

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

- Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: GATEWAY HOUSING FIRST INC
Doing business as
Number and street (or P.O. box if mail is not delivered to street address): 1104 S JEFFERSON AVE
Room/suite
City or town, state or province, country, and ZIP or foreign postal code: ST LOUIS, MO 63104

D Employer identification number: 47-1099681
E Telephone number: (314) 609-2915
G Gross receipts \$ 1,809,759

F Name and address of principal officer: CYNTHIA DUFFE, 1104 S JEFFERSON AVE, ST LOUIS, MO 63104

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) ( ) (insert no.), 4947(a)(1) or 527

J Website: WWW.GATEWAYHOUSINGFIRST.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 2014
M State of legal domicile: MO

Part I Summary

Table with 4 main sections: 1. Briefly describe the organization's mission... 2. Check this box... 3. Number of voting members... 4. Number of independent voting members... 5. Total number of individuals employed... 6. Total number of volunteers... 7a. Total unrelated business revenue... 7b. Net unrelated business taxable income... b. Revenue (8-12)... 13-19. Expenses... 20-22. Net Assets or Fund Balances

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer, Date: 2023-05-15, CYNTHIA DUFFE EXECUTIVE DIRECTOR

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN P01333750, Firm's name DAUBY O'CONNOR & ZALESKI LLC, Firm's EIN 35-1750664, Firm's address 501 CONGRESSIONAL BLVD 300 CARMEL, IN 46032, Phone no. (317) 848-5700

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [checked]

1 Briefly describe the organization's mission:

GATEWAY HOUSING FIRST, INC. IS A NOT-FOR-PROFIT ORGANIZATION WHOSE MISSION IS TO PROVIDE SAFE, DECENT, AFFORDABLE, SUPPORTED HOUSING FOR INDIVIDUALS WITH A WIDE RANGE OF DISABILITIES, COMPLEX DISORDERS AND LIFE SITUATIONS WHO NEED SUPPORT TO SECURE OR MAINTAIN HOUSING. THE ORGANIZATION IS A COMMUNITY-DIRECTED FACILITATOR, DEVELOPER, AND OWNER/OPERATOR OF THESE HOMES THROUGHOUT THE ST. LOUIS METROPOLITAN AREA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [No]

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [No]

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,201,159 including grants of \$ 609,656 ) (Revenue \$ 160,518 )

GATEWAY HOUSING FIRST'S (GHF) MISSION IS TO RESPOND TO THE A WELL-DOCUMENTED, PRESSING UNMET NEED FOR PERMANENT, AFFORDABLE SUPPORTED HOUSING FOR INDIVIDUALS AND FAMILIES AFFECTED BY A WIDE RANGE OF COMPLEX DISORDERS AND LIFE SITUATIONS WHO NEED SUPPORTS AND ACCOMMODATIONS TO SECURE AND MAINTAIN HOUSING. GUIDED BY THE VALUES AND OUTCOMES ACHIEVED BY HOUSING FIRST AND HARM REDUCTION PROGRAMS, GHF'S IMMEDIATE FOCUS IS ON INCREASING HOUSING SOLUTIONS FOR THE "MOST VULNERABLE" IN OUR REGION. ELIMINATING "HOUSING READINESS" BARRIERS TO ENSURE EQUAL ACCESS TO AVAILABLE HOUSING SOLUTIONS, FOSTERING LEVERAGING PARTNERSHIPS WITH EXISTING SOCIAL SERVICES AGENCIES TO PROVIDE TENANTS WITH THE SERVICES NEEDED TO ENSURE HOUSING SUCCESS. WE EXECUTE OUR MISSION ACROSS TWO TANDEM TRACKS: (1) THROUGH THE ACQUISITION AND NEW CONSTRUCTION DEVELOPMENT OF PERMANENT SUPPORTED HOUSING OWNED AND OPERATED BY GHF AND (2) BY INCREASING THE AVAILABILITY OF AND ACCESS TO TENANT-BASED RENTAL ASSISTANCE AND THEN PAIRING THAT ASSISTANCE FOR THOSE MOST IN NEED THROUGH OUTREACH AND ENGAGEMENT. GATEWAY HOUSING FIRST OPERATES 11 AFFORDABLE SUPPORTED HOUSING COMMUNITIES IN ST. LOUIS CITY AND COUNTY TOTALING 206 UNITS, 7 OF WHICH ARE OWNED BY GHF AFFILIATED SINGLE ASSET CORPORATIONS OR PARTNERSHIPS, 3 ARE OWNED FEE SIMPLE BY GHF AND 1 IS MASTERED LEASED FROM A THIRD-PARTY. OUR ARRAY OF SUPPORTED HOUSING OPTIONS INCLUDE: SRO UNITS AS WELL AS EFFICIENCY, 1-BEDROOM AND 2-BEDROOM APARTMENTS, AND 3-BEDROOM TOWNHOMES. GHF ALSO OPERATES SEVERAL PERMANENT SUPPORTIVE HOUSING SCATTERED-SITE LEASING PROGRAMS, INCLUDING COC SHELTER PLUS CARE, PROVIDING ON-GOING TENANT-BASED RENTAL ASSISTANCE AND HOUSING STABILITY CASE MANAGEMENT SUPPORTS TO APPROXIMATELY 85 HOUSEHOLDS AT ANY GIVEN TIME. IN THE SPRING OF 2021, TO FURTHER CONTRIBUTE TO OUR COMMUNITY-WIDE EFFORTS TO RESPOND TO THE IMPACTS OF THE PANDEMIC THAT DISPROPORTIONATELY IMPACTED EXTREMELY LOW-INCOME HOUSEHOLDS IMPACTED BY DISABILITIES AND CHRONIC HOMELESSNESS, WE EXPANDED OUR PROGRAMMING TO INCLUDE A HUD ESG-CV FUNDED RAPID REHOUSING PROGRAM THAT BRIDGES CHRONICALLY HOMELESS, DISABLED HOUSEHOLDS FROM HOMELESSNESS TO HOUSING BY PROVIDING 1 YEAR RENTAL ASSISTANCE AVAILABLE THROUGH COVID RELIEF FUNDS AND THEN WORKING TO TRANSITIONING THEM TO THE LESS PREVALENT YET NEEDED ON-GOING RENTAL ASSISTANCE AND SUPPORT SERVICES PRIOR TO THE EXPIRATION OF THEIR COVID ASSISTANCE. THROUGHOUT THE YEAR, 100% OF THOSE HOUSED IN GHF HOUSING OR THROUGH ONE OF OUR SCATTERED SITE LEASING PROGRAMS IN THE SUBJECT YEAR WERE UNHOUSED PRIOR TO ENGAGEMENT IN OUR HOUSING PROGRAMS. AT NO TIME DURING THE PANDEMIC DID LEASE-UP OF VACANT UNITS HALT IN RECOGNITION OF THE COVID COMORBIDITY RISKS DISPROPORTIONATELY BORE BY THOSE WHO ARE UNHOUSED. TO THE CONTRARY, WE EXPANDED OUR SERVICES OFFERINGS TO INCLUDE COVID PREVENTION EDUCATION, PPE DISTRIBUTION, ROUTINE SUPPLEMENTAL FOOD DISTRIBUTION, ASSISTANCE SECURING THE INTERNET AND TOOLS NEEDED FOR ON-LINE LEARNING AND VIRTUAL HEALTHCARE, ASSISTANCE ACCESSING PANDEMIC RELIEF ENTITLEMENTS AND EXPANDED OUR IN-PERSON DIRECT CASE MANAGEMENT SUPPORTS, WHEN NECESSARY, AMONG OTHER SUPPORTS. 100% OF THOSE SERVED BY GHF HAVE A HISTORY OF HOMELESSNESS AND WERE EXTREMELY LOW-INCOME AND EITHER UNHOUSED OR AT IMMINENT RISK OF HOMELESSNESS AT INITIAL ENGAGEMENT. OVER 98% OF THOSE SERVED REMAIN HOUSED TODAY.

4b (Code: ) (Expenses \$ 300,403 including grants of \$ ) (Revenue \$ 354,499 )

GHF'S MANAGEMENT FEE INCOME IS EARNED INCOME AND STAFFING REIMBURSEMENTS ASSOCIATED WITH GHF'S SUPPORTED HOUSING PROPERTY MANAGEMENT PROGRAM THAT BEGAN ON OCTOBER 1, 2021. THIS PROGRAM INVOLVES GHF'S DIRECT PROPERTY MANAGEMENT OF TEN PERMANENT SUPPORTED HOUSING COMMUNITIES TOTALING 200 UNITS, ALL LEASED TO LOW AND EXTREMELY LOW-INCOME, FORMERLY HOMELESS AND AT-RISK HOUSEHOLDS WHOSE HEAD OF HOUSEHOLD IS DISABLED. GHF'S PROPERTY MANAGEMENT PROGRAM INVOLVES PROVISION OF ALL LEASING, MAINTENANCE AND FISCAL MANAGEMENT OF THE PROPERTIES, AS WELL AS FUNDER REPORTING AND COMPLIANCE.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

Blank lines for reporting program service 4c.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,501,562

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational activities, lobbying, financial statements, and other requirements.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued). Includes sections 2a through 17, covering employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and various organizational requirements.

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



Section A. Governing Body and Management

Table with 5 columns: Question, Line Number, Yes, No. Rows include 1a (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Line Number, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 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), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
ND CONSULTING GROUP LLC 2700 MACKLIND AVE ST LOUIS, MO 63139 (314) 771-5335

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, 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)<br>Name and title                   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) CYNTHIA DUFFE<br>EXECUTIVE DIRECTOR | 25.00<br>5.00  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (2) MARK STANSBERRY<br>TREASURER        | 1.50<br>2.50   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (3) LAURA COHEN<br>SECRETARY            | 1.50<br>2.50   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (4) TERESA BRANDON<br>DIRECTOR          | 1.50<br>2.50   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (5) PETER CZAJKOWSKI<br>DIRECTOR        | 1.50<br>2.50   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (6) JOE YANCEY<br>DIRECTOR              | 1.50<br>2.50   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (7) MARK UTTERBACK<br>DIRECTOR          | 1.50<br>2.50   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (8) LYNN DIRAIMONDO<br>DIRECTOR         | 1.50<br>2.50   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (9) DAVID BROWN<br>DIRECTOR             | 1.50<br>2.50   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (10) SCOTT NIXON<br>DIRECTOR            | 1.50<br>2.50   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (11) TONY POTTS<br>DIRECTOR             | 1.50<br>2.50   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (12) SUSAN ROLLINS<br>DIRECTOR          | 1.50<br>2.50   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (13) LISA GRIMES<br>DIRECTOR            | 1.50<br>2.50   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
|   |  |   |                       |         |              |                              |        |   |  |   |
|   |  |   |                       |         |              |                              |        |   |  |   |
|   |  |   |                       |         |              |                              |        |   |  |   |
|   |  |   |                       |         |              |                              |        |   |  |   |







**Part VIII Statement of Revenue**

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

|   |  |   | (A)<br>Total revenue                                  | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |  |  |
|---|--|---|---|--|---|--|--|--|
| <b>Contributions, gifts, grants, and other similar amounts</b>                | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>   |   |  |   |  |  |  |
|   | <b>b</b> Membership dues . . . . .   | <b>1b</b>   |   |  |   |  |  |  |
|   | <b>c</b> Fundraising events . . . . .  | <b>1c</b>   |   |  |   |  |  |  |
|   | <b>d</b> Related organizations . . . . .   | <b>1d</b>   |   |  |   |  |  |  |
|   | <b>e</b> Government grants (contributions)   | <b>1e</b>   | 1,075,240   |  |   |  |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above  | <b>1f</b>   | 215,141   |  |   |  |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a - 1f:  | <b>1g</b>   | 40,433  |  |   |  |  |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .  |   | 1,290,381   |  |   |  |  |  |
|   | <b>Program Service Revenue</b>   | <b>2a</b> MANAGEMENT FEES                                       | Business Code<br>531310                               | 371,499  | 371,499                                 |  |  |  |
| <b>b</b> RENTAL INCOME  |  | 531110  | 143,518   | 143,518  |   |  |  |  |
| <b>c</b>  |  |   |   |  |   |  |  |  |
| <b>d</b>  |  |   |   |  |   |  |  |  |
| <b>e</b>  |  |   |   |  |   |  |  |  |
| <b>f</b> All other program service revenue.                                   |  |   |   |  |   |  |  |  |
| <b>g Total.</b> Add lines 2a-2f. . . . .                                      |  |   | 515,017   |  |   |  |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .  |   | 607   |  |   | 607  |  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .  |   |   |  |   |  |  |  |
|   | <b>5</b> Royalties . . . . .   |   |   |  |   |  |  |  |
|   | <b>6a</b> Gross rents  | <b>6a</b>   | (i) Real  |  |   |  |  |  |
|   |  |   | (ii) Personal   |  |   |  |  |  |
|   |  |   | <b>b</b> Less: rental expenses                        | <b>6b</b>  |   |  |  |  |
|   |  |   | <b>c</b> Rental income or (loss)                      | <b>6c</b>  |   |  |  |  |
|   | <b>d</b> Net rental income or (loss) . . . . .   |   |   |  |   |  |  |  |
|   | <b>7a</b> Gross amount from sales of assets other than inventory   | <b>7a</b>   | (i) Securities  |  |   |  |  |  |
|   |  |   | (ii) Other  |  |   |  |  |  |
|   |  |   | <b>b</b> Less: cost or other basis and sales expenses | <b>7b</b>  |   |  |  |  |
|   |  |   | <b>c</b> Gain or (loss)                               | <b>7c</b>  |   |  |  |  |
|   | <b>d</b> Net gain or (loss) . . . . .  |   |   |  |   |  |  |  |
|   | <b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . | <b>8a</b>   |   |  |   |  |  |  |
|   |  |   | <b>b</b> Less: direct expenses . . . . .              | <b>8b</b>  |   |  |  |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . .               |  |   |   |  |   |  |  |  |
| <b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . | <b>9a</b>  |   |   |  |   |  |  |  |
|   |  | <b>b</b> Less: direct expenses . . . . .                        | <b>9b</b>   |  |   |  |  |  |
|   |  | <b>c</b> Net income or (loss) from gaming activities . . . . .  |   |  |   |  |  |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .    | <b>10a</b>   |   |   |  |   |  |  |  |
|   |  | <b>b</b> Less: cost of goods sold . . . . .                     | <b>10b</b>  |  |   |  |  |  |
|   |  | <b>c</b> Net income or (loss) from sales of inventory . . . . . |   |  |   |  |  |  |
| <b>Miscellaneous Revenue</b>  |  | <b>Business Code</b>  |   |  |   |  |  |  |
| <b>11a</b> OTHER REVENUE-MISC.  |  | 531110  | 2,700   |  |   | 2,700  |  |  |
| <b>b</b> TENANT CHARGES   |  | 531110  | 1,054   |  |   | 1,054  |  |  |
| <b>c</b>  |  |   |   |  |   |  |  |  |
| <b>d</b> All other revenue . . . . .  |  |   |   |  |   |  |  |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                   |  |   | 3,754   |  |   |  |  |  |
| <b>12 Total revenue.</b> See instructions . . . . .                           |  |   | 1,809,759   | 515,017  | 0                                       | 4,361  |  |  |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   |                              |  |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22  | 609,656                      | 609,656                                |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.  |                              |  |   |                                    |
| <b>4</b> Benefits paid to or for members  |                              |  |   |                                    |
| <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)  |                              |  |   |                                    |
| <b>7</b> 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)   |                              |  |   |                                    |
| <b>9</b> Other employee benefits  | 3,580                        | 3,580                                  |   |                                    |
| <b>10</b> Payroll taxes   | 1,713                        | 1,713                                  |   |                                    |
| <b>11</b> Fees for services (non-employees):  |                              |  |   |                                    |
| <b>a</b> Management   | 1,754                        | 1,754                                  |   |                                    |
| <b>b</b> Legal  |                              |  |   |                                    |
| <b>c</b> Accounting   | 20,000                       |  | 20,000  |                                    |
| <b>d</b> Lobbying   |                              |  |   |                                    |
| <b>e</b> 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   |                                    |
| <b>12</b> 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                                 |   |                                    |
| <b>21</b> Payments to affiliates  |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization   | 55,355                       | 55,355                                 |   |                                    |
| <b>23</b> Insurance   | 30,454                       | 26,705                                 | 3,749   |                                    |
| <b>24</b> 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.)                                       |                              |  |   |                                    |
| <b>a</b> BAD DEBT   | 36,187                       | 36,187                                 |   |                                    |
| <b>b</b> FUNDRAISING EXPENSES   | 9,400                        |  |   | 9,400                              |
| <b>c</b> CLIENT ASSISTANCE  | 7,391                        | 7,391                                  |   |                                    |
| <b>d</b>  |                              |  |   |                                    |
| <b>e</b> All other expenses   |                              |  |   |                                    |
| <b>25 Total functional expenses.</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |  |   |                                    |

Part X Balance Sheet

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

Table with columns: (A) Beginning of year, (B) End of year. Rows include Assets (1-16) and Liabilities (17-26). Sub-sections include Net Assets or Fund Balances (27-33) with checkboxes for FASB ASC 958 compliance.

**Part XI Reconciliation of Net Assets**

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

|           |  |           |           |
|-----------|--|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 1,809,759 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 1,668,769 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 140,990   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 363,187   |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |           |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |           |
| <b>7</b>  | Investment expenses  | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 504,177   |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| <b>2c</b> | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  | Yes |    |
| <b>3a</b> | 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?  |     | No |
| <b>3b</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.   |     |    |

**SCHEDULE A  
(Form 990)**  
  
Department of the  
Treasury  
Internal Revenue  
Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2021**  
**Open to Public Inspection**

Name of the organization: GATEWAY HOUSING FIRST INC  
Employer identification number: 47-1099681

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied; 3 Value of services or facilities; 4 Total; 5 Portion of total contributions exceeding 2%; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities.

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows: 14 Public support percentage for 2021 (99.450%); 15 Public support percentage for 2020 (98.430%)

- 16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here.
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here.
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020; Row 19a: 33 1/3% support tests-2021; Row 19b: 33 1/3% support tests-2020; Row 20: Private foundation.



**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.)

**Section A. All Supporting Organizations**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>   |     |    |
| <b>2</b>   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>  |     |    |
| <b>3a</b>  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>  |     |    |
| <b>c</b>   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>   |     |    |
| <b>b</b>   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>   |     |    |
| <b>c</b>   | 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>  |     |    |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b</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?   |     |    |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b>   | 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>7</b>   | 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? <i>If "Yes," complete Part I of Schedule L (Form 990) .</i>   |     |    |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   |     |    |
| <b>9a</b>  | 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))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>c</b>   | 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>10a</b> | 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)? <i>If "Yes," answer line 10b below.</i>   |     |    |
| <b>b</b>   | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>  |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described on 11a above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>                                   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>   |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|   |  |  |  |
|---|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):   |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)   |  |  |  |
| <b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>  |  |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |  |
| <b>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>   |  |  |  |
| <b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>  |  |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>  |  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |  |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| <b>1</b>                               | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                               | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                               | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                               | Add lines 1 through 3  | <b>4</b>       |                             |
| <b>5</b>                               | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                               | 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) | <b>6</b>       |                             |
| <b>7</b>                               | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                               | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | <b>1</b>       |                             |
| <b>a</b>                                | Average monthly value of securities   | <b>1a</b>      |                             |
| <b>b</b>                                | Average monthly cash balances   | <b>1b</b>      |                             |
| <b>c</b>                                | Fair market value of other non-exempt-use assets  | <b>1c</b>      |                             |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | <b>1d</b>      |                             |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets  | <b>2</b>       |                             |
| <b>3</b>                                | Subtract line 2 from line 1d  | <b>3</b>       |                             |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>       |                             |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>       |                             |
| <b>6</b>                                | Multiply line 5 by 0.035  | <b>6</b>       |                             |
| <b>7</b>                                | Recoveries of prior-year distributions  | <b>7</b>       |                             |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b>       |                             |

| <b>Section C - Distributable Amount</b> |  |          | Current Year |
|---|--|----------|--------------|
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b> |              |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b> |              |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b> |              |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b> |              |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b> |              |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | <b>6</b> |              |

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| <b>Section D - Distributions</b>   |           | <b>Current Year</b> |
|--|-----------|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             | <b>2</b>  |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets   | <b>4</b>  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )  | <b>5</b>  |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions   | <b>6</b>  |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.  | <b>7</b>  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions | <b>8</b>  |                     |
| <b>9</b> Distributable amount for 2021 from Section C, line 6  | <b>9</b>  |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount   | <b>10</b> |                     |

| <b>Section E - Distribution Allocations</b><br>(see instructions)  | <b>(i)</b><br><b>Excess Distributions</b> | <b>(ii)</b><br><b>Underdistributions</b><br><b>Pre-2021</b> | <b>(iii)</b><br><b>Distributable</b><br><b>Amount for 2021</b> |
|--|---|---|--|
| <b>1</b> Distributable amount for 2021 from Section C, line 6  |   |   |  |
| <b>2</b> 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. . . . .  |   |   |  |
| <b>c</b> From 2018. . . . .  |   |   |  |
| <b>d</b> From 2019. . . . .  |   |   |  |
| <b>e</b> From 2020. . . . .  |   |   |  |
| <b>f Total</b> of lines 3a through e   |   |   |  |
| <b>g</b> Applied to underdistributions of prior years  |   |   |  |
| <b>h</b> Applied to 2021 distributable amount  |   |   |  |
| <b>i</b> Carryover from 2016 not applied (see instructions)  |   |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |   |   |  |
| <b>4</b> Distributions for 2021 from Section D, line 7:<br>\$  |   |   |  |
| <b>a</b> Applied to underdistributions of prior years  |   |   |  |
| <b>b</b> Applied to 2021 distributable amount  |   |   |  |
| <b>c</b> 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. |   |   |  |
| <b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.                        |   |   |  |
| <b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.  |   |   |  |
| <b>8</b> Breakdown of line 7:  |   |   |  |
| <b>a</b> Excess from 2017. . . . .   |   |   |  |
| <b>b</b> Excess from 2018. . . . .   |   |   |  |
| <b>c</b> Excess from 2019. . . . .   |   |   |  |
| <b>d</b> Excess from 2020. . . . .   |   |   |  |
| <b>e</b> Excess from 2021. . . . .   |   |   |  |

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

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|                                     |

| 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 D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: GATEWAY HOUSING FIRST INC Employer identification number: 47-1099681

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . .  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ .....
- b** Permanent endowment ▶ .....
- c** Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      | 103,862                         |                              | 103,862        |
| <b>b</b> Buildings . . . . .   |                                      | 1,706,393                       | 153,269                      | 1,553,124      |
| <b>c</b> Leasehold improvements  |                                      | 8,824                           | 2,353                        | 6,471          |
| <b>d</b> Equipment . . . . .   |                                      | 74,594                          | 19,750                       | 54,844         |
| <b>e</b> Other . . . . .   |                                      | 53,371                          |                              | 53,371         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 1,771,672      |



**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<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .                                       |                |  |
| (2) Closely-held equity interests . . . . .                               |                |  |
| (3) Other _____   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (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:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (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)   |                |
| <b>Total.</b> (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.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| TENANT SECURITY DEPOSITS  | 2,864          |
| DUE TO RELATED PARTY  | 1,692          |
|   |                |
|   |                |
|   |                |
|   |                |
|   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 4,556          |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |  |           |           |           |
|----------|--|-----------|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  | 1,809,759 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> |           |           |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |           |           |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |           |           |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> |           |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           | <b>2e</b> | 0         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           | <b>3</b>  | 1,809,759 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                             |           |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |           |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> |           |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           | <b>4c</b> | 0         |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           | <b>5</b>  | 1,809,759 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |   |           |           |           |
|----------|---|-----------|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>  | 1,668,769 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |           |           |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |           |           |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |           |           |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |           |           |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> |           |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           | <b>2e</b> | 0         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b>  | 1,668,769 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |           |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |           |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           | <b>4c</b> | 0         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b>  | 1,668,769 |

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation   |
|------------------|---|
| PART X, LINE 2:  | 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. |

Schedule I (Form 990)

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

OMB No. 1545-0047 2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization GATEWAY HOUSING FIRST INC

Employer identification number 47-1099681

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2021

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
 Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance   | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|-----------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) UTILITY AND RENTAL ASSISTANCE | 81                       | 609,656                  |                                  |   |                                       |
| (2)                               |                          |                          |                                  |   |                                       |
| (3)                               |                          |                          |                                  |   |                                       |
| (4)                               |                          |                          |                                  |   |                                       |
| (5)                               |                          |                          |                                  |   |                                       |
| (6)                               |                          |                          |                                  |   |                                       |
| (7)                               |                          |                          |                                  |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference  | Explanation   |
|-------------------|---|
| PART I, LINE 2:   | 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 MENTAL HEALTH, GATEWAY HOUSING FIRST INC PROVIDES ON-GOING RENTAL AND UTILITY ASSISTANCE TO LOW AND EXTREMELY LOW-INCOME HOUSEHOLDS IMPACTED BY DISABILITIES WHO WERE HOMELESS AT PROGRAM ENROLLMENT. THE AMOUNT OF MONTHLY RENT AND UTILITY SUBSIDY PROVIDED IS CALCULATED BASED ON HOUSEHOLD INCOME AND ACTUAL HOUSING COST. HOUSEHOLDS PAY 30% OF THEIR INCOME TOWARDS ACTUAL HOUSING COSTS AND GRANT FUNDS PAY THE BALANCE. |

**Schedule L  
(Form 990)**

**Transactions with Interested Persons**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury

Internal Revenue Service  
Name of the organization  
SAFARI HOUSING FIRST INC

Employer identification number

47-1099681

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|---|---------------------------------|---|--------------------------------|----------------|----|
|   |                                 |   |                                | Yes            | No |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization           | (c) Purpose of loan                          | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|--|--|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |  |  | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (1) ND PROPERTIES LLC         | CONTROLLED ENTITY OF PARENT OF PAST DIRECTOR | FUND REHAB OF REAL PROPERTY IN ST. LOUIS, MO |                                       | X    | 50,000                        | 50,000          |                 | No | Yes                                 |    | Yes                    |    |
|                               |  |  |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |  |  |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |  |  |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |  |  |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b>                  |  |  |                                       |      |                               | 50,000          |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |

**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 | (c) Amount of transaction | (d) Description of transaction     | (e) Sharing of organization's revenues? |    |
|---------------------------------|---|---------------------------|------------------------------------|---|----|
|                                 |   |                           |                                    | Yes                                     | No |
| (1) ND CONSULTING GROUP LLC     | CONTROLLED ENTITY OF PARENT OF PAST DIRECTOR                    | 407,352                   | SEE PART V - MANAGEMENT SERVICES   |   | No |
| (2) ND&S MANAGEMENT COMPANY LLC | CONTROLLED ENTITY OF PARENT OF PAST DIRECTOR                    | 17,000                    | 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  |
|--|--|
| PART IV: BUSINESS TRANSACTIONS 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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

- 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.

Department of the Treasury Internal Revenue Service

Name of the organization GATEWAY HOUSING FIRST INC

Employer identification number 47-1099681

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Securities, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods, gift acceptance policies, and solicitation.



**Part II** **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 O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047  
**2021**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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.   |

# SCHEDULE R (Form 990)

## Related Organizations and Unrelated Partnerships

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2021**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
GATEWAY HOUSING FIRST INC

Employer identification number  
47-1099681

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity             | (b)<br>Primary activity     | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |
|---|-----------------------------|--|---------------------|---------------------------|----------------------------------|--|
| (1) GHF PAGE GP LLC<br>1104 S JEFFERSON AVE<br>ST LOUIS, MO 63104<br>47-1099681 | GENERAL PARTNER IN LIHTC LP | MO   | -22                 | 1,306,632                 | GATEWAY HOUSING FIRST INC        | Yes  |
|   |                             |  |                     |                           |                                  |  |
|   |                             |  |                     |                           |                                  |  |
|   |                             |  |                     |                           |                                  |  |
|   |                             |  |                     |                           |                                  |  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity                                 | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|---|--|----------------------------|---|----------------------------------|--|----|
|  |   |  |                            |   |                                  | Yes  | No |
| (1) GATEWAY ACCESSIBLE HOUSING III INC<br>1104 S JEFFERSON AVE<br>ST LOUIS, MO 63104<br>43-1781223 | HOUSING AND SERVICES FOR THOSE IMPACTED BY DISABILITIES | MO   | 501(C)(3)                  | LINE 10   | GATEWAY HOUSING FIRST INC        | Yes  |    |
| (2) NBAGPVA ACCESSIBLE HOUSING INC<br>1104 S JEFFERSON AVE<br>ST LOUIS, MO 63104<br>43-1518761     | HOUSING AND SERVICES FOR THOSE IMPACTED BY DISABILITIES | MO   | 501(C)(3)                  | LINE 10   | GATEWAY HOUSING FIRST INC        | Yes  |    |
| (3) NBAGPVA ACCESSIBLE HOUSING II INC<br>1104 S JEFFERSON AVE<br>ST LOUIS, MO 63104<br>43-1696081  | HOUSING AND SERVICES FOR THOSE IMPACTED BY DISABILITIES | MO   | 501(C)(3)                  | LINE 10   | GATEWAY HOUSING FIRST INC        | Yes  |    |
| (4) SULLIVAN STREET INC<br>1104 S JEFFERSON AVE<br>ST LOUIS, MO 63104<br>75-3005124                | HOUSING AND SERVICES FOR THOSE IMPACTED BY DISABILITIES | MO   | 501(C)(3)                  | LINE 10   | GATEWAY HOUSING FIRST INC        | Yes  |    |
| (5) FRANCIS'S PLACE APARTMENTS INC<br>1104 S JEFFERSON AVE<br>ST LOUIS, MO 63104<br>43-1451648     | HOUSING AND SERVICES FOR THOSE IMPACTED BY DISABILITIES | MO   | 501(C)(3)                  | LINE 10   | GATEWAY HOUSING FIRST INC        | Yes  |    |



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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|  | Yes           | No |
|--|---------------|----|
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . . | <b>1a</b>     |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b>     |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b>     |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> Yes |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b>     |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b>     |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b>     |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b>     |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b>     |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b>     |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b>     |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .                              | <b>1l</b> Yes |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .                               | <b>1m</b>     |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .                               | <b>1n</b>     |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b>     |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b>     |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b>     |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b>     |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b>     |    |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

|   | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------------|-------------------------------|------------------------|--|
| <b>(1)</b> FRANCIS PLACE APARTMENTS INC   | L                                   | L                             | 53,716                 | COST   |
| <b>(2)</b> NBAGPVA ACCESSIBLE HOUSING INC | L                                   | L                             | 90,912                 | COST   |
|   |                                     |                               |                        |  |
|   |                                     |                               |                        |  |
|   |                                     |                               |                        |  |



**Part VII** **Supplemental Information**

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

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
|-------------------------|--------------------|