 8c, 9c, 10c, and 11e)  must equal Part VIII, column (A), line X, column (A), lines 1-3).  (, column (A), line 4).  e benefits (Part IX, column (A), lines column (A), line 11e).  D), line 25) 27,637  les 11a-11d, 11f-24e).  equal Part IX, column (A), line 25)  3 from line 12	s 5-10)	Beginning	2 1,253 443 353 298 1,094 158 of Current	8	607 3,754 1,809,759 609,656 0 714,335 0 344,778 1,668,769 140,990 End of Year
Fund Balances Expenses	10 11 12 13 14 15 16a b 17 18 19	Investme Other rev Total reve Grants ar Benefits   Salaries, a Professio Total fundr Other exp Total exp Revenue  Total asse Total liab Net asset	ent income (Part VIII, column (A), line rune—add lines 8 through 11 (Ind similar amounts paid (Part I) paid to or for members (Part IX) other compensation, employed anal fundraising fees (Part IX, column (A), line runeses (Part IX, column (A), line runeses. Add lines 13–17 (must expless expenses. Subtract line 18 lets (Part X, line 16)	A), lines 3, 4, and 7d )  les 5, 6d, 8c, 9c, 10c, and 11e)  must equal Part VIII, column (A), line X, column (A), lines 1-3 )  (, column (A), line 4)  e benefits (Part IX, column (A), lines column (A), line 11e)  D), line 25)  27,637  les 11a-11d, 11f-24e)  equal Part IX, column (A), line 25)  3 from line 12   he 21 from line 20   ne 21 from line 20	s 5-10)		2 1,253 443 353 298 1,094 158 of Current 2,509 2,146 363	8	607 3,754 1,809,759 609,656 0 714,335 0 344,778 1,668,769 140,990 End of Year 2,669,821 2,165,644 504,177
The Parameter of Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t II penedge	Investme Other rev Total reve Grants ar Benefits   Salaries, a Professio Total fundr Other ext Total exp Revenue  Total asse Total liab Net asset  Sign nalties of pe and belie	ent income (Part VIII, column (A), line enue (Part VIII, column (A), line enue—add lines 8 through 11 (Ind similar amounts paid (Part I) paid to or for members (Part IX) other compensation, employed and fundraising fees (Part IX, column (A), line enses. Add lines 13–17 (must eless expenses. Subtract line 18 lets (Part X, line 16)	A), lines 3, 4, and 7d)  les 5, 6d, 8c, 9c, 10c, and 11e)  must equal Part VIII, column (A), line X, column (A), lines 1-3).  (, column (A), line 4).  e benefits (Part IX, column (A), lines column (A), line 11e).  D), line 25) 27,637  les 11a-11d, 11f-24e).  equal Part IX, column (A), line 25)  3 from line 12	ne 12)	hedules and	2 1,253 443 353 298 1,094 158 of Current 2,509 2,146 363	8	607 3,754 1,809,759 609,656 0 714,335 0 344,778 1,668,769 140,990 End of Year 2,669,821 2,165,644 504,177
The Parameter of Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t II penedge	Investme Other rev Total reve Grants ar Benefits Salaries, Professio Total fundr Other exp Total exp Revenue Total asse Total liab Net asset Sign nalties of p	ent income (Part VIII, column (A), line enue (Part VIII, column (A), line enue—add lines 8 through 11 (Ind similar amounts paid (Part I) paid to or for members (Part IX) other compensation, employed and fundraising fees (Part IX, column (A), line enses. Add lines 13–17 (must eless expenses. Subtract line 18 lets (Part X, line 16)	A), lines 3, 4, and 7d)  les 5, 6d, 8c, 9c, 10c, and 11e)  must equal Part VIII, column (A), lir  X, column (A), lines 1-3)  c, column (A), line 4)  e benefits (Part IX, column (A), lines  column (A), line 11e)  D), line 25)  27,637  les 11a-11d, 11f-24e)  crual Part IX, column (A), line 25)  3 from line 12   he 21 from line 20  amined this return, including accom	ne 12)	hedules and	2 1,253 443 353 298 1,094 158 of Current 2,509 2,146 363	8	607 3,754 1,809,759 609,656 0 714,335 0 344,778 1,668,769 140,990 End of Year 2,669,821 2,165,644 504,177
her Assets of Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t II penedge	Investme Other rev Total reve Grants ar Benefits Salaries, A Professio Total fundr Other ext Total exp Revenue Total asset Total liab Net asset Sign nalties of pe and beliefedge.	ent income (Part VIII, column (A), line enue—add lines 8 through 11 (Ind similar amounts paid (Part I) paid to or for members (Part IX) other compensation, employed and fundraising fees (Part IX, column (A), line enses. (Part IX, column (A), line enses. Add lines 13–17 (must eless expenses. Subtract line 18 ets (Part X, line 16)	A), lines 3, 4, and 7d)  les 5, 6d, 8c, 9c, 10c, and 11e)  must equal Part VIII, column (A), lir  X, column (A), lines 1-3)  c, column (A), line 4)  e benefits (Part IX, column (A), lines  column (A), line 11e)  D), line 25)  27,637  les 11a-11d, 11f-24e)  crual Part IX, column (A), line 25)  3 from line 12   he 21 from line 20  amined this return, including accom	ne 12)	hedules and or is based on	2 1,253 443 353 298 1,094 158 of Current 2,509 2,146 363 statements all informations	8	607 3,754 1,809,759 609,656 0 714,335 0 344,778 1,668,769 140,990 End of Year 2,669,821 2,165,644 504,177
Par Pasers of Expenses Participation of	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t II penedge	Investme Other rev Total reve Grants ar Benefits Salaries, A Professio Total fundr Other ext Total exp Revenue Total asset Total liab Net asset Sign nalties of pe and beliefedge.	ent income (Part VIII, column (A), line enue (Part VIII, column (A), line enue—add lines 8 through 11 (Ind similar amounts paid (Part I) paid to or for members (Part IX) other compensation, employed and fundraising fees (Part IX, column (A), line enses. Add lines 13–17 (must eless expenses. Subtract line 18 lets (Part X, line 16)	A), lines 3, 4, and 7d)  les 5, 6d, 8c, 9c, 10c, and 11e)  must equal Part VIII, column (A), lir  X, column (A), lines 1-3)  c, column (A), line 4)  e benefits (Part IX, column (A), lines  column (A), line 11e)  D), line 25)  27,637  les 11a-11d, 11f-24e)  crual Part IX, column (A), line 25)  3 from line 12   he 21 from line 20  amined this return, including accom	ne 12)	hedules and a	2 1,253 443 353 298 1,094 158 of Current 2,509 2,146 363 statements all informations	8	607 3,754 1,809,759 609,656 0 714,335 0 344,778 1,668,769 140,990 End of Year 2,669,821 2,165,644 504,177
Par Pasers of Expenses Participation of	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t II penedge	Investme Other rev Total reve Grants ar Benefits   Salaries, a Professio Total fundr Other exp Total exp Revenue  Total asse Total liab Net asset Sign nalties of pe and belie ledge.	ent income (Part VIII, column (A), line enue—add lines 8 through 11 (and similar amounts paid (Part I) paid to or for members (Part I) other compensation, employed anal fundraising fees (Part IX, column (A), line enses. (Part IX, column (A), line enses. Add lines 13–17 (must eless expenses. Subtract line 18 lets (Part X, line 16)	A), lines 3, 4, and 7d)  les 5, 6d, 8c, 9c, 10c, and 11e)  must equal Part VIII, column (A), lir  X, column (A), lines 1-3)  c, column (A), line 4)  e benefits (Part IX, column (A), lines  column (A), line 11e)  D), line 25)  27,637  les 11a-11d, 11f-24e)  crual Part IX, column (A), line 25)  3 from line 12   he 21 from line 20  amined this return, including accom	ne 12)	hedules and or is based on	2 1,253 443 353 298 1,094 158 of Current 2,509 2,146 363 statements all informations	8	607 3,754 1,809,759 609,656 0 714,335 0 344,778 1,668,769 140,990 End of Year 2,669,821 2,165,644 504,177
Net Assets of Expenses Judger Balances	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t II penedge	Investme Other rev Total reve Grants ar Benefits   Salaries, a Professio Total fundr Other ext Total exp Revenue  Total asset Sign nalties of pe and belief ledge.  Signate CYNTH Type of	ent income (Part VIII, column (A), line enue—add lines 8 through 11 (and similar amounts paid (Part I) paid to or for members (Part I) other compensation, employed and fundraising fees (Part IX, column (A), line enses. (Part IX, column (A), line enses. Add lines 13–17 (must expenses (Part X, line 16)	A), lines 3, 4, and 7d)  les 5, 6d, 8c, 9c, 10c, and 11e)  must equal Part VIII, column (A), line X, column (A), lines 1-3)  c, column (A), line 4)  e benefits (Part IX, column (A), lines  column (A), line 11e)  D), line 25)  27,637  les 11a-11d, 11f-24e)  equal Part IX, column (A), line 25)  3 from line 12   he 21 from line 20  amined this return, including accomete. Declaration of preparer (other)	s 5-10)	hedules and r) is based on	2 1,253 443 353 298 1,094 158 of Current 2,509 2,146 363 statements all informations	8 ,072 ,510 ,164	607 3,754 1,809,759 609,656 0 714,335 0 344,778 1,668,769 140,990 End of Year 2,669,821 2,165,644 504,177
Net Assets of Expenses Fund Balances Here	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t II penedgenowl	Investme Other rev Total reve Grants ar Benefits   Salaries, a Professio Total fundr Other ext Total exp Revenue  Total asset Sign nalties of pe and belief ledge.  Signate CYNTH Type of	ent income (Part VIII, column (A), line enue—add lines 8 through 11 (and similar amounts paid (Part I) paid to or for members (Part I) other compensation, employed anal fundraising fees (Part IX, column (A), line enses. (Part IX, column (A), line enses. Add lines 13–17 (must eless expenses. Subtract line 18 lets (Part X, line 16)	A), lines 3, 4, and 7d)  les 5, 6d, 8c, 9c, 10c, and 11e)  must equal Part VIII, column (A), lir  X, column (A), lines 1-3)  c, column (A), line 4)  e benefits (Part IX, column (A), lines  column (A), line 11e)  D), line 25)  27,637  les 11a-11d, 11f-24e)  crual Part IX, column (A), line 25)  3 from line 12   he 21 from line 20  amined this return, including accom	ne 12)	chedules and cr) is based on 202:	2 1,253 443 353 298 1,094 158 of Current 2,509 2,146 363 statements all informations	8	607 3,754 1,809,759 609,656 0 714,335 0 344,778 1,668,769 140,990 End of Year 2,669,821 2,165,644 504,177 he best of mynich preparer has
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Par Proposes Parences	10 11 12 13 14 15 16a 19 20 21 22 till penedge	Investme Other rev Total reve Grants ar Benefits   Salaries, a Professio Total fundr Other ex  Total exp Revenue  Total asset Sign nalties of pe and belieledge.  CYNTH Type of	ent income (Part VIII, column (A), line venue (Part VIII, column (A), line enue—add lines 8 through 11 (Ind similar amounts paid (Part I) paid to or for members (Part IX) other compensation, employed and fundraising fees (Part IX, column (A), line enses. (Part IX, column (A), line enses. Add lines 13–17 (must eless expenses. Subtract line 18 lets (Part X, line 16)	A), lines 3, 4, and 7d)  Les 5, 6d, 8c, 9c, 10c, and 11e)  must equal Part VIII, column (A), line X, column (A), lines 1-3)  Le benefits (Part IX, column (A), lines column (A), line 11e)  D), line 25)  27,637  Les 11a-11d, 11f-24e)  Le qual Part IX, column (A), line 25)  3 from line 12  Le column (A) line 25  Le column (A) line 26  Le column	s 5-10)	hedules and on state of the control	2 1,253 443 353 298 1,094 158 of Current 2,509 2,146 363 statements all informa all informa	8 ,072 ,510 ,164	607 3,754 1,809,759 609,656 0 714,335 0 344,778 1,668,769 140,990 End of Year 2,669,821 2,165,644 504,177 he best of mynich preparer has
Par Proposes Parences	10 11 12 13 14 15 16a 19 20 21 22 till penedge	Investme Other rev Total reve Grants ar Benefits   Salaries, a Professio Total fundr Other ex  Total exp Revenue  Total asset Sign nalties of pe and belieledge.  CYNTH Type of	ent income (Part VIII, column (A), line venue (Part VIII, column (A), line enue—add lines 8 through 11 (Ind similar amounts paid (Part I) paid to or for members (Part I) other compensation, employed and fundraising fees (Part IX, column (A), line enses. (Part IX, column (A), line enses. Add lines 13–17 (must eless expenses. Subtract line 18 less expenses. Subtract line 18 lets (Part X, line 16)	A), lines 3, 4, and 7d)  Les 5, 6d, 8c, 9c, 10c, and 11e)  must equal Part VIII, column (A), line X, column (A), lines 1-3)  Le benefits (Part IX, column (A), lines column (A), line 11e)  D), line 25)  27,637  Les 11a-11d, 11f-24e)  Le qual Part IX, column (A), line 25)  3 from line 12  Le column (A) line 25  Le column (A) line 26  Le column	s 5-10)	thedules and and an analysis based on Date	2 1,253 443 353 298 1,094 158 of Current 2,509 2,146 363 statements all informations all informations	8	607 3,754 1,809,759 609,656 0 714,335 0 344,778 1,668,769 140,990 End of Year 2,669,821 2,165,644 504,177 he best of mynich preparer has

✓ Yes □ No

Pai	t III Statement of Program S	Service Accomplis	shments		_
	Check if Schedule O contains a		any line in this Part III .		🛂
1	Briefly describe the organization's mis	ssion:			
HOUS MAIN	WAY HOUSING FIRST, INC. IS A NOT-FOI SING FOR INDIVIDUALS WITH A WIDE RA TAIN HOUSING. THE ORGANIZATION IS DUGHOUT THE ST. LOUIS METROPOLITAI	ANGE OF DISABILITIES A COMMUNITY-DIRECT	6, COMPLEX DISORDERS A	AND LIFE SITUATIONS WHO NEED S	SUPPORT TO SECURE OR
2	Did the organization undertake any si	gnificant program ser	vices during the year wh	ich were not listed on	
	the prior Form 990 or 990-EZ?				🗌 Yes 🔽 No
_	If "Yes," describe these new services of				
3	Did the organization cease conducting	g, or make significant	changes in now it condu	cts, any program	☐ Yes 🗸 No
	services?				∪ Yes 🛂 No
4	If "Yes," describe these changes on So				
4	Describe the organization's program s Section 501(c)(3) and 501(c)(4) organ and revenue, if any, for each program	izations are required			
4a	(Code: ) (Expenses \$	1,201,159	including grants of \$	609,656 ) (Revenue \$	160,518)
	GATEWAY HOUSING FIRST'S (GHF) MISSION HOUSING FOR INDIVIDUALS AND FAMILIES A ACCOMMODATIONS TO SECURE AND MAINT. GHF'S IMMEDIATE FOCUS IS ON INCREASING ENSURE EQUAL ACCESS TO AVAILABLE HOU TENANTS WITH THE SERVICES NEEDED TO EARD NEW CONSTRUCTION DEVELOPMENT CACCESS TO TENANT-BASED RENTAL ASSISTAGATEWAY HOUSING FIRST OPERATES 11 AFFOUNDED BY GHF AFFILIATED SINGLE ASSET COUR ARRAY OF SUPPORTED HOUSING OPTIC TOWNHOMES. GHF ALSO OPERATES SEVERA PROVIDING ON-GOING TENANT-BASED RENT GIVEN TIME. IN THE SPRING OF 2021, TO FUDISPROPORTIONATELY IMPACTED EXTREMEL PROGRAMMING TO INCLUDE A HUD ESG-CV HOMELESSNESS TO HOUSING BY PROVIDING TO THE LESS PREVALENT YET NEEDED ON-COUNTY THE COVID COMORBIDITY RISKS DISPROPORIINCLUDE COVID PREVENTION EDUCATION, FOR NEEDED FOR ON-LINE LEARNING AND VIRTUCASE MANAGEMENT SUPPORTS, WHEN NECE EXTREMELY LOW-INCOME AND EITHER UNHOHOUSED TODAY.	IFFECTED BY A WIDE RAN AIN HOUSING. GUIDED BY BY HOUSING SOLUTIONS, FOSTE SING SOLUTIONS, FOSTE ENSURE HOUSING SUCCE BY PERMANENT SUPPORTE AND THE PARINING FORDABLE SUPPORTED HY CORPORATIONS OR PARTINIS INCLUDE: SRO UNITS ALL ASSISTANCE AND HOUSEH CONTINED TO BE AND HOUSED BY LOW-INCOME HOUSEH GOUTH A CONTINED TO BE AND HOUSED BY LOW-INCOME HOUSEH GOING RENTAL ASSISTANCHOUSED IN GHE HOUSING HOUSING PROGRAMS. A RTIONATELY BORE BY THE PEDISTRIBUTION, ROUTINAL HEALTHCARE, ASSISTANCH HOUSING PROGRAMS. A RTIONATELY BORE BY THE PEDISTRIBUTION, ROUTINAL HEALTHCARE, ASSISTESSARY, AMONG OTHERS.	IGE OF COMPLEX DISORDERS (*THE VALUES AND OUTCOME DR THE "MOST VULNERABLE" RING LEVERAGING PARTNERS SS. WE EXECUTE OUR MISSIG ED HOUSING OWNED AND OF THAT ASSISTANCE FOR THOS OUSING COMMUNITIES IN ST. NERSHIPS, 3 ARE OWNED FEE AS WELL AS EFFICIENCY, 1-B VE HOUSING SCATTERED-SIT USING STABILITY CASE MANA OUR COMMUNITY-WIDE EFFOI DLDS IMPACTED BY DISABILIT NG PROGRAM THAT BRIDGES ANCE AVAILABLE THROUGH C EE AND SUPPORT SERVICES F EG OR THROUGH ONE OF OUR SIT NO TIME DURING THE PANI DSE WHO ARE UNHOUSED. TO NE SUPPLEMENTAL FOOD DIS ANCE ACCESSING PANDEMIC SUPPORTS.100% OF THOSE S	AND LIFE SITUATIONS WHO NEED SUPP IS ACHIEVED BY HOUSING FIRST AND HAS IN OUR REGION, ELIMINATING "HOUSING FIRST AND HAS IN OUR REGION, ELIMINATING "HOUSING SIN ACROSS TWO TANDEM TRACKS: (1) TO PERATED BY GHF AND (2) BY INCREASING EMOST IN NEED THROUGH OUTREACH LOUIS CITY AND COUNTY TOTALING 2006. SIMPLE BY GHF AND 1 IS MASTERED LE EDROOM APARTMENT. THE LEASING PROGRAMS, INCLUDING COC GEMENT SUPPORTS TO APPROXIMATELY RIS TO RESPOND TO THE IMPACTS OF TIES AND CHRONIC HOMELESSNESS, WE IS CHRONICALLY HOMELESS, DISABLED HOU'D RELIEF FUNDS AND THEN WORKING RIOR TO THE EXPIRATION OF THEIR COVER THE CONTRACT OF THE CONTRACT OF THE CONTRACT, WE EXPANDED OUR SISTRIBUTION, ASSISTANCE SECURING THE RELIEF ENTITLEMENTS AND EXPANDED SERVED BY GHF HAVE A HISTORY OF HOME	ORTS AND RM REDUCTION PROGRAMS, G READINESS" BARRIERS TO AGENCIES TO PROVIDE HROUGH THE ACQUISITION G THE AVAILABILITY OF AND AND ENGAGEMENT. GUNITS, 7 OF WHICH ARE ASED FROM A THIRD-PARTY. S, AND 3-BEDROOM SHELTER PLUS CARE, 85 HOUSEHOLDS AT ANY HE PANDEMIC THAT EXPANDED OUR OUSEHOLDS FROM G TO TRANSITIONING THEM VID ASSISTANCE. N THE SUBJECT YEAR WERE HALT IN RECOGNITION OF ERVICES OFFERINGS TO EINTERNET AND TOOLS OUR IN-PERSON DIRECT VELESSNESS AND WERE
4b	(Code: ) (Expenses \$	300,403	including grants of \$	) (Revenue \$	354,499 )
	GHF'S MANAGEMENT FEE INCOME IS EARNE PROGRAM THAT BEGAN ON OCTOBER 1, 20: COMMUNITIES TOTALING 200 UNITS, ALL LE HOUSEHOLD IS DISABLED. GHF'S PROPERTY PROPERTIES, AS WELL AS FUNDER REPORTI	21. THIS PROGRAM INVOL ASED TO LOW AND EXTR MANAGEMENT PROGRAM	VES GHF'S DIRECT PROPERT' EMELY LOW-INCOME, FORME	Y MANAGEMENT OF TEN PERMANENT SU RLY HOMELESS AND AT-RISK HOUSEHOLI	PPORTED HOUSING DS WHOSE HEAD OF
4c	(Code: ) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program services (Describe in S	•			
	(Expenses \$	including grants of		) (Revenue \$	)
4e	Total program service expenses	1,501,5	562		

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Par	t IV Checklist of Required Schedules	ı		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	1	<b>Yes</b> Yes	No
2	Schedule A	2	Yes	
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	103	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
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	Yes	
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		No
	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		No
	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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
D	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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		No
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	_	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

Par	t 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	Yes				
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? <i>If</i> "Yes," complete Schedule J	23		No			
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		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
c	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		No			
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		No			
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	Yes				
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						
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):						
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV						
		28b		No			
	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	28c	Yes				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		No			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> " <i>Yes</i> ," <i>complete Schedule N, Part II</i>	32		No			
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? <i>If</i> "Yes," complete Schedule R, Part I	33	Yes				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes				
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						
36							
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						
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes				
Pai	Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V						
1 >	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   0		Yes	No			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable						
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
_ `	(gambling) winnings to prize winners?	<b>1</b> c	Yes				

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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		No		
	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		No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<del>  </del>				
	required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12					
a b	Initiation fees and capital contributions included on Part VIII, line 12					
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.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state?	13a				
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					
c	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		No		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No		
17	<b>Section 501(c)(21) organizations.</b> 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? If "Yes," complete Form 6069.	17				

Part VI

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

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

Se	ction A. Governing Body and Management					
					Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	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 in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business officer, director, trustee, or key employee?	relat		2		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other pe	or un erson?	der the direct supervision	3	Yes	
4	Did the organization make any significant changes to its governing documents since the p	rior F	orm 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organi	izatio	n's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power to members of the governing body?	elect	or appoint one or more	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) represons other than the governing body?	memb	ers, stockholders, or	7b		No
8	Did the organization contemporaneously document the meetings held or written actions uthe following:	ındert	aken during the year by			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If "Yes," provide the names and addresses in Schedule O		pe reached at the	9		No
Se	ction B. Policies (This Section B requests information about policies not requir	red b	y the Internal Revenue	Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt pur			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its gove form?	erning •	body before filing the	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 9	990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	•		12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interconflicts?	rests	that could give rise to	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the particle of the schedule O how this was done	•		12c	Yes	
13	Did the organization have a written whistleblower policy?	•		13		No
14	Did the organization have a written document retention and destruction policy?			14	Yes	
15	Did the process for determining compensation of the following persons include a review at persons, comparability data, and contemporaneous substantiation of the deliberation and	nd ap decis	proval by independent sion?			
	The organization's CEO, Executive Director, or top management official			15a		No
b	Other officers or key employees of the organization			15b		No
	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 similaxable entity during the year?	ilar ar •	rangement with a	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take steps to safegual status with respect to such arrangements?	rd the		4.61		
C ~	ction C. Disclosure			16b		
<u> </u>	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable 501(c)(3)s only) available for public inspection. Indicate how you made these available. Ch	le), 99	90, and 990-T (section all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Sch					
19	Describe in Schedule O whether (and if so, how) the organization made its governing docupolicy, and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organiz ND CONSULTING GROUP LLC 2700 MACKLIND AVE ST LOUIS, MO 63139 (314) 771-53:	ation'	s books and records:			

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

### 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, or 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per	Average Position (do not check more than one box, unless person						( <b>D</b> ) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	week (list any hours for related							from the organization (W-2/1099-	from related organizations (W-2/1099-	compensation from the organization and
	organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	related organizations
(1) CYNTHIA DUFFE EXECUTIVE DIRECTOR	25.00  5.00	х		Х				0	0	0
(2) MARK STANSBERRY TREASURER	1.50 2.50	Х		х				0	0	0
(3) LAURA COHEN	1.50	v		v					^	
SECRETARY	2.50	Х		Х				0	0	0
(4) TERESA BRANDON DIRECTOR	2.50	Х						0	0	0
(5) PETER CZAJKOWSKI DIRECTOR		х						0	0	0
	2.50 1.50									
(6) JOE YANCEY DIRECTOR		Х						0	0	0
(7) MARK UTTERBACK DIRECTOR	2.50 1.50 2.50	Х						0	0	0
(8) LYNN DIRAIMONDO DIRECTOR	1.50	Х						0	0	0
(9) DAVID BROWN DIRECTOR	1.50	Х						0	0	0
(10) SCOTT NIXON DIRECTOR	1.50	Х						0	0	0
(11) TONY POTTS DIRECTOR	1.50 2.50	Х						0	0	0
(12) SUSAN ROLLINS	1.50	х						0	0	0
DIRECTOR	2.50							Ü		
(13) LISA GRIMES DIRECTOR	1.50 2.50	Х						0	0	0
										Form <b>990</b> (2021)

	(A) Name and title	(B) Average hours per week (list any hours for	than o	ne b	ox, ι n of	t che inles ficer	eck moss pers and a ee)	son	(D) Reportable compensation from the organization ()	from relate N- organizations	ion ed	Estim amount comper from	ated of other sation the
		related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NE	2/1099- C) MISC/1099-N	IEC)	organiza rela organiz	ted
<b>c</b> 1	otal from continuation sheets to P						*		0		0		0
2	Total number of individuals (including reportable compensation from the org				d ab	ove	) who i	recei		100,000 of			
	reportable compensation from the org	Janizacion - 0										Yes	No
3	Did the organization list any <b>former</b> of line 1a? If "Yes," complete Schedule J			e, ke				high	nest compensate	ed employee on			
4	For any individual listed on line 1a, is organization and related organization	the sum of repo	rtable c	ompe	nsat	tion	and ot	her o	compensation fr edule J for such	om the	3		No
	individual										4		No
5	Did any person listed on line 1a receiv services rendered to the organization										5		No
Se	ection B. Independent Contract											•	
1	Complete this table for your five higher the organization. Report compensation									tax year.	ompen	sation fro	m
	Name a	(A) and business addre	ess						С	(B) Description of services	5		C) nsation
												1	
	otal number of independent controls	c (including but	not lies!	FO 4 F	<b>,</b> +b -	vc 2 11	ictod -	herr	) who received	more than \$100 0	00 °t		
	otal number of independent contractor compensation from the organization <b>b</b> (		HOL HIIII	teu t(	, ti 10	se I	isted a	υυνε	e, who received	more man \$100,0	OU UI		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Form 990 (2021) Page **9** Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) (C) Unrelated (D) Related or Revenue exempt function business excluded from tax under sections revenue 512 - 514 s, gifts, grants, nilar amounts 1a Federated campaigns . 1a **b** Membership dues . . 1b  $\boldsymbol{c}\ \ \text{Fundraising events}\ \ \boldsymbol{.}$ **1**c d Related organizations 1d Contributions, gand other simil e Government grants (contributions) 1,075,240 **1e f** All other contributions, gifts, grants, and similar amounts not included above 215,141 1f **g** Noncash contributions included in lines 1a - 1f:\$ **1**g 40,433 h Total. Add lines 1a-1f . . . . . 1,290,381 **Business Code** 371,499 371,499 2a MANAGEMENT FEES 531310 Program Service Revenue 143,518 143,518 **b** RENTAL INCOME 531110  ${f f}$  All other program service revenue. g Total. Add lines 2a-2f. . . . . 3 Investment income (including dividends, interest, and other 607 similar amounts) . . . 4 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 60 **d** Net rental income or (loss) . . . ٠ (i) Securities (ii) Other **7a** Gross amount from sales of assets other than inventory 7a Less: cost or other basis and sales expenses b 7h 7c c Gain or (loss) d Net gain or (loss) . 8a Gross income from fundraising events Other Revenue (not including \$ contributions reported on line 1c). See Part IV, line 18 . **b** Less: direct expenses . . . 8b  $\boldsymbol{c}$  Net income or (loss) from fundraising events  $% \boldsymbol{c}$  . Gross income from gaming activities. See Part IV, line 19 . . . 9b **b** Less: direct expenses . . . c Net income or (loss) from gaming activities . . **10a**Gross sales of inventory, less returns and allowances . 10a **b** Less: cost of goods sold . 10b  ${f c}$  Net income or (loss) from sales of inventory . Miscellaneous Revenue **Business Code** 531110 2,700 2,700 11aOTHER REVENUE-MISC. 1.054 531110 1,054 **b** TENANT CHARGES d All other revenue e Total. Add lines 11a-11d . 3.754 12 Total revenue. See instructions . . . . . 515.017 1,809,759 4.361

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	) organizations mus	t complete all columns.	. All other organizations mu:	st complete column (A

Check if Schedule O contains a response or note to any  Do not include amounts reported on lines 6b,	y line in this Part IX  (A)  Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to domestic organizations and	lotal expenses	expenses	general expenses	expenses
domestic governments. See Part IV, line 21	609,656	609,656		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	009,030	009,030		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	I			
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	709,042	580,187	110,618	18,237
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	3,580	3,580		
<b>10</b> Payroll taxes	1,713	1,713		
11 Fees for services (non-employees):				
<b>a</b> Management	1,754	1,754		
<b>b</b> Legal				
c Accounting	20,000		20,000	
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,821		4,821	
12 Advertising and promotion				
<b>13</b> Office expenses	28,175	27,793	382	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	121,718	121,718		
<b>17</b> Travel	4,860	4,860		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
<b>19</b> Conferences, conventions, and meetings	390	390		
<b>20</b> Interest	24,273	24,273		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55,355	55,355		
23 Insurance	30,454	26,705	3,749	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	36,187	36,187		
<b>b</b> FUNDRAISING EXPENSES	9,400			9,400
c CLIENT ASSISTANCE	7,391	7,391		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,668,769	1,501,562	139,570	27,637
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here  if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part IX .			$\square$
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		169,402	1	172,196
	2	Savings and temporary cash investments .			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		119,208	4	273,393
	5	Loans and other receivables from any current of				
		trustee, key employee, creator or founder, subs controlled entity or family member of any of the		50,000	5	50,000
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), and persons described in se	ection 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		163,697	7	163,697
Se	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges		19,023	9	24,670
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,947,044			
	b	Less: accumulated depreciation	<b>10b</b> 175,372	1,815,653	<b>10</b> c	1,771,672
	11	Investments—publicly traded securities .		11		
	12	Investments—other securities. See Part IV, line	11		12	
	13	Investments—program-related. See Part IV, line	211	12,251	13	12,263
	14	Intangible assets	1,450	14	0	
	15	Other assets. See Part IV, line 11		159,107	15	201,930
	16	Total assets. Add lines 1 through 15 (must equ	ual line 33)	2,509,791	16	2,669,821
	17	Accounts payable and accrued expenses		65,966	17	149,626
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	ner officer, director, trustee, key butor, or 35% controlled entity		20	
<u>.e</u>			ake dikhindi ne mile e	2.061.760	22	2.011.462
	23	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated	•	2,061,760	23	2,011,462
	24	Other liabilities (including federal income tax, pa	·	10.070	24 25	4.556
	25	and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		18,878	25	4,556
	26	<b>Total liabilities.</b> Add lines 17 through 25 .	•	2,146,604	26	2,165,644
nces		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	heck here 🕨 🗹 and			
alai	27	Net assets without donor restrictions	363,187	27	504,177	
ä	28	Net assets with donor restrictions			28	
or Fund Balances		Organizations that do not follow FASB ASC complete lines 29 through 33.				
0	29	Capital stock or trust principal, or current funds		1	29	<u> </u>
ets	30	Paid-in or capital surplus, or land, building or eq		30		
ASS	31	Retained earnings, endowment, accumulated in	come, or other funds		31	
Net Assets	32	Total net assets or fund balances		363,187	32	504,177
ž	33	Total liabilities and net assets/fund balances .		2,509,791	33	2,669,821

Form 990 (2021)
Part XI Reconcilliation 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)			1,809,759		
2	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b> 1,668				
3	Revenue less expenses. Subtract line 2 from line 1			140,990		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			363,187		
5	Net unrealized gains (losses) on investments					
6	Donated services and use of facilities					
7	Investment expenses					
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain in Schedule O)			0		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))			504,177		
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<b>✓</b>		
			Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes			
	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 ☐ Both consolidated and separate basis					
c	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?	20	Yes			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule C	).				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	dit 3b				
			Form 9	90 (2021)		

### efile GRAPHIC print

Submission Date - 2023-05-15

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue

# **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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

_	inai inc							mspeedion			
<b>Nan</b>	le of th	e organization JSING FIRST INC					Employer identifica	tion number			
OAIL	WAI 1100	SSING FINST INC					47-1099681				
Pä	art I	Reason for Public	<b>Charity Stat</b>	<b>us</b> (All organization	s must comple	te this part.) S	ee instructions.				
The	organiz	ation is not a private four	idation because	it is: (For lines 1 throu	ıgh 12, check on	ly one box.)					
1		A church, convention of	churches, or as	sociation of churches o	described in <b>sect</b>	tion 170(b)(1)(	A)(i).				
2		A school described in <b>se</b>	ction 170(b)(	L)(A)(ii). (Attach Sche	dule E (Form 990	0).)					
3		A hospital or a cooperat	ive hospital serv	vice organization descr	ribed in <b>section</b>	170(b)(1)(A)(ii	i).				
4		A medical research orga name, city, and state:	nization operat	ed in conjunction with	a hospital descri	bed in <b>section</b> 1	<b>170(b)(1)(A)(iii).</b> Ent	er the hospital's			
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II.)									
6		A federal, state, or local	government or	governmental unit des	scribed in <b>sectio</b>	n 170(b)(1)(A)	(v).				
7	<b>✓</b>	An organization that nor section 170(b)(1)(A)(			s support from a	governmental ui	nit or from the genera	l public described in			
8		A community trust descri	ribed in <b>sectior</b>	170(b)(1)(A)(vi). (C	Complete Part II.)						
9		An agricultural research non-land grant college o						ge or university or a			
10		An organization that nor activities related to its e income and unrelated by See section 509(a)(2).	mally receives: xempt functions usiness taxable	(1) more than 331/3% s—subject to certain exincome (less section 5	of its support fro xceptions, and (2	m contributions, 2) no more than :	membership fees, an 33 1/3% of its support	from gross investment			
11		An organization organize	ed and operated	l exclusively to test for	r public safety. Se	ee <b>section 509</b> (	a)(4).				
12		An organization organize more publicly supported lines 12a through 12d th	organizations of	described in <b>section 5</b>	09(a)(1) or sec	tion 509(a)(2).	See section 509(a)(	e purposes of one or (3). Check the box on			
а		Type I. A supporting orgonization(s) the power complete Part IV, Section 11.	er to regularly a								
b		Type II. A supporting or management of the sup complete Part IV, Sec	porting organiza								
c		Type III functionally in organization(s) (see inst					d functionally integrat	ed with, its supported			
d		Type III non-functiona functionally integrated. instructions). You must	<b>Illy integrated</b> The organizatio	A supporting organiz n generally must satist	ation operated ir fy a distribution i	n connection witl					
e		Check this box if the org or Type III non-functiona	anization receiv	ved a written determin	ation from the IR	S that it is a Typ	e I, Type II, Type III fur	nctionally integrated,			
f	Enter	the number of supported					<u></u>				
g		Provide the following inf	ormation about	the supported organiz	ation(s).						
(i) T	(i) Name of supported organization (ii) EIN		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					

	(Complete only if you ch the organization failed to					ailed to d	<sub>l</sub> uality u	nder Part III. If
S	ection A. Public Support	yaay aaa.		, o. o. i., p. oa. o o				
Cal	endar year fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	l	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	580,552	607,009	696,824	1,073,880		1,290,381	4,248,646
2	include any "unusual grant.") Tax revenues levied for the organization's benefit and either paid							
3	to or expended on its behalf The value of services or facilities							
	furnished by a governmental unit to the organization without charge <b>Total.</b> Add lines 1 through 3	580,552	607,009	696,824	1,073,880		1,290,381	4,248,646
	The portion of total contributions by	300,332	007,009	090,024	1,075,000		1,290,301	4,240,040
	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .							14,855
	<b>Public support.</b> Subtract line 5 from							4,233,791
	line 4. ection B. Total Support							
	endar year	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	1	(f) Total
	fiscal year beginning in) 🕨		1 1					` 1
7	Amounts from line 4.	580,552	607,009	696,824	1,073,880		1,290,381	4,248,646
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	939	606	606	8		607	2,766
9	Net income from unrelated business activities, whether or not the business is regularly carried on.							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).				2,072		3,754	5,826
11	<b>Total support.</b> Add lines 7 through 10							4,257,238
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		1,416,396
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	k year as a section	501(c)(3	) organiz	ation, check
	this box and <b>stop here</b>						ightharpoons	
S	ection C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2021 (lir	ne 6, column (f) di	vided by line 11, c	olumn (f))		14		99.450 %
15	Public support percentage for 2020 Sc	hedule A, Part II, li	ne 14			15		98.430 %
	<b>33</b> 1/3% support test—2021. If the o					ore, chec	k this box	
	and <b>stop here.</b> The organization qual <b>33</b> 1/3% <b>support test—2020.</b> If the	ifies as a publicly	supported organiz	ation				. 🕨 🔽
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> if the organization meets the "facts-and-circumstances" if a constant or the stop of the organization meets are stop of the organization meets.	<b>—2021.</b> If the org	anization did not o test, check this bo	check a box on line ox and <b>stop here</b> .	e 13, 16a, or 16b, Explain in Part VI	and line 1 how the o	l4 is 10% organizat	or more, and
b	"facts-and-circumstances" test. The or 10%-facts-and-circumstances tes and if the organization meets the "fac	<b>t—2020.</b> If the or	ganization did not	check a box on lir	ne 13, 16a, 16b, or	<sup>-</sup> 17a, and	l line 15 i	
18	the "facts-and-circumstances" test. The <b>Private foundation.</b> If the organization	he organization qu on did not check a	ualifies as a public box on line 13, 10	ly supported orgai 6a, 16b, 17a, or 1	nization 7b, check this box	 and see	•	• 🗆

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

20

P	art III Support Schedule fo						
	(Complete only if you c					ed to qualify un	der Part II. If the
	organization fails to qu	alify under the	tests listed be	low, please cor	nplete Part II.)		
	ection A. Public Support	Ī					
	endar year fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	( <b>d</b> ) 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						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
6	the organization without charge <b>Total.</b> Add lines 1 through 5						
6 70	Amounts included on lines 1, 2, and 3						
/ a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ction B. Total Support						
	endar year	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or f	fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or 1	fiscal year beginning in)  Amounts from line 6	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or f	fiscal year beginning in)  Amounts from line 6  Gross income from interest,	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or 1	fiscal year beginning in)  Amounts from line 6	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or 1	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or 1	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or 1 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or 1 9 10a	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or 1 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or 1 9 10a b	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or 1 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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,	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or 1 9 10a b	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  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	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or 1 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or 1 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or 1 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or 1 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or 1 9 10a b c 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.).						
(or 1 9 10a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the	ne organization's	first, second, th	rd, fourth, or fifth	tax year as a sec	tion 501(c)(3) org	anization, check this
(or 1 9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the box and stop here	ne organization's	first, second, th	rd, fourth, or fifth	tax year as a sec	tion 501(c)(3) org	anization, check this
(or 1 9 10a b c 11 12 13 14 Se	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is for the box and stop here	ne organization's	first, second, th	rd, fourth, or fifth	tax year as a sec	tion 501(c)(3) org	anization, check this
(or 1 9 10a b c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the box and stop here	ne organization's  Support Perc ne 8, column (f) di	first, second, th entage ivided by line 13	rd, fourth, or fifth	tax year as a sec	tion 501(c)(3) org	anization, check this
(or 1 9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is for the box and stop here	ne organization's some support Percone 8, column (f) dischedule A, Part II	first, second, th entage ivided by line 13	rd, fourth, or fifth	tax year as a sec	tion 501(c)(3) org	anization, check this
(or 1 9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is for the box and stop here	Support Percone 8, column (f) dischedule A, Part II	first, second, th entage ivided by line 13 I, line 15 Percentage	rd, fourth, or fifth	tax year as a sec	tion 501(c)(3) org	anization, check this
(or 1 9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the box and stop here	Support Perc ne 8, column (f) di Schedule A, Part II ment Income 21 (line 10c, column	first, second, thentage ivided by line 13 I, line 15 Percentage mn (f) divided b	rd, fourth, or fifth	tax year as a sec	tion 501(c)(3) org	anization, check this
(or 1 9 10a b c 11 12 13 14 Se 15 16 Se	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the box and stop here	Support Perc ne 8, column (f) di Schedule A, Part II ment Income 21 (line 10c, columo 020 Schedule A,	first, second, th  entage ivided by line 13 I, line 15  Percentage mn (f) divided b Part III, line 17 .	rd, fourth, or fifth	tax year as a sec	15 16 17 18	anization, check this
(or 1 9 10a b c 11 12 13 14 Se 15 16 Se 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is for the box and stop here.  Ection C. Computation of Public Public support percentage for 2021 (lire Public support percentage from 2020 Section D. Computation of Invest Investment income percentage from 2021 (livestment income percentage from 2021).	Support Percome 8, column (f) dischedule A, Part III ment Income 21 (line 10c, column occurrence) 22 (schedule A, rganization did not recomble a)	first, second, th entage ivided by line 13 I, line 15 Percentage mn (f) divided b Part III, line 17 . ot check the box	rd, fourth, or fifth	tax year as a sec	15 16 17 18 an 33 1/3%, and line	anization, check this   e 17 is not more
(or 1 9 10a b c 11 12 13 14 Se 15 16 Se 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .  Total support. (Add lines 9, 10c, 11, and 12.) .  First 5 years. If the Form 990 is for the box and stop here	Support Percome 8, column (f) dischedule A, Part II ment Income 21 (line 10c, column 020 Schedule A, rganization did no here. The organi	first, second, th entage ivided by line 1: I, line 15 Percentage mn (f) divided b Part III, line 17 . ot check the box zation qualifies	rd, fourth, or fifth	tax year as a sec	15 16 18 an 33 1/3%, and line	anization, check this   e 17 is not more

more than 33  $_{1/3}$ %, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . .  $\blacktriangleright$ 

### Part IV Supporting Organizations

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

Sect	ion	Α.	ΑII	Supporting	Organizations	

	tuen /u /u Capper ung et gam-auens			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described	_		
	in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	Ja		
	determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	6		
В	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"	7		
	complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI</b> .			
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 <b>Part VI.</b>	9a		
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 <b>Part VI.</b>	9b		
0a	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,"	9c		
	answer line 10b below.	10a		
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).	106		

P	art IV	Supporting Organizations (continued)							
				Yes	No				
11	<b>L</b> Has	the organization accepted a gift or contribution from any of the following persons?							
ā		erson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the erning body of a supported organization?	11a						
ŀ	<b>b</b> A fai	mily member of a person described on 11a above?	11b						
		% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	11c						
	VI.								
-	Sectio	n B. Type I Supporting Organizations		V					
	D:4	the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly		Yes	No				
1	appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.								
2	Did	the organization operate for the benefit of any supported organization other than the supported organization(s) that	1						
	oper <i>carr</i>	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.							
_	Sectio	n C. Type II Supporting Organizations		l					
_	144			Yes	No				
1	each	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1						
_		n D. All Type III Supporting Organizations							
_	Jectio	n b. An Type in Supporting Organizations		Yes	No				
1	Did f	the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's							
	tax y Forn	year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 1990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing							
	doci	documents in effect on the date of notification, to the extent not previously provided?							
2	or (i	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).							
_			2						
3	voic	eason of the relationship described in line 2 above, did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at all times ng the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3						
9	Sectio	n E. Type III Functionally-Integrated Supporting Organizations							
1		ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructio	ns):						
	a 🗌	The organization satisfied the Activities Test. Complete line 2 below.							
	b _	The organization is the parent of each of its supported organizations. Complete line 3 below.							
	<b>c</b> _	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions)					
2	Activ	vities Test. <b>Answer lines 2a and 2b below.</b>		Yes	No				
	orga <b>orga</b> resp	substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported inization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported anizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a						
		the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more	<u> - a</u>						
	of th <i>orga</i>	ne organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the inization's position that its supported organization(s) would have engaged in these activities but for the organization's lyement.	2.						
3		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>	2b						
_	a Did	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of supported organizations? If "Yes" or "No", provide details in <b>Part VI.</b>	3a						
	<b>b</b> Did	the organization exercise a substantial degree of direction over the policies, programs and activities of each of its ported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.							
	Supp	and the distance of the second	3b						

Schedule A (Form 990) 2021 Page **6** 

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganıza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization			
	Section 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		
	Section 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):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	<b>1</b> c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	tegrate	d Type III supporting orga	anization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Section D - Distributions				Current Year					
1 Amounts paid to supported organizations to accomplish	exempt purposes		1						
2 Amounts paid to perform activity that directly furthers e excess of income from activity	exempt purposes of supported	organizations, in	2						
3 Administrative expenses paid to accomplish exempt pur	ons	3							
4 Amounts paid to acquire exempt-use assets			4						
5 Qualified set-aside amounts (prior IRS approval required	d - provide details in <b>Part VI</b> )		5						
6 Other distributions (describe in <b>Part VI</b> ). See instruction	ns		6						
7 Total annual distributions. Add lines 1 through 6.			7						
8 Distributions to attentive supported organizations to what details in <b>Part VI</b> ). See instructions	ich the organization is respons	sive ( <i>provide</i>	8						
<b>9</b> Distributable amount for 2021 from Section C, line 6			9						
10 Line 8 amount divided by Line 9 amount			10						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ons	(iii) Distributable Amount for 2021					
1 Distributable amount for 2021 from Section C, line 6									
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in <b>Part VI</b> ). See instructions.									
<b>3</b> Excess distributions carryover, if any, to 2021:									
<b>a</b> From 2016									
<b>b</b> From 2017									
c From 2018									
d From 2019									
e From 2020				+					
g Applied to underdistributions of prior years									
h Applied to 2021 distributable amount									
Carryover from 2016 not applied (see instructions)									
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4 Distributions for 2021 from Section D, line 7:									
\$									
a Applied to underdistributions of prior years									
<b>b</b> Applied to 2021 distributable amount									
c Remainder. Subtract lines 4a and 4b from line 4.									
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.									
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.									
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.									
8 Breakdown of line 7:									
a Excess from 2017									
<b>b</b> Excess from 2018									
<b>c</b> Excess from 2019 <b>d</b> Excess from 2020									
e Excess from 2021									
C EXCESSION FORTH I I I I									

Schedule A (Form 990) 2021

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

# Facts And Circumstances Test

Return Reference	Explanation
FORM 990, SCHEDULE A, PART II, LINE 10:	MISCELLANEOUS INCOME CONSISTS OF ADJUSTMENTS TO PRIOR YEAR PURCHASES OF PARCELS OF LAND (LOTS).

Schedule A (Form 990) 2021

Page 8

efile GRAPHIC print

Submission Date - 2023-05-15

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

**DLN: 93493135173103**OMB No. 1545-0047

2021

Open to Public Inspection

	me of the organization EWAY HOUSING FIRST INC	Employer identification number
		47-1099681
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds of Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	or Accounts.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(b) Farias and other decoding
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor ad	
6	organization's property, subject to the organization's exclusive legal control?	∪ Yes ∪ No
	charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose c private benefit?	
Pa	<b>Conservation Easements.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		historically important land area
		certified historic structure
		certified historic structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for easement on the last day of the tax year.	m of a conservation  Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after $7/25/06$ , and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year	the organization during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	of violations, and
	enforcement of the conservation easements it holds?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserved to the second control of the	vation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expensional balance sheet, and include, if applicable, the text of the footnote to the organization's financial state the organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Otl	ner 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, not to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research in further 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, to report in its revenue statement and historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items:	
(	i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
(i	i) Assets included in Form 990, Part X	<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for finant following amounts required to be reported under FASB ASC 958 relating to these items:	icial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X	<b>&gt;</b> \$

Pai	t III	Organizations M	aintaining Co	llections	of Art, H	listo	rical <sup>·</sup>	Trea	sures,	or Oth	er Similar .	Assets	(conti	nued)	
3	Using items	the organization's acqu (check all that apply):	uisition, accession	n, and other	records, c	heck a	any of	the f	ollowing	that are	a significant (	use of its	collec	tion	
а		Public exhibition				d		Loa	n or excl	hange pr	ograms				
b		Scholarly research				е		Oth	er						
c		Preservation for future	generations												
4	Provid Part X	de a description of the c	organization's col	lections and	explain ho	ow the	ey furtl	ner th	ne organ	ization's	exempt purpo	se in			
5		g the year, did the orga s to be sold to raise fun										☐ Ye	s	□ N	0
Pa	rt IV	Escrow and Custo Complete if the org line 21.			' on Form	990,	Part I	V, li	ne 9, or	reporte	ed an amour	nt on Fo	rm 99	0, Pa	ırt X,
1a		organization an agent, ded on Form 990, Part X										☐ Ye	s	□ N	0
b	If "Ye:	s," explain the arranger	ment in Part XIII a	nd complete	e the follov	ving ta	able:				-	Amount			_
c	Begin	ning balance								<b>1</b> c					_
d	Additi	ions during the year								<b>1</b> d					<u> </u>
е	Distri	butions during the year								1e					_
f	Endin	g balance								1f					_
2a	Did th	ne organization include	an amount on Fo	rm 990, Part	t X, line 21	, for e	scrow	or cu	stodial a	account l	iability?	☐ Ye	s	O N	0
b	If "Yes	s," explain the arrangen	nent in Part XIII. (	Check here i	f the expla	nation	n has b	een	provided	d in Part )	кш (				
Pa	rt V	Endowment Fund			_										
		Complete if the org	ganization answ	ered "Yes" (a) Curren			Part I			years bac	k (d) Three ye	ara bask	/a) Fa		rs back
1a	Beginn	ing of year balance .		(a) Curren	it year	(D) F	nor yea		(C) IWO	years bac	k (u) fillee ye	ars back	(e) 10	ai yeai	5 Dack
		outions										$\overline{}$			
		restment earnings, gain	s. and losses									-			
		or scholarships										$\overline{}$			
		expenditures for facilitie										$\overline{}$			
		ograms													
f	Admini	strative expenses .													
g	End of	year balance													
2 a		de the estimated percer I designated or guasi-er	-	ent year end	balance (l	line 1	g, colui	mn (a	a)) held a	as:					
b		anent endowment ►			••••										
c		endowment 🕨													
	The p	ercentages on lines 2a,	2b, and 2c shoul	ld equal 100	)%.										
3a		nere endowment funds i	not in the posses	sion of the c	organizatio	n that	are he	eld aı	nd admir	nistered 1	or the				
	•	nization by:												Yes	No
		nrelated organizations								•			a(i) a(ii)	$\longrightarrow$	
b		elated organizations    . s" on 3a(ii), are the rela											3b		
4		ribe in Part XIII the inten	-		•			•							
	rt VI	Land, Buildings,		_											
		Complete if the org	ganization answ	ered "Yes"								X, line	10.		
	Descri	ption of property	(a) Cost or oth (investme		(b) Cost or	r other	basis (	other)	(c) Ad	cumulate	d depreciation	(6	d) Book	< value	!
1-	1 a m -1						1,	03,86	2						103,862
								06,39			153,269	<del> </del>			553,124
		gs					1,/	8,82			2,353			т,	6,471
		old improvements						74,59			19,750				54,844
		nent						53,37			19,730	<del> </del>			53,371
е	omer							,-/	- 1			1			JJ,J/1

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

1,771,672

Schedule D (Form 990) 2021 Page 3 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: Cost or end-of-year market value (including name of security) (1) Financial derivatives . . . . . . . . . (2) Closely-held equity interests (3)Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)TENANT SECURITY DEPOSITS 9,331 (2) DUE FROM RELATED PARTY 192.599 (2) (3) (4) (5) (6) (7) (8) (9) **Total.** (Column (b) must equal Form 990, Part X, col.(B) line 15.) 201,930 Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (b) Book value (a) Description of liability (1) Federal income taxes TENANT SECURITY DEPOSITS 2,864 DUE TO RELATED PARTY 1,692

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

4,556

Schedule D (Form 990) 2021

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per

1,809,759	1		Complete if the organization answered 'Yes' on Form 990, Part IV,  Total revenue, gains, and other support per audited financial statements
1,000,100	_		Amounts included on line 1 but not on Form 990, Part VIII, line 12:
			Net unrealized gains (losses) on investments
	-		Donated services and use of facilities
	-		Recoveries of prior year grants
	-		Other (Describe in Part XIII.)
0	2e		Add lines <b>2a</b> through <b>2d</b>
1,809,759	3		Subtract line <b>2e</b> from line <b>1</b>
,,,,,,			Amounts included on Form 990, Part VIII, line 12, but not on line 1:
			Investment expenses not included on Form 990, Part VIII, line 7b . 4a
	-		Other (Describe in Part XIII.)
0	4c		Add lines <b>4a</b> and <b>4b</b>
1,809,759	5		Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)
1.809.739	1 3 1		
1,809,759			TXII Reconciliation of Expenses per Audited Financial Statemen
1,809,759		ts With Expenses per	·
		ts With Expenses per ine 12a.	t XII Reconciliation of Expenses per Audited Financial Statemen
	r Return.	ts With Expenses per ine 12a.	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, Part IV,
	r Return.	ts With Expenses per ine 12a.	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, Part IV, Total expenses and losses per audited financial statements
	r Return.	ts With Expenses per ine 12a.	Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part IV, Total expenses and losses per audited financial statements
	r Return.	ts With Expenses per ine 12a.	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, Part IV, Total expenses and losses per audited financial statements
	r Return.	ts With Expenses per ine 12a.	Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part IV, Total expenses and losses per audited financial statements
	r Return.	ts With Expenses per ine 12a.	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, Part IV, Total expenses and losses per audited financial statements
1,668,769	Return.	ts With Expenses per ine 12a.	Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part IV, Total expenses and losses per audited financial statements
1,668,769	Return.	ts With Expenses per ine 12a.	Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)  Add lines 2a through 2d
1,668,769	Return.	ts With Expenses per ine 12a.	Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part IV, Total expenses and losses per audited financial statements
1,668,769	Return.	ts With Expenses per ine 12a.	Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part IV, Total expenses and losses per audited financial statements
1,668,769	Return.	ts With Expenses per ine 12a.	Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part IV, Total expenses and losses per audited financial statements
1,668,769	Return.  1  2e  3	ts With Expenses perine 12a.	Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part IV, Total expenses and losses per audited financial statements

Return Reference	Explanation
	THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAX AND HAS BEEN CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE TAXES ON REVENUE AND INCOME HAS BEEN RECOGNIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS. EVEN THOUGH THE CORPORATION IS RECOGNIZED AS TAX EXEMPT, IT STILL MAY BE LIABLE FOR TAX ON ITS UNRELATED BUSINESS INCOME ("UBI"). THE CORPORATION EVALUATES UNCERTAIN TAX POSITIONS THROUGH ITS REVIEW OF THE SOURCES OF INCOME TO IDENTIFY UBI AND CERTAIN OTHER MATTERS, INCLUDING THOSE WHICH MAY AFFECT ITS TAX EXEMPT STATUS. THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF JUNE 30, 2022 AND 2021, THE CORPORATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

efile GRAPHIC print Submission Date - 2023-05-15

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

DLN: 93493135173103

OMB No. 1545-0047

Schedule I (Form 990)

Department of the Treasury

Part II

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Yes

S O

the selection criteria used to award the grants or assistance? . . . . . . . . .

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

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

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.

**GATEWAY HOUSING FIRST INC** Internal Revenue Service Name of the organization General Information on Grants and Assistance 47-1099681 **Employer identification number** 

Proof of section $501(c)(3)$ and government organizations listed in the line $1$ table .	12)	(1)	10)	9)	3)	7)	5)	5)	1)	3)	2)	1)	(a) Name and address of organization or government
n 501(c)(3) and go													( <b>b)</b> EIN
vernment organizations													<b>(c)</b> IRC section (if applicable)
listed in the line 1 table .													(d) Amount of cash grant (e) Amount of non- cash assistance
													<b>(f)</b> Method of valuation (book, FMV, appraisal, other)
													(g) Description of noncash assistance
													(h) Purpose of grant or assistance

Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other As	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	viduals. Complete if the c	organization answe	red "Yes" on Form	990, Part IV, line 22.		rage Z
(a) Type of grant or assistance	pe of grant or assistance (b) Number of recipients	er of <b>(c)</b> Amount of		(d) Amount of noncash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)		(f) Description of noncash assistance
(1) UTILITY AND RENTAL ASSISTANCE	NCE	81 609,656	56				
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
Part IV Supplemental	Supplemental Information. Provide the information required in Part I, line 2; Part III,	e information required i	n Part I, line 2; P		column (b); and any other additional information	itional information.	
Return Reference	Explanation						
PART I, LINE 2:	THE ORGANIZATION ENSURES THAT ASSISTANCE IS USED FOR BEHALF OF THE PARTICULAR INDIVIDUALS AND HOUSEHOLDS	R INDIVIDUALS AND HOUSI	SED FOR PROPER P EHOLDS.	URPOSES BY PRO	VIDING THE ASSISTANCE	DIRECTLY TO LANDLOF	THE ORGANIZATION ENSURES THAT ASSISTANCE IS USED FOR PROPER PURPOSES BY PROVIDING THE ASSISTANCE DIRECTLY TO LANDLORDS AND UTILITY PROVIDERS ON BEHALF OF THE PARTICULAR INDIVIDUALS AND HOUSEHOLDS.
PART III, LINE 1:	WITH FUNDING FROM SEVERAL HUD COC AND ESG GRANTS AND ONE SIMILAR GRANT FUNDED BY THE MISSOURI DEPARTMENT OF ME FIRST INC PROVIDES ON-GOING RENTAL AND UTILITY ASSISTANCE TO LOW AND EXTREMELY LOW-INCOME HOUSEHOLDS IMPACTED BY HOMELESS AT PROGRAM ENROLLMENT. THE AMOUNT OF MONTHLY RENT AND UTILITY SUBSIDY PROVIDED IS CALCULATED BASED ON HOUSING COST. HOUSEHOLDS PAY 30% OF THEIR INCOME TOWARDS ACTUAL HOUSING COSTS AND GRANT FUNDS PAY THE BALANCE.	TAL HUD COC AND ESG GFING RENTAL AND UTILITY, ING RENTAL AND UTILITY, BOLLMENT, THE AMOUNT DS PAY 30% OF THEIR INC	VANTS AND ONE SII ASSISTANCE TO LO OF MONTHLY RENT OME TOWARDS AC	MILAR GRANT FUN W AND EXTREMEI ' AND UTILITY SUE TUAL HOUSING CO	GRANT FUNDED BY THE MISSOURI DEPARTMENT OF MENTAL HEALTH, GATEWAY HE EXTREMELY LOW-INCOME HOUSEHOLDS IMPACTED BY DISABILITIES WHO WERE UTILITY SUBSIDY PROVIDED IS CALCULATED BASED ON HOUSEHOLD INCOME AND HOUSENGLE AND GRANT FUNDS PAY THE BALANCE.	DEPARTMENT OF MENTA OLDS IMPACTED BY DIS ULATED BASED ON HOI PAY THE BALANCE.	GRANT FUNDED BY THE MISSOURI DEPARTMENT OF MENTAL HEALTH, GATEWAY HOUSING DEXTREMELY LOW-INCOME HOUSEHOLDS IMPACTED BY DISABILITIES WHO WERE UTILITY SUBSIDY PROVIDED IS CALCULATED BASED ON HOUSEHOLD INCOME AND ACTUAL HOUSING COSTS AND GRANT FUNDS PAY THE BALANCE.

Schedule I (Form 990) 2021

efile GRAPHIC	print Su	ubmission Date	- 2023-0	5-15					DLN: 9	3493	1351	73103
Schedule L		Transac	tions	with In	terest	ed Pers	ons		0	MB No	. 1545	-0047
(Form 990)	► Com	plete if the organ	ization an 8b, or 28c,	swered "Yes or Form 990	" on Form 9 0-EZ, Part V,	90, Part IV, lii line 38a or 4	nes 25a	25b, 2	26,	2(	<b>)</b> 2	1
Department of the		►Go to <u>www.irs.</u>		to Form 990 <u>90</u> for instru			ormatio	n.	(		to Pu pectio	
Name of the organic	anization						Emp	oyer id	entificat	ion n	ımber	
							47-1	99681				
		ransactions (sec					_		-			
		nization answered " ualified person				lified person ar			ption of	Τ.	<b>d)</b> Cor	rected?
1 (-,	rianie er alege	aaaa perse	(2)		rganization			transa	•	_	Yes	No
										-		
Com	plete if the orgoted an amoun		d "Yes" on Fot X, line 5, 6 (d) Loan to	orm 990-EZ, F	(e) Original principal amount		<b>(g)</b> In	? Appr	(h) oved by ard or		nization i) Writ greem	ten
			To	From			Yes N	_	mittee?	Yes		No
(1) ND PROPERTIES LLC	CONTROLLED ENTITY OF PARENT OF PA DIRECTOR	OF REAL		X	50,000	50,000	N	_	_	Yes	-	
Total . Part III Grai	nts or Assist	tance Benefitin	a Interes		\$	50,000						
		rganization answ				ine 27.						
(a) Name of intere	ested person	<b>(b)</b> Relationship be interested person a organization	and the	(c) Amount o	f assistance	(d) Type o	f assista	nce	<b>(e)</b> Pu	rpose	of assi	stance
			1			<u>†                                      </u>						

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

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	(d) Description of transaction	organiz revei	haring of zation's nues?
				Yes	No
(1) ND CONSULTING GROUP LLC	CONTROLLED ENTITY OF PARENT OF PAST DIRECTOR		SEE PART V - MANAGEMENT SERVICES		No
(2) ND&S MANAGEMENT COMPANY LLC	CONTROLLED ENTITY OF PARENT OF PAST DIRECTOR		SEE PART V - MANAGEMENT CONSULTING		No
(3) ND&S MANAGEMENT COMPANY LLC	CONTROLLED ENTITY OF PARENT OF PAST DIRECTOR	1,754	SEE PART V - PROPERTY MANAGEMENT		No

### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
WITH INTERESTED PERSONS	ND CONSULTING GROUP, LLC PROVIDES MANAGEMENT SERVICES, INCLUDING STAFFING, OFFICE SPACE, AND OFFICE EQUIPMENT, TO GATEWAY HOUSING FIRST UNDER A MANAGEMENT SERVICES AGREEMENT. KENNETH NUERNBERGER OWNS A 59% INTEREST IN ND CONSULTING, AND IS THE FATHER OF SAMANTHA NUERNBERGER, WHO WAS A DIRECTOR OF GATEWAY HOUSING FIRST UNTIL 2020.ND&S MANAGEMENT COMPANY, LLC PROVIDES PROPERTY MANAGEMENT SERVICES, INCLUDING MANAGING THE OPERATIONS OF THE PROPERTIES OWNED BY THE CORPORATION. KENNETH NUERNBERGER OWNS A 50% INTEREST IN ND&S MANAGEMENT COMPANY, LLC, AND IS THE FATHER OF SAMANTHA NUERNBERGER, WHO WAS A DIRECTOR OF GATEWAY HOUSING FIRST UNTIL 2020.THE CORPORATION ALSO HAS A MANAGEMENT CONSULTING AGREEMENT WITH ND&S MANAGEMENT COMPANY, LLC AND PROVIDES CONSULTING SERVICES TO ND&S MANAGEMENT COMPANY, LLC.

Schedule L (Form 990) 2021

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**SCHEDULE M** 

Department of the

(Form 990)

Submission Date - 2023-05-15

**Noncash Contributions** 

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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

OMB No. 1545-0047

DLN: 93493135173103

Open to Public

Treas Inter Servi	nal Revenue					Inspec	tion	
Nam	e of the organization				Employer identificat	ion numb	er	
GATE	VAY HOUSING FIRST INC				47-1099681			
D-	rt I Types of Property				47-1099001			
1 6	Types of Froperty	(-)	(1-)	(-)	<u> </u>	-1\		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	Method of one noncash contri			ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	1	15,43	B3 FMV			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts FORGIVENESS	Х	1	25.00	00 LOAN AGREEMENT			
25	Other ► ( OF DEBT )	^	<u> </u>	25,00	DO LOAN AGREEMENT			
26	Other ▶ ()							
27	Other ▶ ()							
28	Other ▶ ()							
29	Number of Forms 8283 received by the for which the organization completed				29			
						Y	⁄es	No
30a	During the year, did the organization hold for at least three years from the for the entire holding period?	date of the	e initial contribution, and whi	ch isn't required to be use		6		
h	If "Yes," describe the arrangement in					30a		No
31	Does the organization have a gift acc		olicy that requires the review	of any nonstandard contri	butions?	31		No
	Does the organization hire or use this	rd parties o	r related organizations to sol	licit, process, or sell nonca				
b	contributions?					32a		No
33	If the organization didn't report an ardescribe in Part II.	mount in co	lumn (c) for a type of proper	ty for which column (a) is	checked,			

Schedule M (Form 990) (2021)

Page **2** 

Part | Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2021)

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Submission Date - 2023-05-15

DLN: 93493135173103 OMB No. 1545-0047

Open to Public Inspection

**SCHEDULE 0** (Form 990)

Department of the

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Treasury
Internal Revenue
Name of the organization
GATEWAY HOUSING FIRST INC

**Employer identification number** 

47-1099681

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	GATEWAY HOUSING FIRST, INC. (GHF) HAS ENTERED INTO A MANAGEMENT SERVICES AGREEMENT WITH ND CONSULTING GROUP LLC. ND CONSULTING PROVIDES STAFFING, OFFICE SPACE AND EQUIPMENT FOR GHF OPERATIONS. CYNTHIA DUFFE, EXECUTIVE DIRECTOR, WAS EMPLOYED BY ND CONSULTING UNTIL AUGUST 30, 2021 AND PROVIDED EXECUTIVE DIRECTOR SERVICES TO GHF UNDER THIS CONTRACT. GHF CONTINUED TO USE ND CONSULTING GROUP LLC FOR MINIMAL MANAGEMENT SERVICES IN FYE JUNE 2022. GHF CONTINUED TO SHARE A PAYROLL AND BENEFITS PROCESSING SERVICE WITH ND (THE CONTRACT IS WITH ND AND GHF DIRECTLY REIMBURSES FOR GHF'S WAGES, BENEFITS AND PAYROLL PROCESSING FEES).
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS PREPARED BY OUTSIDE ACCOUNTANTS AND REVIEWED BY THE PRESIDENT OF THE BOARD OF DIRECTORS. THE ORGANIZATION SENDS A PDF COPY OF THE 990 TO ALL BOARD MEMBERS VIA E-MAIL BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS REVIEWS ITS CONFLICT OF INTEREST POLICY AT LEAST ANNUALLY AND UPON THE ADDITION OF NEW BOARD MEMBERS. DIRECTORS AFFIRM THEIR AGREEMENT IN WRITING. THE BOARD OF DIRECTORS SELF-MONITORS POTENTIAL CONFLICTS OF INTEREST WHEN CONSIDERING MOTIONS TO ACT; IF A POSSIBLE CONFLICT OF INTEREST IS IDENTIFIED, THE BOARD VETS THE FACTS AROUND THE POTENTIAL CONFLICT TO DETERMINE HOW TO ADDRESS THE CONFLICT PER THE POLICY (VIA A MEMBER ABSTAINING FROM VOTING ON THE MOTION, ETC.).
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.
FORM 990, PART XII, LINE 2C:	THE MANAGEMENT COMPANY RECEIVES A COPY OF THE AUDIT. PRIOR TO THE FINALIZATION OF THE AUDIT, A COPY OF THE AUDIT IS GIVEN TO ALL OF THE BOARD MEMBER FOR THEIR COMMENTS. WHEN THE AUDIT IS UP FOR BID, THE BOARD DISCUSSES THE RELATIONSHIP WITH THE CURRENT AUDITORS AND MAKES A DETERMINATION AS TO WHETHER TO MAINTAIN THIS RELATIONSHIP OR CHANGE TO A NEW AUDITING FIRM.
For Paperwork	Reduction Act Notice, see the Instructions for Form 990 or Cat. No. 51056K Schedule O (Form 990) 202

990-EZ.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

# 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.
 Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047 2021

Open to Public

Name of the organization Employer identification number

Part I Identification of Disregarded Entities. Complete if  (a)  Name, address, and EIN (if applicable) of disregarded entity	Complete if the organization answered "Yes" on Form 9  (b)  (c)  (c)  Legal domicile (state or foreign country)	ed "Yes" on Form 9  (c)  Legal domicile (state or foreign country)	90, Part IV, line 33	47-1099681 3. (e) End-of-year assets	(f) Direct controlling entity	
(1) GHF PAGE GP LLC 1104 S JEFFERSON AVE ST LOUIS, MO 63104 47-1099881	GENERAL PARTNER IN LIHTC LP	M O	-22	1,306,632	GATEWAY HOUSING FIRST INC	
					:	
related tax-exempt organizations during the tax year.	;. Complete if the organization answered "Yes"	ization answered "	Yes" on Form 990,	Part IV, line 34 bed	on Form 990, Part IV, line 34 because it had one or more	Эre
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) (13) controlled entity?
(1)GATEWAY ACCESSIBLE HOUSING III INC 1104 S JEFFERSON AVE ST LOUIS, MO 63104 43-1781223	HOUSING AND SERVICES FOR THOSE IMPACTED BY DISABILITIES	МО	501(C)(3)	LINE 10	GATEWAY HOUSING FIRST INC	
(2)NBAGPVA ACCESSIBLE HOUSING INC 1104 S JEFFERSON AVE ST LOUIS, MO 63104 43-1518761	HOUSING AND SERVICES FOR THOSE IMPACTED BY DISABILITIES	МО	501(C)(3)	LINE 10	GATEWAY HOUSING FIRST INC	Yes
(3)NBAGPVA ACCESSIBLE HOUSING II INC 1104 S JEFFERSON AVE ST LOUIS, MO 63104 43-1696081	HOUSING AND SERVICES FOR THOSE IMPACTED BY DISABILITIES	МО	501(C)(3)	LINE 10	GATEWAY HOUSING FIRST INC	Yes
(4)SULLIVAN STREET INC 1104 S JEFFERSON AVE ST LOUIS, MO 63104 75-3005124	HOUSING AND SERVICES FOR THOSE IMPACTED BY DISABILITIES	МО	501(C)(3)	LINE 10	GATEWAY HOUSING FIRST INC	Yes
(5)FRANCIE'S PLACE APARTMENTS INC 1104 S JEFFERSON AVE ST LOUIS, MO 63104 43-1451648	HOUSING AND SERVICES FOR THOSE IMPACTED BY DISABILITIES	МО	501(C)(3)	LINE 10	GATEWAY HOUSING FIRST INC	Yes

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

		1425 SOUTH 18TH STREET ST LOUIS, MO 63104 26-3216640	(2) PLACES AT 5235 PAGE PROPERTIES LP		(1) NATHANIEL RIVERS PLACE LP			ielaten olganization	Name, address, and EIN of
		THOSE IMPACTED BY DISABILITIES	HOUSING AND	THOSE IMPACTED BY DISABILITIES	HOUSING AND SERVICES FOR				<b>(b)</b> Primary activity
			MO		MO		foreign country)	(state	(c) Legal
		FIRST INC	GATEWAY	RIVERS GP LLC	NATHANIEL GHF				(d) Direct
							under sections 512-514)		(e) Predominant
			-22		-27			רטרמו ווורטווופ	(f) Share of
			1,306,632		842,421			assets	d-
						Yes		מווטכמנוטווא:	(h) Disproprtionate
			No		No	No			tionate
							(Form 1065)		
 			Yes		Yes	Yes N		partner?	(j) General or
			0.		0.	No			
			0.010 %		0.010 %			OWITE	(k) Percentage

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.

					INC		DISABILITIES	1104 S JEFFERSON AVE ST LOUIS, MO 63104 61-1848962
No	100.000 %	842,421	-27	C		MO	HOUSING AND SERVICES	(1)GHF NATHANIEL RIVERS GP LLC
Yes No						country)		
entity?		assets		or trust)		(state or foreign		
(13) controlled		year	income	(C corp, S corp,	entity	domicile	,	related organization
Section 512(b)	Percentage	Share of end-of-	Share of total	Type of entity	Direct controlling Type of entity	Legal	Primary activity	Name, address, and EIN of
=		(2)	( <del>f</del> )	(0)	(F)	(c)	(4)	(2)

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

			ST	90,912 COST	Г	(2)NBAGPVA ACCESSIBLE HOUSING INC
			ST ST	53,716 COST	Г	(1)FRANCIE'S PLACE APARTMENTS INC
	volved	l amount inv	<b>(d)</b> Method of determining amount involved	(c) Amount involved	<b>(b)</b> Transaction type (a-s)	( <b>a)</b> Name of related organization
			transaction thresholds.		including covered relationships and	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,
Z		1s				<b>s</b> Other transfer of cash or property from related organization(s)
No		1r				<b>r</b> Other transfer of cash or property to related organization(s)
Z		1q				<b>q</b> Reimbursement paid by related organization(s) for expenses
Z	Ц	<b>1</b> p				<b>p</b> Reimbursement paid to related organization(s) for expenses
Z		10				o Sharing of paid employees with related organization(s)
Z		1n				<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
No		1m	•			<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)
	Yes	11				l Performance of services or membership or fundraising solicitations for related organization(s)
Z		1k				${f k}$ Lease of facilities, equipment, or other assets from related organization(s)
Z		ij				<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)
Z		11	•			i Exchange of assets with related organization(s)
Z		1h				<b>h</b> Purchase of assets from related organization(s)
N		<b>1</b> g				g Sale of assets to related organization(s)
Z		Ħ				f Dividends from related organization(s)
Z		1e				e Loans or loan guarantees by related organization(s)
Ī	Yes	1d				<b>d</b> Loans or loan guarantees to or for related organization(s)
Z		<b>1</b> c				<b>c</b> Gift, grant, or capital contribution from related organization(s)
Z		1b				<b>b</b> Gift, grant, or capital contribution to related organization(s)
몽		<b>1</b> a				a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
				arts II-IV?	ganizations listed in F	1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Z	Yes					<b>Note.</b> Complete line $f 1$ if any entity is listed in Parts II, III, or IV of this schedule.

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.

									( <b>a)</b> Name, address, and EIN of entity
									<b>(b)</b> Primary activity
									(c) Legal domicile (state or foreign country)
								514)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-
								Yes	Are all partners section 501(c)(3) organizations?
								No	artners ion c)(3) ations?
									(f) Share of total income
									(g) Share of end-of-year assets
								Yes	(h) Disproprtionate allocations?
								No	
									(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)
								Yes	(J) General or managing partner?
								No	
									<b>(k)</b> Percentage ownership

Return Reference

Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**Explanation** 

Schedule R (Form 990) 2021

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