Form <b>990</b>	
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### EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

and ending



A For the 2023 calendar	ar vear. or tax vear beginning
Department of the Treasury Internal Revenue Service	Go to www.irs.

Bc	heck if	C Name of organization		D Employer identific	cation number
a 	 ⊐Addre				
	_ chang _ Name	B GATEWAY HOMELESS SERVICES, INC.		42 10000	20
	_change Doing business as GATEWAY 180			43-109992	
	returr ]Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	return termi ated	1000 NORTH 19TH STREET		314-231-3	
	ated Amer			G Gross receipts \$	2,657,486.
	returr _Appli	51. LOUIS, MO 05100		H(a) Is this a group re	
	tion pend	F Name and address of principal officer: KATHI CONNORS		for subordinates	
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 527	1 '	list. See instructions
	Vebs			H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other	<b>L</b> Year	of formation: 1976 N	State of legal domicile: MO
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities:		ADULTS AND	FAMILIES
Governance		TO BECOME INDEPENDENT AND PERMANENTLY HOU			
erne	2	Check this box if the organization discontinued its operations or dispos	ed of more	I	
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			13
ۍ م	4	Number of independent voting members of the governing body (Part VI, line 1b)			13
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			35
viti	6	Total number of volunteers (estimate if necessary)		300	
∖cti	<ul> <li>Total number of individuals employed in calendar year 2023 (Part V, line 2a)</li> <li>Total number of volunteers (estimate if necessary)</li> <li>7 a Total unrelated business revenue from Part VIII, column (C), line 12</li> </ul>				0.
_	b Net unrelated business taxable income from Form 990-T, Part I, line 11				0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		3,333,833.	2,495,834.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,195.	9,105.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,955.	70,785.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		3,345,983.	2,575,724.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		946,898.	1,126,517.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       340,000         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       143,167.         17       Other expenses (Part IX, column (A), lines 11a,11d, 11f,24e)       898, 192.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		898,192.	1,234,650.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,845,090.	2,361,167.
	19	Revenue less expenses. Subtract line 18 from line 12		1,500,893.	214,557.
or			Be	ginning of Current Year	End of Year
Assets Balanc	20	Total assets (Part X, line 16)		4,157,389.	4,233,203.
ASS	21	Total liabilities (Part X, line 26)		133,954.	91,923.
Func	22	Net assets or fund balances. Subtract line 21 from line 20		4,023,435.	4,141,280.
Pa	art II	Signature Block			
Und	or non		and statem	and to the heat of my	knowledge and belief it is

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	Signature of officer			Date		
Here	KATHY CONNORS, EXECUTIVE	DIRECTOR				
	Type or print name and title					
	Print/Type preparer's name Preparer's signature Date Check PTIN					
Paid	JEANNE DEE			self-employed P01082093		
Preparer	Firm's name ANDERS MINKLER HU	BER & HELM LLP		Firm's EIN 43-0831507		
Use Only	Firm's address 800 MARKET STREET	, SUITE 500				
	ST. LOUIS, MO 631	01-2501		Phone no. (314)655-5500		
May the IRS discuss this return with the preparer shown above? See instructions						
LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form <b>990</b> (2023)						

Part III       Statement of Program Service Accomplishments         Check: Michaele Conducts argenome or note to any line in this Part II         Breffy describe the organization's measors         TO       EMPONENT AULT SAND FAMILIES TO BECOME INDEPENDENT AND PERMANENTLY.         HOUSED. THE ORGANIZATION PROVIDES SHELFER, FOOD, AND OTHER LIFE         SUSTAINING MATCENTLAS AND ACTIVITIES FOR DESTITUTE FAMILIES, CHILDREN         AND THE HOMELESS IN THE CITY OF ST. LOUIS.         2       Det de organization underake any significant program services during the year which were not listed on the prior form 500 or 500-627         4       Trees, "describe these news services on Schedule 0.         10       Deth de organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses.         11       Trees, "describe these changes on Schedule 0.       10         10       Describe the organization's organizations are required to report the anount of grants and allocations to others, the tat expenses, and reversed, and reversed, and reversed, and reversed, and reversed, and reversed, and reversed and reverse measured by expenses.         11       Section the organization's argenesis reversed.         12       Section to reach argenesis revices accomplishments for each of 16 three targest program services, as measured by expenses.         13       Code       1,991,523.       including grants and allocations to othen, reverevel, and reverses.		GATEWAY HOMELESS SERVICES, INC.	43-1099929	Page
Bindly describe the organizations mission:           TO EMPOWER ADULTS AND FAMILIES TO BECOME INDEPENDENT AND PERMANENTLY HOUSED. THE ORGANIZATION PROVIDES SHELFER, FOOD, AND OTHER LIFE SUSTAINING MATERIALS AND ACTIVITIES FOR DESTITUTE FAMILIES, CHILDREN AND THE HOMELESS IN THE CITY OF ST. LOUIS.           Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 e900 E27         Implement to the organization undertake any significant program services during the year which were not listed on the prior Form 900 e900 E27           Did the organization case conducts. organise in now it conducts, any program services, as measured by expenses. Section 501(6)(3) and 501(6)(0) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue. if and, for each program service accomplishments for each of as three largest program services, as measured by expenses. Section 501(6)(3) and 501(6)(0) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue. if and, for each program service accomplishments for each of as three largest program services, as measured by expenses. Section 501(6)(3) and 501(6)(0) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue. if and, for each program service accomplishments for each of as the section 501(6) of an interview services of the STIENT ND TRAINALIST ON EACH TAND TRAINALIST ON EACH TAND TRAINALIST PROTECTS. MIGHTLY AND IS THE LARGEST RESIDENTIAL DEMERGENCY SHELTER END NIGHTLY AND IS THE LARGEST RESIDENTIAL MEED FORD CARE BEST FRACTICES / WE PROVIDE CASE MANAGEMENT AND WRAP AROUND SUPPORT, RESOURCES, AND SERVICES TO MOVE FAMILIES FROM THE HOUSING. WE TAKE A NIMELE AND INNOVATIVE APPROACH IN OPPERING COMPREHENSIVE AND CUSTOMIZED SOLUTIONS,	t III			
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HOUSED. THE ORGANIZATION PROVIDES SHELTER, FOOD, AND OTHER LIFE         SUSTAINING MATERIALS AND ACTIVITIES FOR DESTITUTE FAMILIES, CHILDREN         AND THE HOMELESS IN THE CITY OF ST. LOUIS.         Doth the organization undertake any significant program services during the year which were not lead on the prior form 900 627         If "Yes," describe these new services on Schedule 0.         Doth the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 5016(2) and 5016(2) organizations are orquided to report the amount of grants and allocations to others, the total expenses, and measured 10 (pagnetasting a service second).         Image: the integration of program service accomplatinents for each of its three largest program services, as measured by expenses. Section 5016(2) and 501				
SUSTAINING MATERIALS AND ACTIVITES FOR DESTITUTE PAMILIES, CHILDREN         AND THE HOMELESS IN THE CITY OF ST. LOUIS.         ID dith enganization undertake any significant program services during the year which were not listed on the proform 980 or 980-E27				
AND THE HOMELESS IN THE CITY OF ST. LOUIS.         2 Did the organization underkage wightificant program services during the year which were not listed on the prior Form 990 or 990 EZ?       Image: Control these involves on Schedule 0.         10 the organization consect conducting, or make significant changes in how it conducts, any program services?       Image: Control these involves on Schedule 0.         10 the organization consect conducting, or make significant changes in how it conducts, any program services?       Image: Control these involves on Schedule 0.         10 schedule the organization's program service accomplationents for each of its three largest program services, and revenue, if any for each organization space required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each organization space required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each organization space required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each organization space required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each organization space required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each organization organizes in provided.         10 (context) for expenses in a structure of the amount of grants and allocations to others, the total expenses. Section 501(SQ) and SQ (SQ (SQ (SQ (SQ (SQ (SQ (SQ (SQ (SQ	-			
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prior Form \$80 or \$80 or \$27			listed on the	
<pre>If 'Ves,' describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?</pre>				XN
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?				
<pre>     the construction's program service accomplements 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 recorded.     (Cote:) (Courness 5) (Prevents 5) (Prevents 5)     (Prevents 7) (Prevents 5) (Prevents 5)     (Prevents 7) (Prevents 5) (Prevents 5)     (Prevents 7) (Prevents 7)     (Prevents 7) (Prevents 7) (Prevents 7)     (Prevents 7) (Prevents 7) (Prevents 7)     (Prevents 7) (Prevents 7) (Prevents</pre>			gram services? Yes	XN
Section 501(c)(2) 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         Ia       [Code:] [Covernes \$ 1, 991, 523. including grants of \$] (Incrures ]         GATEWAY180       OPFERS 120       SHELTER BEDS NIGHTLY AND IS THE LARGEST         GATEWAY180       OPFERS 120       SHELTER BEDS NIGHTLY AND IS THE LARGEST         GATEWAY180       OPFERS 120       SHELTER BEDS NIGHTLY AND IS THE LARGEST         GATEWAY180       OPFERS 120       SHELTER TIN THE STATE OF MISSOURI, PROVIDING         EMERGENCY SHELTER AND TRANSITIONAL LIVING SHELTER FOR WORKN, CHILDERN AND ANALILES PREDENCING HOMESN AND SUPPORT, RESOURCES, AND SERVICES TO MOVE FAMILIES FROM TH         CRITCHAR AND USUPPORT, RESOURCES, AND SERVICES TO MOVE FAMILIES FROM TH       CRITCHAR AND CUSTONG IZED SOLUTIONS, EMPOWENTING WOREN, AND FAMILIE TO IMPROVE THE QUALITY OF THEIR LIVES ON EVERY LEVEL, ACHIEVING INDEPENDENCE, SELF-SUFFICIENCY, AND MAKING THE MOVE TO PERMANENT HOUSING.         Ib       (code:)(Exempts \$ including grants of \$) (Revenus \$)				
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Form 990 (2023) GATEWAY HOMELESS SERVICES, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			х
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
h	Part VI	<u>11a</u>		
b		11b		х
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 21
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	900	X (2023)
332003	12-21-23	⊢orm	220	(2023)

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Form	990	(2023)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
254		25a		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		- 23
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If 'Yes, 'complete Schedule N, Part I</i>			
32		20		x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			77
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
332004	12-21-23	Form	990	(2023)
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Form	990 (2023) GATEWAY HOMELESS SERVICES, INC.	43-10999	929	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	35			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	[	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	[	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	Г	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization		00		
ou			6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	·····	Ua		
b			Ch		
7	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		7.		х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided	· · · Γ	7a 71		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	·····	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		_		v
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d				37
е		·····	7e		X
f		·····	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re-	equired?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Forr	m 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	·····	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	·····	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	Г	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
с					
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	F	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	·····			
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	·····			
16			16		Х
10	If "Yes," complete Form 4720, Schedule O.	····· -	10		
17					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.	·····	17		
00000			Form	990	(2023)
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GATEWAY HOMELESS SERVICES, INC.

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X

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3					
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	3					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		x			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		x			
b							
	persons other than the governing body?	7b		x			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a		11a	Х				
b							
12a							
b							
с							
	on Schedule O how this was done						
13							
14	Did the organization have a written document retention and destruction policy?	14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а							
b	a The organization's CEO, Executive Director, or top management official       15a         b Other officers or key employees of the organization       15b						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(	B)s only)	availal	ole			
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finar	cial				
	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						
	KATHY CONNORS - (314)231-1515						
	1000 NORTH 19TH STREET, ST. LOUIS, MO 63106						
332006	5 12-21-23	For	n <b>990</b>	(2023)			

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Form 990	(2023)
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Part VII	Со	mpensation of Officer	s, Directors	, Trustees,	Key Employees,	Highest (	Compensated
	Em	ployees, and Indepen	dent Contra	ictors			

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(A) (B) (C)			(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto I	r/trus T	tee)	from	from related	other
	(list any	ector.						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploy6	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KATHY CONNORS	40.00	-	-							
EXECUTIVE DIRECTOR		1		x				100,897.	0.	0.
(2) PAUL ECKRICH	2.00									
CHAIR		Х		Х				0.	0.	0.
(3) BRUCE MORGAN	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) AMBER SIMPSON	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) MEGAN SULLIVAN	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) JESSICA GANGWES	2.00									
DIRECTOR		Х						0.	0.	0.
(7) ANGELA MORTON CONLEY	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(8) GUS HATTRICH	2.00									
DIRECTOR		Х						0.	0.	0.
(9) LAURA LANDMANN	2.00									
DIRECTOR		Х						0.	0.	0.
(10) LASHONNA LONG	2.00									
DIRECTOR		Х						0.	0.	0.
(11) SHARON MORGAN	2.00									
DIRECTOR		Х						0.	0.	0.
(12) ANDREW STOKES	2.00									
DIRECTOR		Х						0.	0.	0.
(13) DEIDRA THOMAS-MURRAY	2.00									
DIRECTOR		Х						0.	0.	0.
(14) DR. BEN VOSS	2.00									
DIRECTOR		Х						0.	0.	0.
(15) DR. PATRICK WHITE	2.00									
DIRECTOR		X						0.	0.	0.
										<b>– 000</b> (2000)

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Form 990 (2023)

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Form 990 (2023) GATEWAY H	IOMELESS	្រ	ER	VI	CE	s,	I	INC.	43-10	)999	929	P	age <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C	)			(D)	(E)			(F)	
Name and title	Average			Posi				Reportable	Reportable		Es	stimate	ed
	hours per					than c s both		compensation	compensation amount of				
	week					r/trust		from	from related			other	
	(list any	ctor						the	organizations	s	com	pensa	tion
	hours for	r dire				ed		organization	(W-2/1099-MIS	C/	fr	om th	е
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
	organizations	trus	nal tri		oyee	d mo		1099-NEC)			an	d relat	ed
	below	ndividual trustee or director	Institutional trustee	Cer	Key employee	lest c	ner				orga	anizati	ons
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former						
										-+			
										-+			
										$ \longrightarrow $			
dh. Oubbabal								100,897.		0.			0.
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI										0.			0.
d Total (add lines 1b and 1c)								100,897.					0.
2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove)	) wh	o re	eceived more than \$100,	000 of reportable	)			
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mplo	oyee	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for su	uch individual									[	3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes.	" coi	mple	ete S	Sche	dule	J f	or such individual			4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors	piete concaute	<u>,                                    </u>	<u> </u>		/0/00								
1 Complete this table for your five highest con	mpensated ind	ener	nder	nt co	ntra	actor	e th	nat received more than \$	100 000 of comp	ensat	ion fro	h	
the organization. Report compensation for t										onout			
	ne calendar ye		nuin	ig wi				(B)	cai.		10		
(A) Name and business	address	NC	ONE	r.				(ם) Description of s	ervices	С	<b>(0</b> ompe	•) nsatio	n
		INC		-			$\rightarrow$	200011011010					
							$\rightarrow$						
							$\dashv$						
							T						
2 Total number of independent contractors (ir	ncludina but na	ot lin	nited	to t	hos	e list	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz					0	)		,					
										_			

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Form	n 990	(2023) GATEWAY HOMEL	ESS SERV	ICES,	INC.		43-1099	929 Page <b>9</b>
Pa	rt VI	I Statement of Revenue						
_		Check if Schedule O contains a response of	or note to any lir	ne in this F	Part VIII			
				(	<b>A)</b> revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
o o	1 :	Federated campaigns 1a						
anta	t l			-				
Do C			200,559.	-				
fts, r Ai			20070000	1				
Contributions, Gifts, Grants and Other Similar Amounts			861,736.	-				
ons Sin	f	All other contributions, gifts, grants, and		-				
her	.		433,539.					
ot			100,454.					
Cor and	ŀ	Total. Add lines 1a-1f			,834.			
0.0			Business Code	Í	,			
Ð	2 8							
vic	k							
Ser nue								
am	c							
Program Service Revenue	e							
Pro	f	All other program service revenue						
	ç							
	3	Investment income (including dividends, interes						
		other similar amounts)		9	,105.			9,105.
	4	Income from investment of tax-exempt bond pr						
	5	Royalties						
		(i) Real	(ii) Personal					
	6 a	Gross rents 6a						
	k	Less: rental expenses 6b						
	c	Rental income or (loss) 6c						
	c	Net rental income or (loss)						
	7 a	Gross amount from sales of (i) Securities	(ii) Other	_				
		assets other than inventory <b>7a</b>		4				
	k	Less: cost or other basis						
anı		and sales expenses 7b		4				
evenue		Gain or (loss)						
		Net gain or (loss)						
Other R	8 8	Gross income from fundraising events (not						
ō		including \$ 200,559. of						
		contributions reported on line 1c). See						
			81,762.					
	k		81,762.		0			
					0.			
	98	Gross income from gaming activities. See						
	.	Part IV, line 19 9a						
		9 Less: direct expenses 9b	L					
	10 0							
	10 8	Gross sales of inventory, less returns						
		and allowances 10a Less: cost of goods sold 10b						
		Net income or (loss) from sales of inventory						
		Net moome or (1055) from sales of inventory	Business Code					
sn	11 -	MISCELLANEOUS REVENUE	900099		,785.	70,785.		
neo	l i c			1 , 0	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
scellanec Revenue				1				
Miscellaneous Revenue		All other revenue		1				
Σ		Total. Add lines 11a-11d		70	,785.			
	12	Total revenue. See instructions			,724.	70,785.	0.	9,105.
33200	9 12-2					· ·	·	Form <b>990</b> (2023)

GATEWAY HOMELESS SERVICES, INC.

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43-1099929

GATEWAY HOMELESS SERVICES, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses **(D)** Fundraising (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 79,709. 100,898. 14,126. 7,063. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 897,179. 708,771. 125,605. 62,803. Other salaries and wages 7 8 Pension plan accruals and contributions (include 1,351. 189. 1,067. 95. section 401(k) and 403(b) employer contributions) 7,347. 52,477. 41,457. 3,673. Other employee benefits 9 74,612. 58,943. 10,446. 5,223. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 45,095. 34,724. 3,606. 6,765. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 275. 212. 22 41. column (A), amount, list line 11g expenses on Sch 0.) 1,639. 2,128. 170. 319. Advertising and promotion 12 34,600. 26,642. 2,768. 5,190. 13 Office expenses 3,000. 2,310. 240. 450. Information technology 14 15 Royalties 60,739. 46,769. 4,859. 9,111. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 178. 2,228. 1,716. 334. 20 Interest Payments to affiliates 21 103,558. 79,740. 8,285. 15,533. Depreciation, depletion, and amortization 22 35,096. 27,024. 2,808. 5,264. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 574,732. 574,732. HOUSING PROGRAMS а MISCELLANEOUS EXPENSES 176,487. 109,356. 45,828. 21,303. h 118,174. 118,174. FOOD AND PROGRAM ACTIVI С 78,538. 78,538. SHELTER OPERATIONS d e All other expenses 2,361,167. 1,991,523. 226,477. 143,167. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

11

332010 12-21-23

Form 990 (2023)

10371113 781445 51268.000

	GATEWAY	HOMELESS	SERVICES,	INC.
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43-1099929 Page 11

		Check if Schedule O contains a response or note to any	line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		486,516.	1	1,262,819.
	2	Savings and temporary cash investments		2,124,604.	2	1,267,006.
	3	Pledges and grants receivable, net		335,234.	3	597,491.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former				
		trustee, key employee, creator or founder, substantial c	ontributor, or 35%			
		controlled entity or family member of any of these perso	ons		5	
	6	Loans and other receivables from other disqualified pers	sons (as defined			
		under section 4958(f)(1)), and persons described in sect	ion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Duran id anno an an an dialafanna diala anno a		13,655.	9	7,395.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	2,288,097.			
	b	Less: accumulated depreciation 10b	1,424,830.	928,337.	10c	863,267.
	11	Investments - publicly traded securities		269,043.	11	235,225.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 3	3)	4,157,389.	16	4,233,203.
	17	Accounts payable and accrued expenses		100,848.	17	66,086.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of	of Schedule D		21	
Se	22	Loans and other payables to any current or former office	er, director,			
llitie		trustee, key employee, creator or founder, substantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these perso	ons		22	
	23	Secured mortgages and notes payable to unrelated thir	d parties	33,106.	23	25,837.
	24	Unsecured notes and loans payable to unrelated third p	arties		24	
	25	Other liabilities (including federal income tax, payables t	o related third			
		parties, and other liabilities not included on lines 17-24).	Complete Part X			
		of Schedule D		100.054	25	
	26	Total liabilities. Add lines 17 through 25		133,954.	26	91,923.
(0		Organizations that follow FASB ASC 958, check here	• X			
čě		and complete lines 27, 28, 32, and 33.		0 600 505		2 2 2 2 4 5
alan	27	Net assets without donor restrictions	I	2,692,535.	27	3,282,947.
B	28	Net assets with donor restrictions		1,330,900.	28	858,333.
oun		Organizations that do not follow FASB ASC 958, che	ck here			
Net Assets or Fund Balances		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or equipmen			30	
t A:	31	Retained earnings, endowment, accumulated income, c		1 000 405	31	4 1 4 1 000
Ne	32	Total net assets or fund balances		4,023,435.	32	4,141,280.
	33	Total liabilities and net assets/fund balances		4,157,389.	33	4,233,203.

Form 990 (2023)

# Form 990 (2023) Part X Balance Sheet

	990 (2023) GATEWAY HOMELESS SERVICES, INC.	43-10	99929	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,575		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,361		
3	Revenue less expenses. Subtract line 2 from line 1	3			57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,023		
5	Net unrealized gains (losses) on investments	5	-96	,7	12.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,141	.,28	80.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		1		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<b>3</b> a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047		
	2023		
	Open to Public Inspection		
plover identification numb			

Name	e of t	he organization						Employer	identification number		
				SS SERVICES,					3-1099929		
Par	tl	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The o	rgani	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck 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 orga	nization described in se	ection 170	(b)(1)(A)(ii	i).				
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	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	'0(b)(1)(A)	(v).				
7 [	Х	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in		
г		section 170(b)(1)(A)(vi). (C									
8 [		A community trust describe									
9 [		An agricultural research org				-		-	-		
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
40		university:									
10 [		An organization that norma									
		activities related to its exem									
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Inter June 30, 1975.		
44 [		See section 509(a)(2). (Con	. ,	volu to tost for public os	intu Soo	nantion E(	O(a)(4)				
11 [ 12 [		An organization organized a An organization organized a	-	•	•			rny out tho	purposes of one or		
12 [		more publicly supported or	•				-	•	• •		
		lines 12a through 12d that	-								
а		<b>Type I.</b> A supporting orga						-	aivina		
		the supported organization		-	•	-					
		organization. You must c									
b		<b>Type II.</b> A supporting org	-		ion with its	s supporte	d organizatio	n(s). bv hav	vina		
		control or management o	-				-		•		
		organization(s). You mus			·		·				
с		] Type III functionally inte	-		in connect	ion with, a	and functional	ly integrate	d with,		
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	bution rec	uirement and	an attentiv	reness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type	II, Type III			
		functionally integrated, or	Type III non-functior	nally integrated supportin	ng organiz	ation.					
		er the number of supported o	•								
g	Prov	vide the following information			(iv) In the orac	nization listed	( ) )				
	(1	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)		
		organization		above (see instructions))	Yes	No		istructions)			
Total											

GATEWAY HOMELESS SERVICES, INC.

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1566085.	2282480.	2371523.	3333833.	2495834.	12049755.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1566085.	2282480.	2371523.	3333833.	2495834.	12049755.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1008179.
	Public support. Subtract line 5 from line 4.						11041576.
	ction B. Total Support	1		[			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1566085.	2282480.	2371523.	3333833.	2495834.	12049755.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		F 1 P	4 0 4 7		0 105	0.0.1.0
	and income from similar sources	1,754.	517.	4,247.	7,195.	9,105.	22,818.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	21 251			4 025	7 717	10 160
	assets (Explain in Part VI.)	21,251.			4,935.	-7,717.	<u>18,469.</u> 12091042.
	Total support. Add lines 7 through 10		`````				<u>µ2091042.</u>
	Gross receipts from related activities,	•	,				
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and stor ction C. Computation of Publi					<u></u>	·····
	Public support percentage for 2023 (I			column (f))		14	91.32 %
	Public support percentage from 2022					15	90.32 %
	33 1/3% support test - 2023. If the c						
100	stop here. The organization qualifies						V
b	<b>33 1/3% support test - 2022.</b> If the c		•				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-				s
							(Form 990) 2023

332022 12-21-23

Sch Pa	edule A (Form 990) 2023 G rt III   Support Schedule for O		MELESS SEI			43-109	9929 Page 3
	(Complete only if you checked	the box on line 10	) of Part I or if the c	organization failed	to qualify under P	art II. If the organiz	ation fails to
	qualify under the tests listed b			•		<b>.</b>	
Sec	tion A. Public Support				1		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disgualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
		(-) 0010	(1-) 0000	(-) 0001	(1) 0000	(1) 0000	(0) Tabal
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	(f) Total
Cale 9	ndar year (or fiscal year beginning in) Amounts from line 6	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	(f) Total
Cale 9	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9 10a	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9 10a b	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9 10a b	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9 10a b	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b,	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9 10a b	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9 10a b 11	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9 10a b 11	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9 10a b c 11 12 13	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
Cale 9 10a b c 11 12 13	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
Cale 9 10a b 10a 10a 11 12 13 14	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) <b>First 5 years.</b> If the Form 990 is for th check this box and <b>stop here</b>	ne organization's fi	rst, second, third, 1	Fourth, or fifth tax y	year as a section 5	501(c)(3) organizatio	>n,
Cale 9 10a b c 11 12 13 14 Sec	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>First 5 years.</b> If the Form 990 is for th check this box and <b>stop here</b>	ne organization's fi	rst, second, third, t	iourth, or fifth tax y	year as a section 5	501(c)(3) organizatio	Dn,
Cale 9 10a b c 11 12 13 14 <u>Sec</u> 15	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2023 (I	ne organization's fi <b>c Support Per</b> ine 8, column (f), c	rst, second, third, 1	Fourth, or fifth tax y	year as a section 5	601(c)(3) organizatio	Dn,
Cale 9 10a b c 11 12 13 14 15 16	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here stion C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022	ne organization's fi <b>c Support Per</b> ine 8, column (f), c	rst, second, third, 1 rcentage ivided by line 13, c III, line 15	iourth, or fifth tax y	year as a section 5	501(c)(3) organizatio	Dn,
Cale 9 10a b 10a 10a 11 12 13 14 15 16 Sec	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>First 5 years.</b> If the Form 990 is for the check this box and stop here <b>tion C. Computation of Publi</b> Public support percentage for 2023 (In Public support percentage from 2022 <b>tion D. Computation of Investion</b>	ne organization's fi <b>c Support Per</b> ine 8, column (f), c 2 Schedule A, Part <b>stment Income</b>	rst, second, third, 1 rcentage ivided by line 13, c III, line 15 Percentage	fourth, or fifth tax y	year as a section 5	501(c)(3) organizatio	Dn, 
Cale 9 10a b 10a 10a 11a 12 13 14 15 16 Sec 17	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here support percentage for 2023 (IPublic support percentage for 2023 (IPublic suppo	ne organization's fi <b>c Support Per</b> ine 8, column (f), c <u>c Schedule A, Part</u> <b>stment Income</b> <b>23</b> (line 10c, colur	rst, second, third, f rst, second, third, f rcentage ivided by line 13, c III, line 15 Percentage nn (f), divided by lin	Fourth, or fifth tax y	year as a section 5	501(c)(3) organizatio	Dn, 
Cale 9 10a b 10a 10a 10a 11 11 12 13 14 15 16 Sec 17 18	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here stion C. Computation of Public Public support percentage for 2023 (Investment income percentage for 2021)	ne organization's fi inc Support Per ine 8, column (f), c Schedule A, Part stment Income 223 (line 10c, colur 2022 Schedule A,	rst, second, third, 1 rst, second, third, 1 rcentage ivided by line 13, c III, line 15 Percentage nn (f), divided by lin Part III, line 17	Fourth, or fifth tax y column (f))	year as a section 5	15 16 17 18	Dn, 
Cale 9 10a b 10a 10a 10a 11 11 12 13 14 15 16 Sec 17 18	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here stion C. Computation of Public Public support percentage from 2022 tion D. Computation of Investion 33 1/3% support tests - 2023. If the	ne organization's fi ine 8, column (f), c Schedule A, Part stment Income 2023 (line 10c, colur 2022 Schedule A, organization did r	rst, second, third, 1 rcentage ivided by line 13, c III, line 15 Percentage nn (f), divided by lin Part III, line 17 not check the box c	courth, or fifth tax y column (f))	year as a section 5	501(c)(3) organization 15 16 17 18 33 1/3%, and line 1	Dn,  _
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Cale 9 10a 10a b 10a 11 12 13 14 12 13 14 <b>Sec</b> 15 16 <b>Sec</b> 17 18 19a	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>First 5 years.</b> If the Form 990 is for the check this box and stop here <b>tion C. Computation of Publi</b> Public support percentage for 2023 (IPublic support percentage from 2022 <b>tion D. Computation of Invest</b> Investment income percentage for 2023 <b>1</b> /3% support tests - 2023. If the more than 33 1/3%, check this box and <b>33 1/3% support tests - 2022.</b> If the	ne organization's fi <b>c Support Per</b> ine 8, column (f), c <b>c Schedule A, Part</b> <b>stment Income</b> <b>2023</b> (line 10c, colur <b>2022</b> Schedule A, e organization did r nd <b>stop here.</b> The e organization did r	rst, second, third, f rst, second, third, f rcentage ivided by line 13, c III, line 15 Percentage mn (f), divided by lin Part III, line 17 not check the box c organization quality not check a box on	Fourth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s line 14 or line 19a	year as a section 5 year a	501(c)(3) organization 15 16 17 18 13 1/3%, and line 1° ition ore than 33 1/3%, a	Dn, Dn, Market State Sta
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GATEWAY HOMELESS SERVICES, INC.

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Yes No

#### Part IV Supporting Organizations

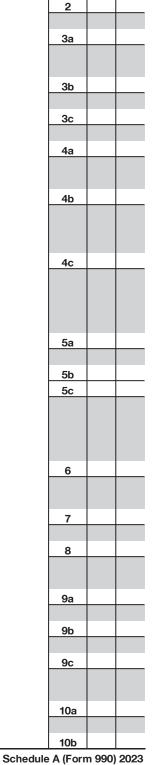
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 20

Schedule	A (Form 990) 2023	GATEWAY	HOMELESS	SERVICES,	INC.	43-1099	929	Pa	ige <b>5</b>
Part IV	Supporting Organiz	ations (contin	ued)						
		-						Yes	No
11 Has	the organization accepted a	gift or contributio	on from any of the	following persons?					
<b>a</b> Ap	erson who directly or indirect	y controls, either	alone or together	with persons descr	ibed on lines 11b and				
11c	below, the governing body o	f a supported org	ganization?			_1	1a		
<b>b</b> A fa	mily member of a person des	cribed on line 11	a above?			_1	1b		
<b>c</b> A 3	5% controlled entity of a pers	on described on	line 11a or 11b ab	ove? If "Yes" to line	e 11a, 11b, or 11c, provide				
	ail in Part VI.					1	1c		
Section	B. Type I Supporting	Organization	s						

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

Section C. Type II Supporting Organizations	

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

Sec	ston D. All Type III Supporting Organizations
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the
	organization's governing documents in effect on the date of notification, to the extent not previously provided?
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how

	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		

	ganizations plaved			
Section E. Type	e III Functiona	ally Integrated	Supporting	Organizations

supervised or controlled the supporting organization

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
	onook the best heat to the method that the organization doed to dationy the integral hart reet daring the year	· · · · · · · · · · · · · · · · · · ·

- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

С		The organization s	upported a govern	mental entity.	Describe in Part	I how	you supported a	governmental entity	(see instructions).	
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- 2 Activities Test. Answer lines 2a and 2b below.
- a 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? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a 2b 3a 3b

Yes No

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2

1

3

Yes No

Yes No

Yes No

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

instructions).

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023 GATEWAY HOMELESS SERVICES, INC.

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exer		1				
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5			
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2023 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023		
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2023						
а	From 2018						
b	From 2019						
с	From 2020						
d	From 2021						
е	From 2022						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2023 distributable amount						
i	Carryover from 2018 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2023 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, if			T			
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
	Excess from 2022						
е	Excess from 2023						

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

#### SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

#### OTHER INCOME

Schedule A (Form 990) 2023

332028 12-21-23

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

GATE	EWAY HOME	LESS SER	VICES, IN	C.
Organization type (check one):				

43-1099929

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

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

#### General Rule

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

#### Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless total set of the parts unle

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

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

43-1099929

GATEW	AY HOMELESS SERVICES, INC.	43-1099929	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AFFORDABLE HOUSING TRUST FUND 1520 MARKET STREET, SUITE 2080 SAINT LOUIS, MO 63103	\$356,32	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CHILDREN'S SERVICE FUND 41 S. CENTRAL AVE. CLAYTON, MO 63105	\$228,22	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	U.S. DEPARTMENT OF HOUSING 451 7TH STREET, S.W. WASHINGTON, DC 20410	\$131,74	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	CACFP - MO DEPARTMENT OF HEALTH P.O. BOX 570 JEFFERSON CITY, MO 65102	\$53,82	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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323452 12-26-23

Schedule B (Form 990) (2023)

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

(b)

GATEWAY HOMELESS SERVICES, INC.

Schedule B (Form 990) (2023)

Part II

(a)

No.

Employer identification number

(d)

43-1099929

(c)

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#### 10371113 781445 51268.000

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	B (Form 990) (2023) organization				Page <b>4</b> Employer identification number			
~					40.400000			
GATEW. Part III	AY HOMELESS SERVICES, I Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ons to organizations describ ) through (e) and the following charitable, etc., contributions of <b>\$1</b>	line entry. For ord	anizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	cription of how gift is held			
		e) Transfe	r of gift					
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of tra	nsferor to transferee			
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held			
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held			
		(e) Transfe	r of gift					
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	cription of how gift is held			
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of tra	nsferor to transferee			
323454 12-26	i 6-23				Schedule B (Form 990) (2023)			

		Supplemental	Einopoiol	Statamanta		OMB No. 1545-0047
	HEDULE D n 990)	Supplemental Complete if the organi Part IV, line 6, 7, 8, 9, 10, 1	zation answered "	Yes" on Form 990,		2023
Depart	Department of the Treasury At		ach to Form 990.			Open to Public
Interna	I Revenue Service	Go to www.irs.gov/Form990	for instructions an	d the latest informat		Inspection
	e of the organization	GATEWAY HOMELESS SEI				ployer identification number 43-1099929
Pa		ations Maintaining Donor Advised n answered "Yes" on Form 990, Part IV, line		r Similar Funds o	or Accou	nts. Complete if the
			(a) Donor adv	vised funds	<b>(b)</b> Fur	nds and other accounts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3	Aggregate value of	f grants from (during year)				
4		t end of year				
5		on inform all donors and donor advisors in wr	iting that the assets	s held in donor advise	d funds	
	are the organizatio	n's property, subject to the organization's ex	clusive legal contro	ol?		Yes No
6		on inform all grantees, donors, and donor adv				
		oses and not for the benefit of the donor or o				
	impermissible priva	ate benefit?		· · · ·		Yes No
Pa		ation Easements. Complete if the orga				
1	Preservation Protection o Preservation	servation easements held by the organization of land for public use (for example, recreation f natural habitat of open space through 2d if the organization held a qualifier	on or education)	Preservation of a	a certified hi	
-	day of the tax year					Held at the End of the Tax Year
а	· ·	onservation easements			2a	1
h						1
c c	-	vation easements on a certified historic struc				
d		vation easements included on line 2c acquire				
u		ture listed in the National Register			2d	
3		vation easements modified, transferred, relea				during the tax
3		valion easements mounied, transiened, relea	isea, extinguisitea,	or terminated by the t	Jiyanization	during the tax
4	year	where property subject to concernation acces	mont is leasted			
4		where property subject to conservation ease	-			
5	° °	tion have a written policy regarding the perio	<b>e</b> , 1	, C		
~		orcement of the conservation easements it h		and anfaraing appag		
6	Stall and voluntee	r hours devoted to monitoring, inspecting, ha	and ing of violations	, and enforcing conse	ervation ease	errients during the year
7	Amount of expens	es incurred in monitoring, inspecting, handlir	ng of violations, and	l enforcing conservation	on easemen	its during the year
8	Does each consen and section 170(h)	vation easement reported on line 2d above sa (4)(B)(ii)?				Yes No
9		be how the organization reports conservation				······ — —
5		t include, if applicable, the text of the footnot		-		

Dalanc	sheet, and include, if applicable, the text of the foothole to the organization's infancial statements that describes the							
organization's accounting for conservation easements.								
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.							

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

# b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1

		*
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	e
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023
33205	09-28-23	

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Sche		HOMELESS						43-10			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or	r Othei	r Similaı	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the	following that	make si	gnificant u	use of its			
	collection items (check all that apply).										
а	Public exhibition	c			change progra						
b	Scholarly research	e	• 🗌 o	ther							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	y further tl	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hist	orical trea	sures, or othe	r similar	assets		-		-
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		te if the o	rganizatio	n answered "	Yes" on I	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
<b>1</b> a	Is the organization an agent, trustee, custod		-					·	٦		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tab	ole:					Amount		
									Amount		
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f 20	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •	L			
Par											
		(a) Current year	1	or year	(c) Two year		(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance			<u> </u>							
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g,	column (a	.)) held as:						
а	Board designated or quasi-endowment	-	%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	are held a	nd administer	ed for th	e		-		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Sch	nedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds.							
Pai	t VI Land, Buildings, and Equipm					<b>B</b> 1.V					
	Complete if the organization answere										
	Description of property	(a) Cost or c basis (investr		• •	t or other (other)	• •	ccumulate preciation	ed	(d) Bool	< value	e
1a	Land										
b	Buildings			1,89	7,537.	1,1	188,1'	73.	709	9,30	54.
С	Leasehold improvements							_			
d	Equipment			39	0,560.		236,6	57.	153	3,90	13.
	Other										<u> </u>
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. line 100</u>	<u>c, column</u>	<u>(B))</u>				86.	3,20	57.

Schedule D (Form 990) 2023

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	omplete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description	of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial de	erivatives			
	d equity interests			
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) m	nust equal Form 990, Part X, line 12, col. (B))			
	vestments - Program Related.			
	omplete if the organization answered "Yes" o			
(	a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX 0	nust equal Form 990, Part X, line 13, col. (B))			
	omplete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part X line 15	
		Description		(b) Book value
(1)	() -			(
				+
(2)				
(3)				
(3) (4)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8) (9) vtal. (Column	(b) must equal Form 990, Part X, line 15, col. ther Liabilities	(B))		
(3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X O	ther Liabilities omplete if the organization answered "Yes" o			1
(3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X O	ther Liabilities			5. (b) Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Column Part X O Co	ther Liabilities omplete if the organization answered "Yes" o			1
(3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X O Co (1) Federal (2)	ther Liabilities omplete if the organization answered "Yes" o (a) Description of liability			1
(3) (4) (5) (6) (7) (8) (9) vtal. (Column Part X O Co (1) Federal (2) (3)	ther Liabilities omplete if the organization answered "Yes" o (a) Description of liability			1
(3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X O Co (1) Federal (2)	ther Liabilities omplete if the organization answered "Yes" o (a) Description of liability			1
(3) (4) (5) (6) (7) (8) (9) Datal. (Column Part X O Co (1) Federal (2) (3) (4) (5)	ther Liabilities omplete if the organization answered "Yes" o (a) Description of liability			1
(3) (4) (5) (6) (7) (8) (9) otal. (Column Part X O Column (2) (3) (4) (5) (6)	ther Liabilities omplete if the organization answered "Yes" o (a) Description of liability			1
(3) (4) (5) (6) (7) (8) (9) otal. ( <i>Column</i> <b>Part X O</b> (2) (3) (4) (5) (6) (7)	ther Liabilities omplete if the organization answered "Yes" o (a) Description of liability			1
(3) (4) (5) (6) (7) (8) (9) otal. (Column Part X O Co (1) Federal (2) (3) (4) (5) (6) (7) (8)	ther Liabilities omplete if the organization answered "Yes" o (a) Description of liability			1
(3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X O Column (2) (1) Federal (2) (3) (4) (5) (6) (7)	ther Liabilities omplete if the organization answered "Yes" o (a) Description of liability			1

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Schedule D (Form 990) 2023

	edule D (Form 990) 2023 GATEWAY HOMELESS SERVICES	-		-	1099929 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			0 470 010
1				1	2,479,012.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		-96,712.	-	
b	Donated services and use of facilities	2b		-	
С	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII.)	2d		-	
е	Add lines <b>2a</b> through <b>2d</b>			2e	-96,712.
3	Subtract line 2e from line 1			3	2,575,724.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
с	Add lines 4a and 4b				
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	2,575,724.
5					2,575,724. n
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	ments With			n
5	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I. line 12.</i> ) rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per l		2,575,724. n 2,361,167.
5 Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I. line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ments With	Expenses per l	Retur	n
5 Pa 1	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	ments With	Expenses per l	Retur	n
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         rt XII         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With	Expenses per l	Retur	n
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a. 2a 2a 2b	Expenses per l	Retur	n
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I. line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a 2a 2b 2c	Expenses per l	Retur	n
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	Expenses per I	Retur	n <u>2,361,167.</u> 0.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a           2b           2c           2d	Expenses per I	1	n 2,361,167.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per I	1 2e	n <u>2,361,167.</u> 0.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         T XII         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2d	Expenses per I	1 2e	n <u>2,361,167.</u> 0.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>rt XII</b> Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a         2a         2b         2c         2d         2d	Expenses per I	1 2e	n <u>2,361,167.</u> 0.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         TXII Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other losses       Other losses         Other losses       Bath rough 2d         Subtract line 2e from line 1       Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a         2a         2b         2c         2d         2d         4a         4b	Expenses per I	1 2e	n 2,361,167. 0. 2,361,167. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2a           2b         2c           2c         2d           2d         4a           4b         4b	Expenses per I	Return	n 2,361,167. 0. 2,361,167.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE"), EXCEPT ON NET INCOME

DERIVED FROM UNRELATED BUSINESS ACTIVITIES AS DEFINED IN THE CODE.

ACCORDINGLY, THE ORGANIZATION FILES AS A TAX EXEMPT ORGANIZATION.

THE ORGANIZATION FOLLOWS GUIDANCE ISSUED BY THE FASB ON ACCOUNTING FOR

INCOME TAXES AND HAS EVALUATED ITS TAX POSITIONS, EXPIRING STATUTES OF

LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW

AUTHORITATIVE RULINGS, AND BELIEVES THAT NO PROVISION FOR INCOME TAXES IS

NECESSARY TO COVER ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S RETURNS

#### FOR TAX YEARS 2020 AND LATER REMAIN SUBJECT TO EXAMINATION BY TAXING

Schedule D (Form 990) 2023

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332054 09-28-23

29

	(Form 990) 2023	GATE		
Part XIII	Supplemental	Information	(contin	ued)

GATEWAY HOMELESS SERVICES, INC. 43-1099929 Page 5

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE G	Suppleme	ntal Informatio	n Regarding	Fund	Iraisi	ng or Gaming A	ctivit	ies	OMB No. 1545-0047		
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								2023		
	C	-	ch to Form 990 o						Open to Public		
Department of the Treasury Internal Revenue Service	Go t					ne latest information	n.		Inspection		
Name of the organization							E		entification number		
		HOMELESS						43-1099			
	complete this part		ganization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17.	Form 990-E2	Z filers are not		
<ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.</li> </ul>											
(i) Name and addres or entity (func		(ii) Act	ivity	fùndr have c or cor	Did raiser ustody utrol of utions?	(iv) Gross receipts from activity	tò (or fu	mount paid retained by) Indraiser d in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization		
				Yes	No						
Total											
3 List all states in whi or licensing.	ch the organizatio	n is registered or lic	ensed to solicit c	ontrib	utions	or has been notified	it is ex	empt from re	egistration		

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

GATEWAY HOMELESS SERVICES, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and grass income on Form 000 F7 lines 1 and 6b. List events with grass respirate graster than \$5,000

- 1		of fundraising event contributions and gro				
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
Revenue	1	Gross receipts	282,321.			282,321
	2	Less: Contributions	200,559.			200,559
	3	Gross income (line 1 minus line 2)	81,762.			81,762
	4	Cash prizes				
(0	5	Noncash prizes				
penses	6	Rent/facility costs	51,586.			51,586
Direct Expenses	7	Food and beverages	1,506.			1,506
Ĩ		Entertainment				28,670
		Other direct expenses		•		81,762
- 1		Direct expense summary. Add lines 4 through				01,702
	rt I	Net income summary. Subtract line 10 from I II Gaming. Complete if the organization		000 Dort IV line 10 or		0
a		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	990, Part IV, line 19, or	reported more than	
7		\$15,000 OIT FOITH 990-EZ, IIITE 6a.		(b) Pull tabs/instant		(d) Total gaming (add
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
Hevenue				2		
ř	1	Gross revenue				
ses	2	Cash prizes				
=xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
		Not gaming income summary Subtract line 7	' from line 1, column (d)			
	8	Net gaming income summary. Subtract line 7				
	Ent	ter the state(s) in which the organization condu				
а	Ent Is t		ctivities in each of these s	states?		Yes No
a b	Ent Is t If "	ter the state(s) in which the organization conducter the organization licensed to conduct gaming an No," explain:	ctivities in each of these s	states?		
a b Da	Ent Is t If "	ter the state(s) in which the organization condu he organization licensed to conduct gaming a	ctivities in each of these s	states?		
a b	Ent Is t If "	ter the state(s) in which the organization conduct he organization licensed to conduct gaming an No," explain: ere any of the organization's gaming licenses re	ctivities in each of these s	states?		

Schedule G (Form 990) 2023

332082 09-13-23

Schedule G (Form 990) 2023	GATEWAY	HOMELESS	SERVICES,	INC.	43-1099929 Page 3
11 Does the organization co					
12 Is the organization a gran					
to administer charitable g	jaming?				Yes No
13 Indicate the percentage of					
a The organization's facility					<b>13a</b> %
<b>b</b> An outside facility					
14 Enter the name and addre	ess of the person who pre	epares the organiz	ation's gaming/spe	cial events books and rec	ords:
Name					
Address					
15a Does the organization ha	ve a contract with a third	narty from whom	the organization reg	ceives gaming revenue?	Yes No
15a Does the organization ha		party norn whom	the organization rec	serves garning revenue:	
<b>b</b> If "Yes," enter the amoun	t of gaming revenue rece	ived by the organi	zation \$	and the	amount
of gaming revenue retaine					
c If "Yes," enter name and					
,	. ,				
Name					
Address					
16 Gaming manager informa	ition:				
Name					
O mine more services	eestien (†				
Gaming manager comper	nsation \$				
Description of services pr	rovided				
Director/officer	Employee		Independent contra	ictor	
<b>17</b> Mandatory distributions:					
a Is the organization require		ke charitable distri	butions from the ga	ming proceeds to	
retain the state gaming lie					
<b>b</b> Enter the amount of distri	•		ributed to other exe	mpt organizations or sper	it in the
organization's own exem			s required by Part I	line 2b. columns (iii) and	(v); and Part III, lines 9, 9b, 10b,
	d 17b, as applicable. Also				(v), and Fart III, intes 9, 90, 100,
100, 100, 10, 410		provide any addit			
332083 09-13-23					Schedule G (Form 990) 2023
			33		

Sc	che	edi	ule	G	(Form	990	)
					-		

Part IV	Supplemental Information (continued)
	Schedule G (Form 990)

SCHEDU	JLE M
(Form 99	90)

Department of the Treasury Internal Revenue Service

Doubl

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

2

Employer identification number

43-1099929

3

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 instructions and the latest information.

Name of the organization

#### GATEWAY HOMELESS SERVICES, INC.

Pa	TTI Types of Property							
		(a)	<b>(b)</b> Number of	(c) Noncash contribution	(d) Mathad of da	tormini	ina	
		Check if applicable	contributions or	amounts reported on	Method of de noncash contribu			s
		approace	items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		72,842.	FAIR MARKET	VAI	LUE	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	3	45,361.	FAIR MARKET	VAI	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	117	27,612.	FAIR MARKET	VAI	LUE	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledge	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of the	ne initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po	olicy that re	quires the review o	of any nonstandard contribut	ions?	31		X
32a	Does the organization hire or use third parties o	r related or	ganizations to solic	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	r for which column (a) is cheo	ked,			
	describe in Part II							

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M	(Form 990) 2023	GATEWAY	HOMELESS	SERVICES,	INC.	43-1099929	Page <b>2</b>
Part II	Supplemental is reporting in Par this part for any a	l Information t I, column (b), th dditional informa	<ul> <li>Provide the info e number of contr ion.</li> </ul>	rmation required by ibutions, the numbe	Part I, lines 30b, 32b, a er of items received, or	and 33, and whether the organizat a combination of both. Also comp	ion lete
332142 09-11-2	3					Schedule M (Form	990) 2023

10371113 781445 51268.000

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



43-1099929

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

GATEWAY HOMELESS SERVICES

WE HAVE 4 SHELTER BEDS THAT ARE ALWAYS ON RESERVE OR AVAILABLE FOR OUR

COUNTRY'S HOMELESS VETERANS.

WE SUPPORT THE INDEPENDENCE, ECONOMIC DEVELOPMENT, AND STABILIZATION OF

THE FAMILIES WE SERVE, BY OFFERING THE FOLLOWING PROGRAMMATIC

ACTIVITIES:

EMPOWERMENT WORKSHOPS ON-SITE SESSIONS FEATURING EXPERTS AND

PROFESSIONALS FROM VARIOUS FIELDS AND PROGRAMS, EDUCATING AND

EMPOWERING WOMEN VIA EDUCATION AND ROUND TABLE DISCUSSIONS.

SESSION PARENTING CLASS SERIES TAUGHT ON SITE AT THE SHELTER BY OUR

FRIENDS AND EXPERTS AT ST. LOUIS CRISIS NURSERY.

G180 COUNSELING PROGRAM ON-SITE MENTAL HEALTH SERVICES ARE PROVIDED TO

INCLUDE ASSESSMENTS, DIAGNOSIS, THERAPY, AND COUNSELING, HELPING

INDIVIDUALS TO MANAGE THEIR STRESS, ANXIETY, AND TRAUMA.

GATEWAY TO BETTER HEALTH A PARTNERSHIP PROGRAM WITH GOLDFARB'S

ADVANCED NURSING SCHOOL IN WHICH NURSING STUDENTS PROVIDE HEALTH

EDUCATION, BASELINE HEALTH ASSESSMENTS, AND HEALTH NAVIGATION TO

DEVELOP THE HEALTH APTITUDE AND ADVOCACY OF THOSE WE SERVE.

GET OUT THE VOTE ON-SITE VOTER REGISTRATION AND RIDES TO THE POLLS

DURING AN ELECTION.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 37

Schedule O (Form 990) 2023

10371113 781445 51268.000

Name of the organization

GATEWAY HOMELESS SERVICES, INC.

THE HUDDLE AND COFFEE CARTEL IN HOUSE WORKSHOPS FOCUSED ON THE SHARING OF SUCCESS AND "HOW TO" STORIES AND STRATEGIES.

WEEKLY TUTORING WITH COMMUNITY VOLUNTEERS AND MONTHLY BIRTHDAY PARTIES

WITH THE BIRTHDAY PROJECT ENSURE RECOGNITION OF AND PRODUCTIVE

PROGRAMMING FOR THE CHILDREN TEMPORARILY RESIDING IN THE SHELTER.

CLIENT SUPPORT FUND SERVICES FUNDS AVAILABLE TO SUPPORT THE

EMPLOYMENT, MEDICAL, TRANSPORTATION, AND HOUSING EFFORTS AND NEEDS OF

THE HOUSEHOLDS WE SERVE.

IN ADDITION TO OUR SHELTER PROGRAMS, GATEWAY180 OFFERS MULTIPLE RAPID REHOUSING PROGRAMS, INCLUDING OUR SHELTER TO RAPID REHOUSING PROGRAM, HOUSING ROUGHLY 55 FAMILIES ANNUALLY IN SCATTERED SITE, INDEPENDENT HOUSING.

AT GATEWAY180, WE ARE COMMITTED TO EMPOWERING ADULTS AND FAMILIES TO BECOME INDEPENDENT AND PERMANENTLY HOUSED.

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

THE FINANCE COMMITTEE AND BOARD OF DIRECTORS WILL REVIEW THE FORM 990 PRIOR TO ITS FILING.

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

CONFLICT OF INTEREST FORMS ARE SIGNED BY THE STAFF AND BOARD ANNUALLY ALONG

WITH RECEIVING TRAINING REGARDING THE IMPORTANCE OF DISCLOSING CONFLICTS OF

INTEREST.

332212 11-14-23

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization GATEWAY HOMELESS SERVICES, INC.	Employer identification number 43-1099929
	43 1099929
FORM 990, PART VI, SECTION B, LINE 15A:	
THERE IS A PERFORMANCE EVALUATION OF THE EXECUTIVE DIRECTO	R. BASE
COMPENSATION AND BONUS ARE BASED ON PERFORMANCE AND UNITED	WAY DATA OF
EXECUTIVE DIRECTOR PAYSCALE IN ST. LOUIS. THE EXECUTIVE DI	RECTOR'S SALARY
IS SET BY THE BOARD OF DIRECTORS. ALL OTHER PROFESSIONAL S	ALARIES ARE SET
IN THE BUDGET PROCESS BY THE EXECUTIVE DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:	
INTERESTED PARTIES CAN REQUEST INFORMATION FROM MANAGEMENT	OF THE
ORGANIZATION.	
ORGANIZATION.	
FORM 990, PART XII, LINE 2C:	
NO CHANGES TO THIS PROCESS.	

332212 11-14-23

(Rev. January 2024)

## Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

#### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use Form 7004 to request an extension of time to file	e income tax retur	ns.					
Part I - Identification							
Type or Name of exempt organization, employer, or of	Name of exempt organization, employer, or other filer, see instructions.						
Print							
File by the GATEWAY HOMELESS SERVIC	GATEWAY HOMELESS SERVICES, INC.						
due date for filing your return. See 1000 NORTH 19TH STREET	Number, street, and room or suite no. If a P.O. box, see instructions. 1000 NORTH 19TH STREET						
instructions. City, town or post office, state, and ZIP code. <b>ST. LOUIS</b> , <b>MO</b> 63106	For a foreign add	ress, see instructions.					
Enter the Return Code for the return that this application i	s for (file a separa	te application for each return)			01		
Application Is For		Application Is For					
	Return Code				Return Code		
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)			09		
Form 4720 (individual)	03	Form 5227			10		
Form 990-PF	04	Form 6069			11		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12		
Form 990-T (trust other than above)	06	Form 5330 (individual)			13		
Form 990-T (corporation)	07	Form 5330 (other than individual)			14		
Form 1041-A	08						
After you enter your Return Code, complete either Part		Lincluding signature is applicable of	only for an	extension of			
time to file Form 5330.			ing for an				
<ul> <li>If this application is for an extension of time to file Form</li> </ul>	5330 vou must e	nter the following information					
Plan Name							
Plan Number							
Plan Year Ending (MM/DD/YYYY)							
Part II - Automatic Extension of Time To File for Exempt	Organizations (	ee instructions)					
The books are in the care of KATHY CONNORS							
		- ST. LOUIS, MO 6	3106				
Telephone No. (314)231-1515		Fax No					
<ul> <li>If the organization does not have an office or place of b</li> </ul>							
<ul> <li>If this is for a Group Return, enter the organization's for</li> </ul>							
box							
1 I request an automatic 6-month extension of time ur							
the organization named above. The extension is for				ipt organization	return for		
$\mathbf{X}$ calendar year 20 23 or	the organization s	return for.					
	00				00		
tax year beginning	, 20	, and ending			, 20		
<b>0</b> If the tay year entered in line 1 is far less than 10 ms	antha abaali raaa	on: Initial return	Final vature	~			
2 If the tax year entered in line 1 is for less than 12 mo	onths, check reaso		Final retur	n			
Change in accounting period		touteting tour loop					
<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720,	or 6069, enter the	tentative tax, less	3a	\$	0.		
	any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	25	¢	0.				
estimated tax payments made. Include any prior yea	3b	\$	0.				
c Balance due. Subtract line 3b from line 3a. Include	2-	¢	0.				
using EFTPS (Electronic Federal Tax Payment Syste	30	\$ 	<b>0</b> (Poy 1 2024)				

For Privacy Act and Paperwork Reduction Act Notice, see instructions.