orm **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

Α	For the	e 2023 calendar year, or tax year beginning	and	ending					
В	Check if applicable	C Name of organization			D Employer identifi	cation number			
	Addres								
	Name change	Doing business as			75-2105579				
	Initial return Final return/	Number and street (or P.O. box if mail is not del 1421 W. MOCKINGBIRD LN	,	Room/suite	E Telephone number 214-823-				
	termin- ated				G Gross receipts \$	9,166,484.			
	Ameno return		0 1		H(a) Is this a group re				
	Applic tion	F Name and address of principal officer: ELL	EN MAGNIS		for subordinates				
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in				
1	Tax-exe	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions			
	Websit				H(c) Group exemption	n number			
K	Form of	organization: X Corporation Trust As	sociation Other	L Year	of formation: 1986	VI State of legal domicile: $\mathbf{T}\mathbf{X}$			
P	art I	Summary							
e	1	Briefly describe the organization's mission or most TO PROVIDE STABILITY AND I							
Governance	2		ntinued its operations or dispos						
Ver	3	Number of voting members of the governing body			3	25			
		Number of independent voting members of the gov				25			
Š	5	Total number of individuals employed in calendar y				76			
itie/	6	Total number of volunteers (estimate if necessary)				2000			
Activities &	7 a	Total unrelated business revenue from Part VIII, col				0.			
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>	7b	0.			
					Prior Year	Current Year			
Φ	8	Contributions and grants (Part VIII, line 1h)			8,253,564.	8,876,244.			
Revenue	9				16,919.	4,483.			
ě	10	Investment income (Part VIII, column (A), lines 3, 4,			18,659.	89,462.			
1	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		-95,250.	41,667.			
		Total revenue - add lines 8 through 11 (must equal			8,193,892.				
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		2,424,204.	2,668,150.			
		Benefits paid to or for members (Part IX, column (A			0.	0.			
S	15	Salaries, other compensation, employee benefits (F		3,660,870.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0.	0.			
Ž	- b	Total fundraising expenses (Part IX, column (D), line			1 622 242	1 526 250			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d,			1,632,242.				
	1	Total expenses. Add lines 13-17 (must equal Part I)			7,717,316.	7,752,522.			
		Revenue less expenses. Subtract line 18 from line	12		476,576. ginning of Current Year	1,259,334. End of Year			
Net Assets or	1	T (D) (DE		10,890,183.			
SSe	20	Total assets (Part X, line 16)			5,386,965.	1,155,405.			
let A	21 22	Total liabilities (Part X, line 26)			596,832. 4,790,133.	9,734,778.			
P	art II	Net assets or fund balances. Subtract line 21 from Signature Block	III le 20		4,750,155.	J, 134, 110.			
		Ities of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the hest of m	v knowledge and helief it is			
		t, and complete. Declaration of preparer (other than office				y Kilowioago alia bolloi, it io			
	,	, and complete Decaration of property (exist main office	., 54664 0 4	non proparor	las any mismisage.				
Sig	n	Signature of officer			Date				
He		ELLEN MAGNIS, PRESIDENT &	CEO						
	_	Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN			
Pai	d	SARA BURKHART	Preparer's signature	1	$.1/15/24$ $^{ m if}$ self-emplo	P01435955			
Pre	parer	Firm's name WEAVER AND TIDWEL				5-0786316			
	Only	Firm's address 2300 N. FIELD ST.	-						
_		DALLAS, TX 75201			Phone no. 97	2.490.1970			
140	, the IF	25 discuss this return with the preparer shown about	402 Con instructions			X Ves No			

Form	1990 (2023) FAMILY GATEWAY, INC. 75-2105579 Page	2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	_
•	THE MISSION OF FAMILY GATEWAY IS TO PROVIDE STABILITY AND	
	LIFE-CHANGING SUPPORTIVE SERVICES TO CHILDREN AND FAMILIES AFFECTED BY	_
	HOMELESSNESS.	_
	UOMETE99NE99.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
4		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$6,735,314. including grants of \$2,668,150.) (Revenue \$\$	_)
	FAMILY GATEWAY PROVIDES STABILITY AND SUPPORTIVE SERVICES TO FAMILIES	
	WITH CHILDREN EXPERIENCING HOMELESSNESS. SERVICES INCLUDE A DEDICATED	
	TEAM TO HELP FAMILIES ACCESS CRISIS SERVICES, COMPREHENSIVE ASSESSMENTS	
	TO DETERMINE THE MOST APPROPRIATE INTERVENTION FOR A FAMILY'S NEEDS,	_
	TRIAGE INTO FAMILY GATEWAYS EMERGENCY SHELTER AS WELL AS PARTNER	_
	SHELTERS IN THE METROPLEX, 24/7 EMERGENCY SHELTER OPERATIONS, INTENSIVE	_
		_
	CASE MANAGEMENT SERVICES FOCUSED ON A HOUSING SOLUTION AND REMOVING	
	BARRIERS TO SUCCESS, AN EDUCATION AND AFTERSCHOOL PROGRAM, AND	
	SUPPORTIVE HOUSING TO REDUCE THE CHANCES OF FAMILIES RETURNING TO	
	HOMELESSNESS. WHILE IN CARE, FAMILIES ARE OFFERED A VARIETY OF SERVICES	
	ACCORDING TO THEIR UNIQUE NEEDS, INCLUDING REFERRALS TO PARTNERS AND	
	ONSITE SUPPORT FOR FINANCIAL LITERACY, PREGNANCY PREVENTION, MENTAL	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		- ′
		_
		_
		_
		_
		_
		_
		_
		_
4c	(Code:) (Expenses \$	_)
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	_
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 6 , 735 , 314 .	

SEE SCHEDULE O FOR CONTINUATION(S)

Form **990** (2023)

11281115 756800 3005656

Form 990 (2023) FAMILY GATEWAY, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? f "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			x
46	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Α
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	4.5		x
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20-	complete Schedule G, Part III	20a		X
20a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		1
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۲۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic government on traiting column (-), into 1: II res. complete scriedule I. Parts I and II	41	<u> </u>	

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Form 990 (2023) FAMILY GATEWAY, INC.

Part IV Checklist of Required Schedules (continued)

	i jonana,		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	٥		v
00	Schedule L, Part I	25b		<u> </u>
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,	20		
_,	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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
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 sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	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	34	Х	
35.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
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		х
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		Х
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	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		Ш
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 38 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 0	-		
b	Enter the Hamber of Forme W 24 included of time 14. Enter of inflor applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
	(gambling) winnings to prize winners?	10		

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Form 990 (2023) FAMILY GATEWAY, INC.

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

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2a 76 If the number of employees reported on Form W3. Transmittat of Wage and Tax Statements, ga 76 If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 bit the organization have uniterate business gross is income of \$1,000 or more during the year? 3 bit the veganization have uniterate business gross income of \$1,000 or more during the year? 3 bit three, Task If litted a Form 980°F for this year? If W5 to line 3b, provide an explanation on Schedule 0 3 bit 1' Yes, 'task If litted a Form 980°F for this year? If W5 to line 3b, provide an explanation on Schedule 0 4 bit 1' Yes, 'task If litted a Form 980°F for this year? If W5 to line 3b, provide an explanation on Schedule 0 5 bit 1' Yes, 'task If litted a Form 980°F for Schedule 0 5 bit 1' Yes, 'task the organization and year at the schedule of the foreign Bank and Financial account; If FARI). 5 bit 1' Yes, 'task the organization and year at an enomally greater than \$100,000, and did the organization solicit any contributions that were not tax deductable as charitable contributions? 5 bit 1' Yes, 'task the organization has a bank account, greater than \$100,000, and did the organization solicit any contributions that the veroe tax deductable as charitable contributions? 5 bit 1' Yes, 'task the organization include with every solicitation an expense statement that such contributions or gifts were not tax deductable? 5 contributions that the veroetive deductable contributions under section 170(c). 5 contributions that may receive deductable contributions under section 170(c). 5 contributions that may receive deductable contributions under section 170(c). 5 contributions that may receive deductable contributions under section 170(c). 5 contributions that may receive deductable contributions under section 170(c). 6 contributions that may receive deductable contributions under section 170(c). 6 contributions that may receive deductable contributions under section 170(c). 6 contributions th						Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment fax returns? 3a Did the organization have unretised business gross income of \$1,000 or more during the year? 3a If Yes, "has it field a Form 990-T for this year? "No' To line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country guide as a bank account, securities account, or other financial accounts (FBAR). 5b If Yes, "enter the name of the foreign country See instructions for filing requirements for FireCN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction? 5c Was to line 5a or 6b, did the organization file Form 8888-77 5c Was to line 5a or 6b, did the organization file Form 8888-77 6c Does the organization have were not tax deductible as charitable contributions? 6d Was the Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 770(c): 8d If Yes," did the organization necessal sists made party as a combination and party for goods and services provided to the payer? 7a Was the organization and the payer of the property for which it was required to the Form 8282? 7b If Was, "did the organization organization organization file form subject of the goods or services provided? 7c If Was good the organization organization organization organization file form subject of the goods or services provided? 9c Did the organization selective subject of the value of the goods or services provided? 9c Did the organization o	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes's 1 has finded a form 8001 for this year? If 140'r to fine 3b, provide an explenation on Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? 5c a financial account in a foreign country such as a bank account, securities account, or other financial accountry? 5c a financial accountry in the calendar year, did the organization have a not a problem of the specific problem		filed for the calendar year ending with or within the year covered by this return	2a	76			
b If Yes, "Itas it flield a Form 980-T for this year? If 'No' to line 3b, provide an explanation on Schedule O A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of printing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of printing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of printing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of printing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of the seed of the organization file form 88881 r? See instructions of the seed of the organization file form 8889 as required to the organization file organization include with every solicitation an expense statement that such contributions or grifts were not tax deductible? Organization that may receive deductible contributions under section 170(c). If If Yes, and the organization file operation of the value of the pools or services provided of the popular of the printing of th	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yea," enter the name of the foreign country See instructions for filing requirements for FirCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b Was the organization into the aparty or a prohibited tax shefter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductables or scharlable contributions? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductables a charlable contributions? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the received accurate the expense of the property of the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5c Was the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5c Was the organization receive a payment in excess of \$75 made partly as a contribution on quantity for goods and services provided to the payor? 5c Was the organization receive a payment in excess of \$75 made partly as a contribution on the property of the organization flow the payor? 5c Was the organization received an outribution of the property of the organization flow the payor of the property of the organization received	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? bit "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Dd any studie party notify the organization file Form 888617? 6c If "Yes" to line Sa or Sb, did the organization file Form 888617? 6d Does the organization and property that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? bit "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 8c Did the organization seleve a symmetri in excess of \$75 made party as a contribution and party for poods and services provided? 7c Did the organization receive a symmetri in excess of \$75 made party as a contribution and party for poods and services provided to the payor? 7a X 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-C? 7c A Sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization have a distribution to a donor, donor advisor, or related person? 9 Section 501(c)[12) organizations. Errier: 1 In the organization in science of the surface or science against amounts due or reached from them.) 1 Section 501(c)[20] ougralized monor office that li	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		
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INC.

Form 990 (2023) FAMILY GATEWAY,

75-2105579

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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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 25 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 25 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Own website X Upon request ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records CINDY ALLEY - 214-823-4500 1421 W. MOCKINGBIRD LN. STE. C. DALLAS

Form 990 (2023) FAMILY GATEWAY, INC.

75-2105579

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Posi neck i		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week	_		u a u		1711 43	100)	from	from related	other
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	nd mo		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	Individual trustee or director	In stit utio nal tru stee	er	Key employee	Highest compensated employee	Jer.			organizations
	line)	lndi	Insti	Officer	Key	High	Former			
(1) ELLEN MAGNIS	60.00	1								
PRESIDENT & CEO				Х				239,575.	0.	10,519.
(2) CINDY ALLEY	50.00	-								
CFO .				X				132,443.	0.	11,713.
(3) CHARLES O'CONNELL	1.00									
AT-LARGE DIRECTOR	1 00	Х						0.	0.	0.
(4) EXA WHITEMAN	1.00	ļ								•
AT-LARGE DIRECTOR	1 00	Х						0.	0.	0.
(5) HOPE AUBERT-SCHALL	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(6) JUSTIN BAILEY	1.00	.,								0
DIRECTOR	1 00	Х						0.	0.	0.
(7) ALISON BATTISTE CLEMENT	1.00	3,7							0	0
DIRECTOR	1.00	Х						0.	0.	0.
(8) KATIE BEAIRD-ORTIZ DIRECTOR	1.00	Х						0.	0.	0.
(9) KIM BENTON	1.00	Λ						0.	0.	· ·
DIRECTOR	1.00	Х						0.	0.	0.
(10) KEITH BRITTON	1.00	Λ						0.	0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(11) SHERI CROSBY WHEELER	1.00							•	•	•
DIRECTOR		х						0.	0.	0.
(12) CHRIS GOLZ	1.00								•	
DIRECTOR		Х						0.	0.	0.
(13) MELISSA HENSLEY	1.00								-	
DIRECTOR		Х						0.	0.	0.
(14) DANIEL KEE	1.00									
DIRECTOR		Х						0.	0.	0.
(15) CLAYTON MAIN	1.00									
DIRECTOR		Х						0.	0.	0.
(16) TRACEY MCKENZIE	1.00									
DIRECTOR		Х						0.	0.	0.
(17) PAULA MILTENBERGER	1.00									
DIRECTOR		Х						0.	0.	0.

332007 12-21-23 Form **990** (2023)

Form 990 (2023) FAMILY GA									75-2105	579 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	es,	anc	l Hi	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos) than c	ne	Reportable	Reportable	Estimated
	hours per					s both		compensation	compensation	amount of
	week (list any		or an	u a u	l	1711 43	.00)	from	from related	other
	hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	nstitutional trustee		/ee	m per		1099-NEC)	1000 (120)	and related
	below	idual	ution	<u></u>	sey employee	sst co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(18) DEANNA REYNA MUNOZ	1.00									
DIRECTOR		Х						0.	0.	0.
(19) ALMAS MUSCATWALLA	1.00									
DIRECTOR		Х						0.	0.	0.
(20) QUINCY ROBERTS	1.00									
DIRECTOR		Х						0.	0.	0.
(21) DEREK SHARP	1.00									
DIRECTOR		X						0.	0.	0.
(22) RACHEL SMITH	1.00									
DIRECTOR		X						0.	0.	0.
(23) ANDY YUNG	1.00									
DIRECTOR		Х						0.	0.	0.
(24) MICHELLE FRYMIRE	2.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(25) MARITZA LIAW	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(26) SHAWANNA PHILLIPS	1.00									
SECRETARY		Х		Х				0.	0.	0.
1b Subtotal							.]	372,018.	0.	22,232.
c Total from continuation sheets to Part VI	l, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								372,018.	0.	22,232.

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

			res	NO
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes " complete Schedule I for such person	5		X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	NONE	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS

FAMILY GATEWAY, INC. Form 990

75-2105579

Form 990 FAMILY G	,	TI							75-210	
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(c	heck	Pos	C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)		other compensation from the organization and related organizations
27) MATT GERKENS REASURER	1.00	х		х				0.	0.	^
REASURER		Λ		Λ				0.	0.	0
	-									
	1									
	+									
	1									
								l		

Pa	rt VI	Statement of Rev	venue					
		Check if Schedule O	contains a response	or note to any lin		(5)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	i ((1	Membership dues	ibutions) 1d 1e 4, grants, and above 1f 4,	450,215. 126,513. 299,516. 238,391.	8,876,244.			
				Business Code	, , , ,			
Program Service Revenue		SUPPORTIVE HO	USING INC	531390	4,483.	4,483.		
E S								
gra Re	ì	·						
Pro	ì	All other program service i	rovonuo					
_		Total. Add lines 2a-2f		-	4,483.			
	3	Investment income (includ			1,1031			
	3	•	ang dividends, intere	•	89,462.			89,462.
	4	Income from investment o			05,402.			03,402.
	5	Royalties		roceeus				
	3	noyanies	(i) Real	(ii) Personal				
	6 .	Gross rents	6a	(ii) i Greenai				
			6b		-			
	,	c Rental income or (loss)	6c		1			
		d Net rental income or (loss)						
		a Gross amount from sales of	(i) Securities	(ii) Other				
	, ,	assets other than inventory	7a	(ii) Garier	-			
		Less: cost or other basis	7 a		-			
ω	•	and sales expenses	7b					
Revenue		Gain or (loss)	7c		-			
eve								
Other R		d Net gain or (loss) Gross income from fundraisir including \$ 450	ng events (not					
		contributions reported on Part IV, line 18	line 1c). See8a	177,380.				
				154,628.	22 752			22.752
		Net income or (loss) from	·		22,752.			22,752.
	9 8	Gross income from gamin	-					
	_	Part IV, line 19						
			9b	<u> </u>				
		Net income or (loss) from	· · —	T				
	10 a	Gross sales of inventory, l						
	_	and allowances			-			
			10b)				
$\overline{}$	(Net income or (loss) from	sales of inventory	D				
<u>s</u>		MTCORTIANDOTIC		Business Code	10 015			10 015
Miscellaneous Revenue	11 a	MISCELLANEOUS		900099	18,915.			18,915.
lan en	ı	·						
Sev Sev	(:						
Mis	(d All other revenue			10 015			
	•	Total. Add lines 11a-11d			18,915.	4 400		121 100
	12	Total revenue. See instruction	ons		9,011,856.	4,483.	0.	131,129.

Form 990 (2023) FAMILY GATEWAY, INC.
Part IX Statement of Functional Expenses

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Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon			<u>(0)</u>	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,668,150.	2,668,150.		
3	Grants and other assistance to foreign	,			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	394,252.	125,048.	206,680.	62,524.
6	Compensation not included above to disqualified	, -	- , -	,	- , -
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,482,520.	2,061,979.	186,890.	233,651.
8	Pension plan accruals and contributions (include	, - ,	, , , , , , , , ,	,	,
_	section 401(k) and 403(b) employer contributions)	991.	793.	108.	90.
9	Other employee benefits	403,927.	335,940.	31,946.	90. 36,041.
10	Payroll taxes	266,423.	213,308.	28,939.	24,176.
11	Fees for services (nonemployees):				
	Management				
b	Legal				
	Accounting	38,130.		38,130.	
	Lobbying	30,2300		30,2300	
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	345,127.	315,859.	12,848.	16,420.
12	Advertising and promotion	12,793.	2,836.	3,307.	6,650.
13	Office expenses	111,861.	61,878.	38,808.	11,175.
14	Information technology	47,318.	39,704.	3,807.	3,807.
15	Royalties	,	,	,	. ,
16	Occupancy	205,626.	204,566.	839.	221.
17	Travel	108,456.	108,210.	20.	226.
18	Payments of travel or entertainment expenses	,	,	-	-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	135,781.	135,781.		
23	Insurance	51,862.	47,372.	4,490.	
24	Other expenses. Itemize expenses not covered		·	,	
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	SECURITY	205,214.	205,214.		
b	REPAIRS & MAINTENANCE	163,689.	153,260.	9,131.	1,298.
С	MISCELLANEOUS	70,754.	16,238.	16,440.	38,076.
d	MEAL PREPARATION & SERV	22,020.	22,020.		
е	All other expenses	17,628.	17,158.		470.
25	Total functional expenses. Add lines 1 through 24e	7,752,522.	6,735,314.	582,383.	434,825
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2022

Form 990 (2023)
Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or note to	any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	525,071.	1	311,675.		
	2	Savings and temporary cash investments			2,013,243.	2	905,558.
	3	Pledges and grants receivable, net			1,425,665.	3	5,447,036.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substantia	ial contrib	outor, or 35%			
		controlled entity or family member of any of these pe	ersons			5	
	6	Loans and other receivables from other disqualified	persons	(as defined			
		under section 4958(f)(1)), and persons described in s	section 4	958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			42,661.	9	83,405.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10	0a	4,992,465.			
	b	Less: accumulated depreciation10	0b	1,068,876.	1,380,325.	10c	3,923,589.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11		i i		13	
	14	Intangible assets				14	212 222
	15	Other assets. See Part IV, line 11			0.	15	218,920.
	16	Total assets. Add lines 1 through 15 (must equal lin			5,386,965.		10,890,183.
	17	Accounts payable and accrued expenses	290,740.	17	932,156.		
	18				18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part				21	
es	22	Loans and other payables to any current or former o					
oilit		trustee, key employee, creator or founder, substantia				00	
Liabilities		controlled entity or family member of any of these persons				22	
_	23	Secured mortgages and notes payable to unrelated		i i		23	
	24 25	Unsecured notes and loans payable to unrelated thin		i i		24	
	25	Other liabilities (including federal income tax, payabl parties, and other liabilities not included on lines 17:					
			,	.	306,092.	25	223,249.
	26	Total liabilities. Add lines 17 through 25			596,832.	25 26	1,155,405.
	20	Organizations that follow FASB ASC 958, check h	horo	X	330,0321	20	1/133/1030
Se		and complete lines 27, 28, 32, and 33.	iici c				
ü	27	, , ,			3,454,948.	27	5,989,418.
3ala	28				1,335,185.	28	3,745,360.
J P		Organizations that do not follow FASB ASC 958, o					
Fur		and complete lines 29 through 33.	oncon m				
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipr				30	
Ass	31	Retained earnings, endowment, accumulated incom		ſ		31	
Net Assets or Fund Balances	32				4,790,133.	32	9,734,778.
Z	33				5,386,965.	33	10,890,183.
					· · · · · · · · · · · · · · · · · · ·		Form 990 (2023

	990 (2023) FAMILY GATEWAY, INC.	75-2	105579	Pag	ge 12
Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,011		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,752		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,259	, 33	3 4.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,790),13	<u>33.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	3,496	6,61	<u>11.</u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	188	3,70	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	coluṃn (B))	10	9,734	1,7	78 .
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	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?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Х	
			Form ⁹	990 (2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

			LY GATEWAY						5-2105579
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit	describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	_					general i	public described in
		section 170(b)(1)(A)(vi). (C			Ü				
8		A community trust describe		(1)(A)(vi). (Complete Part	: 11.)				
9	一	An agricultural research org				ed in coniu	ınction with a la	nd-grant	college
_		or university or a non-land-g				-		-	-
		university:	, and somege or agine				,		
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. membership	fees, and	d gross receipts from
		activities related to its exem	*				· ·		•
		income and unrelated busin	•	•					-
		See section 509(a)(2). (Con		(,,,,,			,		,
11		An organization organized a	•	vely to test for public saf	etv. See	section 50	09(a)(4).		
12	一	An organization organized a	· ·	•	•			out the	purposes of one or
		more publicly supported or	•	•	-				• •
		lines 12a through 12d that							
а		Type I. A supporting orga	• •					-	aivina
		the supported organization	•		•	-			
		organization. You must o			, 5, 5			00	-pp9
b		Type II. A supporting org			ion with its	s supporte	ed organization(s	s) by hay	vina
_		control or management o	•						-
		organization(s). You mus			ario perso	110 11141 001	introl of manage	the supp	Sortou
С		☐ Type III functionally inte	•		in connect	tion with a	and functionally	integrate	ed with
_		its supported organization	= ::				-	intograte	, a willing
d		Type III non-functionally		•				d organi:	zation(s)
		that is not functionally int						-	* *
		requirement (see instructi	-		-		=	ii attoriti	Verices
е		Check this box if the orga	·	-				Type III	
·		functionally integrated, or					Type I, Type II,	rype iii	
f	Ente	er the number of supported of							
		vide the following information	•						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of m	nonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see inst	ructions)	support (see instructions)
				above (see manuellons))		-110			
Tota	al								

FAMILY GATEWAY, INC.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(-,	()	(-) :	(-)	(-,	(-)
-	membership fees received. (Do not						
	include any "unusual grants.")	7668194.	4376504.	5743663.	8253564.	8876244.	34918169.
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	7668194.	4376504.	5743663.	8253564.	8876244.	34918169.
	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)						2305122.
6	Public support. Subtract line 5 from line 4.						32613047.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	7668194.	4376504.	5743663.	8253564.	8876244.	34918169.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	31,173.	38,866.	4,319.	18,659.	89,562.	182,579.
9	Net income from unrelated business				-	-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				2,273.	18,915.	21,188.
11	Total support. Add lines 7 through 10						35121936.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	118,151.
	First 5 years. If the Form 990 is for th					01(c)(3)	
	organization, check this box and stop	_					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	92.86 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	90.95 %
	33 1/3% support test - 2023. If the					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	3
							(Farm 000) 2002

Schedule A (Form 990) 2023

FAMILY GATEWAY, INC.

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

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

Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and						
, , , , , , , , , , , , , , , , , , , ,	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
membership fees received. (Do not include any "unusual grants.")						,
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to 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 disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(a) 2019	(b) 2020	(0) 2021	(u) 2022	(6) 2023	(i) iotai
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is requirely certified on.						
11 Net income from unrelated business activities not included on line 10b,						
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 						
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 		rst, second, third,	fourth, or fifth tax y	year as a section s	501(c)(3) organizatio	on,
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here 	the organization's fi	· · · · · · · · · · · · · · · · · · ·	<i>'</i>	•	(/ (/)	<i>'</i> —
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here 	the organization's fi	· · · · · · · · · · · · · · · · · · ·	<i>'</i>	•	(/ (/)	<i>'</i>
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 	the organization's file Support Per (line 8, column (f), column (f	centage livided by line 13, o	(0)	•	15	%
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 16 Public support percentage from 202 	the organization's file Support Per (line 8, column (f), column (f	rcentage ivided by line 13, o	(0)			%
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 16 Public support percentage from 202 Section D. Computation of Inverse 	lic Support Per (line 8, column (f), co 2 Schedule A, Part stment Income	rcentage livided by line 13, of lll, line 15 e Percentage	column (f))		15 16	%
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 16 Public support percentage from 202 Section D. Computation of Investment income percentage for 202 	the organization's fine Support Per (line 8, column (f), column (f), column the state of the sta	rcentage livided by line 13, of lll, line 15 Percentage mn (f), divided by li	column (f)) ne 13, column (f))		15 16	% %
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 16 Public support percentage from 202 Section D. Computation of Inve 17 Investment income percentage from 202 18 Investment income percentage from 	the organization's fine Support Per (line 8, column (f), column (f	rcentage livided by line 13, of lll, line 15 Percentage mn (f), divided by li Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	% % %
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 16 Public support percentage from 202 Section D. Computation of Inve 17 Investment income percentage from 202 18 Investment income percentage from 19a 33 1/3% support tests - 2023. If the 	the organization's file Support Per (line 8, column (f), column (f	rcentage livided by line 13, of the livided by line 15 Percentage mn (f), divided by line 17 not check the box of the line 18	ne 13, column (f))	e 15 is more than 3	15 16 17 18 33 1/3%, and line 17	% % %
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 16 Public support percentage from 202 Section D. Computation of Investment income percentage from 202 18 Investment income percentage from 19a 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box and 100 percentage from 19a 33 1/3% support tests - 2023. 	lic Support Per (line 8, column (f), colum	rcentage livided by line 13, of the line 15 Percentage mn (f), divided by line 17 not check the box organization quali	ne 13, column (f)) on line 14, and line fies as a publicly s	e 15 is more than 3	15 16 17 18 33 1/3%, and line 17	% % % % % % % % % % % % % % % % % % %
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 16 Public support percentage from 202 Section D. Computation of Inve 17 Investment income percentage from 202 18 Investment income percentage from 19a 33 1/3% support tests - 2023. If the 	lic Support Per (line 8, column (f), colum	rcentage livided by line 13, or lill, line 15 Percentage mn (f), divided by line 17 not check the box or organization qualitation check a box or	ne 13, column (f)) on line 14, and line fies as a publicly s	e 15 is more than 3 upported organiza	15 16 17 18 33 1/3%, and line 17 ation 20 21 21 23, and 24 25 26 26 26 26 26 26 26 26 26 26 26 26 26	% % % % % % % not

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Schedule A (Form 990) 2023

FAMILY GATEWAY, INC.

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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.)

_		Yes	No
ı	1		
ı	2		
L	3a		
L	3b		
H	3c		
ı	4 -		
H	4a		
H	4b		
	4c		
	į		
1	5a		
h	Ja		
ı	5b		
	5с		
-	6		
	7		
ŀ	8		
	9a		
	Qh		
}	9b		
	9с		
	10a		
	10b		
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Schedule A (Form 990) 2023

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

these activities but for the organization's involvement.

that these activities constituted substantially all of its activities.

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.

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

| 3b | | | Schedule A (Form 990) 2023

2a

2b

За

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Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	
Section A -	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sl	hort-term capital gain	1		
2 Recov	veries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add li	ines 1 through 3.	4		
5 Depre	eciation and depletion	5		
6 Portic	on of operating expenses paid or incurred for production or			
collec	ction of gross income or for management, conservation, or			
maint	enance of property held for production of income (see instructions)	6		
7 Other	expenses (see instructions)	7		
8 Adjus	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
_	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	egate fair market value of all non-exempt-use assets (see			
instru	ctions for short tax year or assets held for part of year):			
a Avera	ge monthly value of securities	1a		
b Avera	ge monthly cash balances	1b		
c Fair m	narket value of other non-exempt-use assets	1c		
d Total	(add lines 1a, 1b, and 1c)	1d		
e Disco	bunt claimed for blockage or other factors			
(expla	nin in detail in Part VI):			
2 Acqui	isition indebtedness applicable to non-exempt-use assets	2		
3 Subtr	act line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see in	nstructions).	4		
5 Net va	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multip	oly line 5 by 0.035.	6		
	veries of prior-year distributions	7		
8 Minin	num Asset Amount (add line 7 to line 6)	8		
Section C -	Distributable Amount			Current Year
1 Adjus	ted net income for prior year (from Section A, line 8, column A)	1		
	0.85 of line 1.	2		
3 Minim	num asset amount for prior year (from Section B, line 8, column A)	3		
	greater of line 2 or line 3.	4		
	ne tax imposed in prior year	5		
	ibutable Amount. Subtract line 5 from line 4, unless subject to			
	gency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting oras	anization (see

instructions).

Schedule A (Form 990) 2023 FAMILY GATEWAY, INC. 75-2105579 Page 7

	t V Type III Non-Functionally Integrated 509		nizations (continu		0-2105579 Page
	on D - Distributions	(2)(0) Сарроналу стуа	COTUIN	<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity	1 1 1		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	Ovide details in a data and		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
•	(provide details in Part VI). See instructions.	no organization to responsive		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023		(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				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	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				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 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				
	ENGOGO HOITI EUE I				

Schedule A (Form 990) 2023

d Excess from 2022e Excess from 2023

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PUBLIC DISCLOSURE ** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

FA	MILY GATEWAY, INC.	75-2105579					
	Organization type (check one):						
Filers of: Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 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						
	s covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.					
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's						
Special Rules							
sections 509(a)(1) a contributor, during	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.						
contributor, during literary, or education	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributions is checked, enter h purpose. Don't con	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						
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	**					

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

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Name of organization	Employer identification number
FAMILY GATEWAY, INC.	75-2105579

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$530,519.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 685,554.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>1,234,368.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,231,357</u> .	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.)

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Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **3**

Name of organization

Employer identification number

FAMILY GATEWAY, INC.

75-2105579

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

Schedule B (Form 990) (2023) Page 4 Name of organization **Employer identification number** FAMILY GATEWAY, INC. 75-2105579 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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Schedule B (Form 990) (2023)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

FAMILY GATEWAY, INC.

Employer identification number 75-2105579

organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (furing year) 3 Aggregate value of contributions to (furing year) 4 Aggregate value of and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? 5 Did the organization informal grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization in grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) or conservation assements held by the organization funds answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) or conservation assements held by the organization of exclusion) Preservation of a contribution of a conservation area assements benefit of the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) or conservation assements held a qualified conservation contribution in the form of a conservation assement to Preservation of a part of the preservation of a conservation assements on a contribution in the form of a conservation assements on a certified historic structure included on line 2a 2 2 do Number of conservation easements included on line 2a 2 2 do Number of conservation easements included on line 2a 2 2 do Number of conservation easements included on line 2a caputed after July 25, 2006, and not on a historic structure listed in the National Register 3 Number of conservation have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 4 Anount of expenses incurred in monitoring, i	Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or Ac	counts. Complete if the					
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and section 170(h)(4)(B)(ii)?	7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation ea	sements during the year					
and section 170(h)(4)(B)(ii)?									
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial 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, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ B Assets included in Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X IVIII, line 1 \$ B Assets included in Form 990, Part X IVIII, line 1 \$ B Assets included in Form 990, Part X IVIII, line 1 \$ B Assets included in Form 990, Part X IVIII, line 1 \$ B Assets included in Form 990, Part X IVIII, line 1 \$ B Assets included in Form 990, Part X IVIII, line 1 \$ B Assets included in Form 990, Part X IVIII	8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170(h)(4)(B)(i						
balance sheet, and include, if applicable, the text of the footnote to the organization's financial 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 X		and section 170(h)(4)(B)(ii)?		Yes No					
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, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ b Assets included in Form 990, Part X \$	9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense statem	nent and					
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, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X \$ Assets include		balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statements the	at describes the					
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 \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ b Assets included in Form 990, Part X \$		organization's accounting for conservation easements.	A de life de de la Terra de la Collega Collega Co	Y 'I A I -					
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 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	Pai			olmilar Assets.					
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 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ b Assets included in Form 990, Part X \$									
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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, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$		of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public							
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(i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$		·	exhibition, education, or research in furtherance	e of public service,					
(ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$									
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the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$	_								
a Revenue included on Form 990, Part VIII, line 1 \$	2	- · · · · · · · · · · · · · · · · · · ·		proviae					
b Assets included in Form 990, Part X \$	_		-	¢					
				Schedule D (Form 990) 2023					

332051 09-28-23

	dule D (Form 990) 2023 FAMILY C	GATEWAY, IN	NC . t, Historical Tre	easures, o	r Other	Simila	75-21 r Assets	05579 (contin) P: nued)	age 2	
3	Using the organization's acquisition, accession	n, and other records	s, check any of the	following that	make sig	gnificant ı	use of its	•			
	collection items (check all that apply).										
а	a Public exhibition d Loan or exchange program										
b	Scholarly research	е	Other								
С	c Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how they further the	he organizatio	n's exem	npt purpo	se in Part	XIII.			
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or othe	er similar	assets					
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the organization	n answered "`	Yes" on F	orm 990,	, Part IV, li	ne 9, or			
	Is the organization an agent, trustee, custodia	· · · · · · · · · · · · · · · · · · ·	liary for contribution	ns or other as	sets not i	included					
ıu	on Form 990, Part X?		-					Yes		No	
h	If "Yes," explain the arrangement in Part XIII a							_ 103		J 140	
b	ii res, explain the arrangement iiii art Alli a	and complete the lon	lowing table.					Amount			
С	Reginning halance					1c					
	Additions during the year										
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on Fo							Yes	$\overline{}$	No	
	If "Yes," explain the arrangement in Part XIII.					•			H] NO	
Par											
	1 Complete if	(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Four	vears	hack	
4.	Designing of year balance	10,000.	10,000.	+ ` ' '	0,000.		10,000.	(C) i oui		000.	
	Beginning of year balance	10,000.	10,000.		,,,,,,,,		10,000.				
	Contributions										
	Net investment earnings, gains, and losses			+							
	Grants or scholarships			+							
е	Other expenditures for facilities										
_	and programs			+							
	Administrative expenses	10.000	10 000	1,	2 000		10 000				
_	End of year balance	10,000.	10,000.		0,000.		10,000.		10,	000.	
2	Provide the estimated percentage of the curre	ent year end balance		ı)) held as:							
	Board designated or quasi-endowment		_%								
b	Permanent endowment100	%									
С		%									
	The percentages on lines 2a, 2b, and 2c should										
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administer	ed for the	Э		г			
	organization by:								Yes	No	
	(i) Unrelated organizations?							3a(i)		X	
	(ii) Related organizations?							3a(ii)		_X_	
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as require	ed on Schedule R?					3b			
4	Describe in Part XIII the intended uses of the		wment funds.								
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11a. S	See Form 990	, Part X, I	ine 10.					
	Description of property	(a) Cost or of	ther (b) Cos	t or other		ccumulate		(d) Bool	k valu	е	
		basis (investm	nent) basis	(other)	dep	reciation					
1a	Land										
	Buildings		4,69	2,702.	8	359,8	16.	3,832	2,8	86.	
	Leasehold improvements										
	Equipment		29	9,763.	2	209,0	60.	9 (0,7	03.	
	Other										
	Add lines 1a through 1e (Column (d) must on		V line 10e eelumm	(D))				3.92	3 5	89.	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

PREPARING THE ORGANIZATION'S TAX RETURN AND RECOGNITION OF A TAX LIABILITY

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 FAMILY GATEWAY, INC. 75-2105579 Page
Part XIII Supplemental Information (continued)
(OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE
LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL
REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE
ORGANIZATION, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2023 THERE ARE NO
UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE
RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED
FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
PARTNERSHIP DIST TO RELATED ORG THAT WAS RECORDED ON FILING
ORG'S BOOKS 188,700.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

lame of the organization FAMILY GATEWAY, INC.	Employer identification number 75-2105579								
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not									
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a									
(i) Name and address of individual or entity (fundraiser) (ii) Activity	(iii) fundr have cr or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization			
	Yes	No							
Total 3 List all states in which the organization is registered or licensed to solicit or licensing.	contrib	 utions	or has been notified	it is e	exempt from re	gistration			

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 FAMILY GATEWAY, INC.

75-2105579 Page 2

Pa	rt I		-		· ·	
_		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			STRONGER		NONE	(add col. (a) through
			TOGETHER BRE			col. (c))
4			(event type)	(event type)	(total number)	001. (6))
Revenue						
eve	1	Gross receipts	627,595.			627,595.
ш						
	2	Less: Contributions	450,215.			450,215.
	3	Gross income (line 1 minus line 2)	177,380.			177,380.
	4	Cash prizes				
	5	Noncash prizes				
ses						
ens	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages	40,493.			40,493.
Ξ						
	8	Entertainment				111 125
	9	Other direct expenses				114,135.
	10	,	. ,			154,628.
Pa		Net income summary. Subtract line 10 from li		000 D 1 N 1 1 10		22,752.
Га	111		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(I.) Dull take/instant	T	(1) Tatal manaina (add
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				biligo/progressive bilige		coi. (a) through coi. (c)
Re	_	0				
	1	Gross revenue				
	2	Cash prizes				
ses	_	Od311 p1/203				
Sen	3	Noncash prizes				
Direct Expenses	Ü	TVOTICUOTI PTIZCO				
ect	4	Rent/facility costs				
Ę	•					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No —	No —	
					<u>, ——</u>	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	er the state(s) in which the organization condu	ıcts gaming activities: _			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b	If "	No," explain:				
	_					
		re any of the organization's gaming licenses re			year?	Yes No
b	lf "`	Yes," explain:				
	_					
_	_					
33208	2 09	-13-23			Sche	edule G (Form 990) 2023

PUBLIC DISCLOSURE

Sch	nedule G (Form 990) 2023 FAMILY GATEWAY, INC.	75-21	.0557	9 Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	s No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	s No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility		13a	%
	o An outside facility		13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	5 :		
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ye	s L No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	ount		
	of gaming revenue retained by the third party \$			
	c If "Yes," enter name and address of the third party:			
٠	on 165, onto hame and address of the time party.			
	Mana			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Ye	s L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activities during the tax year \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	, , , , , , ,
	ios, ros, ro, and ros, do appropriate any additional monatorial monatorial			

Schedule G (Form 990) 2023

332083 09-13-23

PUBLIC DISCLOSURE

Schedule G (Form 990)	FAMILY GATEWAY,	INC.	75-2105579 Page 4
Schedule G (Form 990) Part IV Supplemental Inform	mation _(continued)		
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-			
,			

Schedule G (Form 990)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name o	of the organization FAMTT.V CA	TEWAY, IN	C.					Employer identification number 75-2105579		
Part I			.					75 2105575		
2 D	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Cart II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.									
1 (a	a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
2 E	nter total number of section 501(c)(3) a	nd government org	ganizations listed in th	e line 1 table						
	nter total number of other organization									
For Par	perwork Reduction Act Notice, see the	ne Instructions for	Form 990.					Schedule I (Form 990) 2023		

LHA 332101 11-01-23 Schedule I (Form 990) 2023

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Page 2

Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
RENT AND UTILITY ASSISTANCE	5526	2,043,691.	0.					
CLOTHING AND HOUSEHOLD GOODS	2300	0.	624,459.	FMV	CLOTHING/HOUSEHOLD GOODS			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.				
PART I, LINE 2:								
ALL GOVERNMENT CONTRACTS/GRANTS ARI	E REVIEWE	D FOR RENE	WAL ANNUAL	LY BY THE				
APPROPRIATE FUNDING AUTHORITY. FOR	EACH GOV	ERNMENT GR	ANT FUNDED	, A LINE				
ITEM BUDGET WITHIN EACH FUNDING CAT								
FOR APPROVAL PRIOR TO THE CONTRACT								
EACH CATEGORY APPROVED BY THE FUNDI								
INVOICES ARE RECEIVED FOR ELIGIBLE	EXPENSES	, THEY ARE	TO TO	THE				
APPROPRIATE GRANT. AFTER THE INVOICE	CES HAVE	BEEN PAID,	REIMBURSE	MENT IS				
REQUESTED UPON COMPLETION OF THE REQUIRED DOCUMENTATION. GRANT FUNDS.								

75-2105579 Page 2 FAMILY GATEWAY, INC. Schedule I (Form 990) Part IV | Supplemental Information BALANCES AND REIMBURSEMENT REQUESTS ARE TRACKED BY SPREADSHEET ON A MONTHLY BASIS. ONCE FUNDS ARE EXHAUSTED FOR A PARTICULAR GRANT TERM, NO ADDITIONAL FUNDS WILL BE DISBURSED BY THE FUNDER. REIMBURSEMENTS ARE REQUESTED AND PROCESSED VIA AN ONLINE REQUEST SYSTEM ("ELOCCS" - ELECTRONIC LINE OF CREDIT CONTROL SYSTEM). REIMBURSEMENT FUNDS ARE ELECTRONICALLY DEPOSITED INTO THE AGENCY'S BANK ACCOUNT 48 HOURS AFTER THEY ARE REQUESTED. THE DEPOSIT IS MATCHED TO THE SUPPORTING DOCUMENTATION TO ENSURE ACCURACY. RESTRICTED PRIVATE GRANT FUNDS ARE USED FOR A SPECIFIC PURPOSE STATED IN THE APPLICATION FOR FUNDS AND/OR THE AWARD LETTER FROM THE FUNDER. RESTRICTED FUNDS ARE USED FOR THE SPECIFIC PURPOSE STATED AND TYPICALLY THE FUNDER WILL REQUIRE PERIODIC REPORTS REGARDING THE STATUS OF THE PROJECT AND USE OF FUNDS. EXPENSES ARE CODED TO EACH PARTICULAR PROJECT/GRANT AS RECEIVED.

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

FAMILY GATEWAY, INC. Employer identification number 75-2105579

Pa	art I Questions Regarding Compensation				
				Yes	No
1 a	Check the appropriate box(es) if the organization provid	led any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide				
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organ	nization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses descr	ribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reiml	bursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Dire	ector, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization ι	used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not ch	neck any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director,	but explain in Part III.			
	X Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	X Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Par	t VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control payr	ment?	. <u>4a</u>		X
b	Participate in or receive payment from a supplemental n		4b		X
С	Participate in or receive payment from an equity-based		4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide	e the applicable amounts for each item in Part III.			
	0 1 11 504/ V0) 504/ V4) 1504/ V00)				
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organ				
5		e 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:				v
					X
D			. <u>5b</u>		Λ
_	If "Yes" on line 5a or 5b, describe in Part III.				
6	•	e 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:				v
	The organization?		. <u>6a</u>		X
b			. <u>6b</u>		Λ
_	If "Yes" on line 6a or 6b, describe in Part III.	As all the supplied to a positive and the second state of the seco			
7		e 1a, did the organization provide any nonfixed payments			v
_		rt III	. 7		X
8		or accrued pursuant to a contract that was subject to the			37
	initial contract exception described in Regulations sections		8		X
9	If "Yes" on line 8, did the organization also follow the rel				
	Regulations section 53.4958-6(c)?		. 9		1

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ELLEN MAGNIS	(i)	239,575.	0.	0.	0.	10,519.	250,094.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							1

Schedule J (Form 990) 2023	FAMILY GATEWAY, INC.		75-2105579	Page 3
Part III Supplemental Information				
	or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b,	4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also compl	ete this part for any additional information.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

	FAMILY GATEWA	AY, IN	C•		/5-21	055/9	
Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contribution	•	:s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		238,391.	FMV		
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
••	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
.0	Historic structures						
14	Qualified conservation contribution - Other						
15							
	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
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	zation during	the tax year for co	ontributions			
	for which the organization completed Form 828	83, Part V, D	onee Acknowledge	ement 29			
					_	Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	n 28, that it		
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used f	or		
	exempt purposes for the entire holding period?	?			<u>.</u>	30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	oolicy that re	quires the review of	of any nonstandard contribut	ons?	31	X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	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 c	olumn (c) fo	a type of property	for which column (a) is chec	ked.		
	describe in Part II.	(5) 101	-, p P P	(3) 15 01100			
F			. F 000		0-11-1-84	000l	

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

Schedule M (Form 990) 2023

Schedule M	(Form 990) 2023	${ t FAMILY}$	GATEWAY,	INC.		75-2105579	Page 2
Part II	Supplemental	Information	on. Provide the i	nformation	required by Part I, lines 30b, 32b, and 33 , the number of items received, or a com	3. and whether the organiza	tion

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 75 - 21 0 5 5 7 9

FAMILY GATEWAY, INC.	75-2105579
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
CHILDREN AND FAMILIES AFFECTED BY HOMELESSNESS.	
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:	
THE DOWNTOWN DALLAS SHELTER (WHICH IS THE BUILDING OWNED B	Y THE CITY OF
DALLAS) CEASED OPERATIONS AND THE BUILDING WAS TURNED OVER	TO THE CITY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:
HEALTH COUNSELING, DRUG/ALCOHOL ABUSE COUNSELING, MEDICAL/	DENTAL CARE,
ETC. SERVICES ARE DESIGNED WITH A HOUSING FIRST APPROACH T	O MOVE
FAMILIES EMERGENCY SHELTER EXPERIENCE IF THEY CAN BE MANAG	ED WITH A
LESS EXPENSIVE INTERVENTION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
AN INDEPENDENT CPA PREPARES THE FORM 990. THE PRESIDENT AN	D CEO, CFO, AND
AUDIT COMMITTEE ALL RECEIVE THE DRAFT OF THE COMPLETED 990	AND REVIEW IT IN
DETAIL PRIOR TO FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION HOLDS EXECUTIVE COMMITTEE AND BOARD OF DI	RECTORS MEETINGS
AT LEAST 7 TIMES PER YEAR WHERE THE CONFLICT OF INTEREST P	OLICY IS
CONSIDERED.	
FORM 990, PART VI, SECTION B, LINE 15:	
FORM 990, PART VI, LINE 15A	

WE REVIEW VARIOUS, AVAILABLE SALARY SURVEY DATA AS WELL AS INFORMAL POLLS

332211 11-14-23

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** 75-2105579 FAMILY GATEWAY, INC. WITH PARTNER AGENCIES. SALARY HISTORY IS ALWAYS REQUESTED FROM CANDIDATES, AND EMPLOYEES ARE COMPENSATED WITHIN A RANGE BASED ON EDUCATION AND EXPERIENCE. FORM 990, PART VI, LINE 15B WE REVIEW VARIOUS, AVAILABLE SALARY SURVEY DATA AS WELL AS INFORMAL POLLS WITH PARTNER AGENCIES. SALARY HISTORY IS ALWAYS REQUESTED FROM CANDIDATES, AND EMPLOYEES ARE COMPENSATED WITHIN A RANGE BASED ON EDUCATION AND EXPERIENCE. FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS AND FORM 990 ARE AVAILABLE UPON REQUEST. THE FORM 990 IS ALSO AVAILABLE FOR PUBLIC INSPECTION THROUGH THE FAMILY GATEWAY WEBSITE, GUIDESTAR, AND DONOR BRIDGE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: PARTNERSHIP DISTRIBUTION TO RELATED ORG RECORDED ON FILING ORG'S BOOKS 188,700. FORM 990 PART XII LINE 2C NO CHANGE TO THE AUDIT PROCESS HAS OCCURRED SINCE LAST YEAR.

Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization

FAMILY GATEWAY, INC.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

75-2105579

Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea		Direct c	(f) ontrolling itity	J
	_							
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	or more r	elated tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) t controlling entity	Section 5 contr	olled ity?
FAMILY GATEWAY AFFORDABLE HOUSING INC -				001(0)(0))	+		Yes	No
04-3771703, 1421 W. MOCKINGBIRD LN, STE C, DALLAS, TX 75247	LOW-INCOME HOUSING	TEXAS	501(C)(3)	LINE 12A, I	FAMILY INC	GATEWAY	х	
	_							
For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.					Schedule R (Form 99	0) 2023

Page 2

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(i conti ent	tion b)(13) rolled tity?
		country)		,				Yes	No
	-								
-									
	-								
									

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

1a

X

Yes No

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		<u>X</u>
С					1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		<u>X</u>
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		<u>X</u>
j	Lease of facilities, equipment, or other assets to related organization(s)				1 j		<u>X</u>
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		<u>X</u>
- 1	Performance of services or membership or fundraising solicitations for related organization	on(s)			11		<u>X</u>
	n Performance of services or membership or fundraising solicitations by related organization				1m		<u>X</u>
n	• Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		<u>X</u>
0	Sharing of paid employees with related organization(s)				10	_	<u>X</u>
р	Reimbursement paid to related organization(s) for expenses				1p		<u>X</u>
q	Reimbursement paid by related organization(s) for expenses				1q	_	<u>X</u>
	Other transfer of cash or property to related organization(s)				1r		<u>X</u>
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who mu	ust complete this	s line, including covered re	elationships and transaction thresholds.			
		(b) ransaction	(c) Amount involved	(d) Method of determining amount invo	olved		
		type (a-s)					
1)							
2)							
٥,							
3)	 						
4\							
4)							
E \							
5)							
6)							
6) 3216	63 09-28-23			Schedule F	R (Form	990) 2	0053
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75-2105579

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

Schedule R	(Form 990) 2023	FAMILY	GATEWAY,	INC.	75-2105579	Page 5
Part VII	(Form 990) 2023 Supplemental Infor	mation	•			
			nses to questions	on Schedule R. See instructions.		
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			<u></u>			

332165 09-28-23 Schedule R (Form 990) 2023