

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable:

- ☐ Address change
☒ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

**GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

326 S. 21ST

Room/suite

4TH FL

City or town, state or province, country, and ZIP or foreign postal code

ST. LOUIS, MO 63103

F Name and address of principal officer: **TIMOTHY HELM**

SAME AS C ABOVE

D Employer identification number

43-0653616

E Telephone number

314-436-1177

G Gross receipts \$ **69,853,282.**

H(a) Is this a group return

for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ **GWRYMCA.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1853** **M** State of legal domicile: **MO**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	SEE SCHEDULE O	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	32
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	4742
	6	Total number of volunteers (estimate if necessary)	6	6176
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, line 34	7b	28,053.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	7,586,899.	7,973,115.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	47,131,131.	48,868,719.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,387,431.	1,084,147.
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	466,251.	116,399.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	60,571,712.	58,042,380.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,502,669.	2,256,131.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	34,389,697.	35,021,084.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 694,593.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,986,600.	21,355,868.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	57,878,966.	58,633,083.
	19	Revenue less expenses. Subtract line 18 from line 12	2,692,746.	<590,703.>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	111,441,950.	111,784,137.
	22	Net assets or fund balances. Subtract line 21 from line 20	15,505,457.	17,701,760.
			95,936,493.	94,082,377.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	FRANCIS X. WARD, SR. VP OF FINANCE AND CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JAMES R. RITTS	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00362910
	Firm's name ▶ RUBINBROWN LLP	Firm's EIN ▶ 43-0765316	Phone no. (314) 290-3300		
	Firm's address ▶ ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105				

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒ **X**

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 28,363,430. including grants of \$ 1,083,652.) (Revenue \$ 29,400,659.)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 10,371,542. including grants of \$ 188,653.) (Revenue \$ 8,210,307.)
SEE SCHEDULE O

4c (Code:) (Expenses \$ 6,003,994. including grants of \$ 137,427.) (Revenue \$ 7,024,834.)
SEE SCHEDULE O

4d Other program services (Describe in Schedule O.)

(Expenses \$ 10,163,940. including grants of \$ 846,399.) (Revenue \$ 4,513,957.)

4e Total program service expenses ► 54,902,906.

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	47	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	4742	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 32		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 30		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X	
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?	10b	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
DAVID RUTSCH - 314-436-1177
326 S. 21ST, 4TH FL, ST. LOUIS, MO 63103

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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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNE HILL VICE CHAIR	2.00	X		X				0.	0.	0.
(2) BRADFORD KOENEMAN DIRECTOR	1.00	X						0.	0.	0.
(3) CHERYL ANTHONY DIRECTOR	1.00	X						0.	0.	0.
(4) CHRIS HARRIS, SR. DIRECTOR	1.00	X						0.	0.	0.
(5) DANIEL J. SESSELEIFER TREASURER	2.00	X		X				0.	0.	0.
(6) DAVID LAYTON DIRECTOR	1.00	X						0.	0.	0.
(7) DAVID WILSDORF DIRECTOR	1.00	X						0.	0.	0.
(8) DIANE SHER CPA, PFS, CFP, WBE DIRECTOR	1.00	X						0.	0.	0.
(9) DR. FARA ZAKERY DIRECTOR	1.00	X						0.	0.	0.
(10) DR. THOMAS GEORGE DIRECTOR	1.00	X						0.	0.	0.
(11) EMILY PITTS DIRECTOR	1.00	X						0.	0.	0.
(12) GREIG WOODRING DIRECTOR	1.00	X						0.	0.	0.
(13) JOHN KNUDSEN DIRECTOR	1.00	X						0.	0.	0.
(14) JON N. REED DIRECTOR	2.00	X						0.	0.	0.
(15) JOSEPH M. MOONEY DIRECTOR	1.00	X						0.	0.	0.
(16) JULIA K. MULLER DIRECTOR	1.00	X						0.	0.	0.
(17) KURT M. SCHWAGER DIRECTOR	1.00	X						0.	0.	0.

**GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) L.B. ECKELKAMP, JR. DIRECTOR	1.00	X						0.	0.	0.
(19) MARILYN LUNNEMANN SECRETARY	1.00	X		X				0.	0.	0.
(20) MARK D. LEEKER CHAIR (MARCH - DECEMBER 2015)	1.00	X		X				0.	0.	0.
(21) MELISSA HARPER DIRECTOR	1.00	X						0.	0.	0.
(22) MELISSA LACKEY DIRECTOR	1.00	X						0.	0.	0.
(23) MICHAEL GIBBONS DIRECTOR	1.00	X						0.	0.	0.
(24) MICHAEL O'KEEFE DIRECTOR	1.00	X						0.	0.	0.
(25) NEVADA (AL) A. KENT, IV CHAIR (JAN - MARCH 2015)	1.00	X		X				0.	0.	0.
(26) PATRICK J. MOORE DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,209,559.	0.	228,702.
d Total (add lines 1b and 1c)								1,209,559.	0.	228,702.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 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	(B) Description of services	(C) Compensation
ROCK HILL MECHANICAL CORP 524 CLARK AVE, ST. LOUIS, MO 63122	HVAC CONTRACTOR	726,890.
VOSS LIGHTING 1840 FENPARK DR, FENTON, MO 63026	SPECIALIZED REPLACEMENT LIGHTING	437,954.
KAMA INC 14372 S. OUTER 40, CHESTERFIELD, MO 63017	MAILING SERVICES	428,642.
BRICO, 3109 S GRAND BLVD SUITE 200, ST. LOUIS, MO 63118	CONSTRUCTION CONTRACTOR	368,566.
DAXKO LLC, 600 UNIVERSITY PARK PL STE 500, BIRMINGHAM, AL 35209	SOFTWARE SERVICE PROVIDERS	363,403.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **17**

SEE PART VII, SECTION A CONTINUATION SHEETS

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**GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) REV. STARKY WILSON DIRECTOR	1.00	X						0.	0.	0.
(28) RICHARD J. NICOLETTI DIRECTOR	1.00	X						0.	0.	0.
(29) RYAN J. MARTIN DIRECTOR	1.00	X						0.	0.	0.
(30) SARA E. FOSTER DIRECTOR	1.00	X						0.	0.	0.
(31) STEVE HANLEY DIRECTOR	1.00	X						0.	0.	0.
(32) SUSAN RATZ DIRECTOR	1.00	X						0.	0.	0.
(33) TRACI O'BRYAN DIRECTOR	1.00	X						0.	0.	0.
(34) FRANCIS X. WARD SR. VP OF FINANCE & CFO	45.00			X				156,513.	0.	29,128.
(35) KAREN KOCKER EXECUTIVE SR. VP & COO	45.00			X				191,344.	0.	27,793.
(36) TIMOTHY HELM PRESIDENT & CEO	45.00			X				303,261.	0.	44,243.
(37) CENIA BOSMAN SR. VP OF ADMINISTRATIVE SERVICES	45.00					X		103,482.	0.	31,712.
(38) DONA SHERWOOD DISTRICT VP OF OPERATIONS	45.00					X		113,463.	0.	27,593.
(39) KEELYN LYON DISTRICT VP OF OPERATIONS	45.00					X		109,967.	0.	30,454.
(40) LAURIE MCTEARNEN VP OF CHILD CARE SERVICES	45.00					X		107,007.	0.	17,037.
(41) WENDY CORNETT-MARQUITZ SR. VP OF FINANCIAL DEVELOPMENT	45.00					X		124,522.	0.	20,742.
Total to Part VII, Section A, line 1c								1,209,559.		228,702.

**GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION**

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) 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	1 a Federated campaigns	1a	1,881,880.				
	b Membership dues	1b					
	c Fundraising events	1c	628,623.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,225,675.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,236,937.				
	g Noncash contributions included in lines 1a-1f: \$		127,815.				
	h Total. Add lines 1a-1f				7,973,115.		
Program Service Revenue	2 a HEALTH ENHANCEMENT	Business Code	713940	29,400,659.	29,400,659.		
	b CAMPING		900099	8,210,307.	8,210,307.		
	c SCHOOL AGE CHILD CARE		624410	7,024,834.	7,024,834.		
	d DAY CARE		624310	3,175,587.	3,175,587.		
	e SOCIAL DEVELOPMENT		900099	1,015,337.	1,015,337.		
	f All other program service revenue		900099	41,995.	41,995.		
	g Total. Add lines 2a-2f				48,868,719.		
	3 Investment income (including dividends, interest, and other similar amounts)				637,607.		637,607.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross rents	(i) Real	(ii) Personal				
			31,837.				
	b Less: rental expenses		2,784.				
	c Rental income or (loss)		29,053.				
	d Net rental income or (loss)				29,053.	29,053.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		11,436,706.	5,218.				
	b Less: cost or other basis and sales expenses	10,980,538.	14,846.				
	c Gain or (loss)	456,168.	<9,628.>				
	d Net gain or (loss)				446,540.		446,540.
	8 a Gross income from fundraising events (not including \$ 628,623. of contributions reported on line 1c). See Part IV, line 18	a	389,535.				
	b Less: direct expenses	b	654,883.				
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a	306,702.				
	b Less: cost of goods sold	b	157,851.				
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
11 a Y-CLUB SITE TRAINING FEES		900099	78,437.	78,437.			
b FEES FROM Y-USA		900099	53,750.	53,750.			
c FORGIVENESS OF LEASE OBLIGATION		900099	13,236.			13,236.	
d All other revenue		900099	58,420.			58,420.	
e Total. Add lines 11a-11d				203,843.			
12 Total revenue. See instructions.				58,042,380.	49,149,757.	29,053.	890,455.

**GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION**

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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	2,154,131.	2,154,131.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	102,000.	102,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	752,283.	89,535.	525,626.	137,122.
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	27,965,238.	26,385,996.	1,302,541.	276,701.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,430,085.	1,323,549.	81,823.	24,713.
9 Other employee benefits	2,229,811.	2,178,097.	23,964.	27,750.
10 Payroll taxes	2,643,667.	2,483,222.	140,244.	20,201.
11 Fees for services (non-employees):				
a Management				
b Legal	229,108.	122,632.	106,476.	
c Accounting	77,955.	8,000.	69,955.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	67,917.		67,917.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,139,981.	2,003,671.	123,478.	12,832.
12 Advertising and promotion	978,959.	890,067.	15,555.	73,337.
13 Office expenses	526,687.	515,525.	6,905.	4,257.
14 Information technology				
15 Royalties				
16 Occupancy	5,511,154.	5,304,698.	206,456.	
17 Travel	539,539.	516,414.	20,660.	2,465.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	584,336.	349,006.	165,920.	69,410.
20 Interest	364,689.	364,689.		
21 Payments to affiliates	384,102.	384,102.		
22 Depreciation, depletion, and amortization	4,329,848.	4,294,093.	35,755.	
23 Insurance	917,214.	910,498.	6,716.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	3,827,580.	3,758,194.	66,627.	2,759.
b EQUIPMENT	183,994.	151,998.	31,617.	379.
c SUBSCRIPTIONS AND DUES	103,140.	37,325.	23,148.	42,667.
d AMORTIZATION	23,088.	23,088.		
e All other expenses	566,577.	552,376.	14,201.	
25 Total functional expenses. Add lines 1 through 24e	58,633,083.	54,902,906.	3,035,584.	694,593.
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)

**GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION**

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Part 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
Assets	1 Cash - non-interest-bearing	18,655.	1	16,455.
	2 Savings and temporary cash investments	3,761,929.	2	4,574,533.
	3 Pledges and grants receivable, net	3,882,101.	3	5,008,175.
	4 Accounts receivable, net	2,081,561.	4	1,170,618.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	4,700,000.
	8 Inventories for sale or use	211,157.	8	215,459.
	9 Prepaid expenses and deferred charges	559,648.	9	626,556.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	144,849,427.		
	b Less: accumulated depreciation	69,460,585.		
	11 Investments - publicly traded securities	7,572,682.	11	6,196,632.
	12 Investments - other securities. See Part IV, line 11	17,612,131.	12	13,476,129.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	73,096.	14	50,013.
	15 Other assets. See Part IV, line 11	411,647.	15	360,725.
16 Total assets. Add lines 1 through 15 (must equal line 34)	111,441,950.	16	111,784,137.	
Liabilities	17 Accounts payable and accrued expenses	2,739,152.	17	3,080,211.
	18 Grants payable		18	
	19 Deferred revenue	1,054,437.	19	1,068,914.
	20 Tax-exempt bond liabilities	8,741,000.	20	8,470,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	206,617.	21	101,901.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	134,057.	23	87,689.
	24 Unsecured notes and loans payable to unrelated third parties	44,917.	24	1,979,950.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,585,277.	25	2,913,095.
	26 Total liabilities. Add lines 17 through 25	15,505,457.	26	17,701,760.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	74,618,707.	27	71,782,885.
	28 Temporarily restricted net assets	15,782,914.	28	16,760,167.
	29 Permanently restricted net assets	5,534,872.	29	5,539,325.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	95,936,493.	33	94,082,377.
	34 Total liabilities and net assets/fund balances	111,441,950.	34	111,784,137.

Form **990** (2015)

**GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION**

Form 990 (2015)

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Part 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	58,042,380.
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,633,083.
3	Revenue less expenses. Subtract line 2 from line 1	3	<590,703.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	95,936,493.
5	Net unrealized gains (losses) on investments	5	<1,249,646.>
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<13,767.>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	94,082,377.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization **GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION**

Employer identification number
43-0653616

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

GATEWAY REGION YOUNG MEN'S

Schedule A (Form 990 or 990-EZ) 2015 CHRISTIAN ASSOCIATION

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6927502.	6901663.	6246443.	7586899.	7973115.	35635622.
2 Tax revenues levied for the organization'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	6927502.	6901663.	6246443.	7586899.	7973115.	35635622.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2287929.
6 Public support. Subtract line 5 from line 4.						33347693.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	6927502.	6901663.	6246443.	7586899.	7973115.	35635622.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	775,330.	924,352.	584,680.	670,429.	637,607.	3592398.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		31,490.	37,225.	36,913.	29,053.	134,681.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	300,935.	1209761.	1268883.	1048915.	900,080.	4728574.
11 Total support. Add lines 7 through 10						44091275.
12 Gross receipts from related activities, etc. (see instructions)					12	232,674,208.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	75.63 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	77.17 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
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 in 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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐ ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐ ►

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐ ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐ ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

GATEWAY REGION YOUNG MEN'S

Schedule A (Form 990 or 990-EZ) 2015

CHRISTIAN ASSOCIATION

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

GATEWAY REGION YOUNG MEN'S

Schedule A (Form 990 or 990-EZ) 2015

CHRISTIAN ASSOCIATION

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Part VI**Supplemental Information.**

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

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

2012 AMOUNT: \$ 293,416.

2013 AMOUNT: \$ 263,875.

2014 AMOUNT: \$ 319,294.

2015 AMOUNT: \$ 190,607.

CAPITAL LEASE CONCESSION

2011 AMOUNT: \$ 205,115.

2013 AMOUNT: \$ 187,657.

2015 AMOUNT: \$ 13,236.

ST. LOUIS CITY REIMBURSEMENTS

2011 AMOUNT: \$ 95,820.

2012 AMOUNT: \$ 74,505.

SALES OF INVENTORY

2012 AMOUNT: \$ 423,251.

2013 AMOUNT: \$ 339,336.

2014 AMOUNT: \$ 278,010.

2015 AMOUNT: \$ 306,702.

FUNDRAISING EVENTS

2012 AMOUNT: \$ 418,589.

2013 AMOUNT: \$ 478,015.

2014 AMOUNT: \$ 451,611.

2015 AMOUNT: \$ 389,535.

Schedule A (Form 990 or 990-EZ) 2015 **CHRISTIAN ASSOCIATION**

Part VI

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

2015

*** Not Open to Public Inspection ***

523171 04-01-15

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015**Name of the organization**GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION**Employer identification number**

43-0653616

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

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

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

Special Rules

- ☐ 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not 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 ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization
**GATEWAY REGION YOUNG MEN'S
 CHRISTIAN ASSOCIATION**

Employer identification number

43-0653616**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>1,200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,818,232.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>513,067.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>207,629.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>199,715.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>3,486,657.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
**GATEWAY REGION YOUNG MEN'S
 CHRISTIAN ASSOCIATION**

Employer identification number

43-0653616**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 127,815.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 420,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

43-0653616

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	ASSORTED ITEMS DONATED FOR AUCTIONS. 224 SHARES OF VARIOUS PUBLICLY TRADED SEC	\$ 127,815.	12/31/15
(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
		\$	

Name of organization

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Employer identification number

43-0653616

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

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.**

OMB No. 1545-0047

2015**Open to Public Inspection**▶ **Information about Schedule D (Form 990) and its instructions is at** www.irs.gov/form990.**Name of the organization** **GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION****Employer identification number**
43-0653616**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2015

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11-02-15

Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets <i>(continued)</i>
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- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	21,892,000.	20,817,812.	18,222,803.	17,641,899.	17,877,807.
b Contributions	22,000.	119,188.	14,599.	87,575.	34,781.
c Net investment earnings, gains, and losses	<139,000.>	1,725,000.	3,321,106.	1,188,430.	429,339.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,295,000.	770,000.	740,696.	695,101.	700,028.
f Administrative expenses					
g End of year balance	16,480,000.	21,892,000.	20,817,812.	18,222,803.	17,641,899.

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

- | | | | | |
|---|-------------------------------------|---|--------------|---|
| a | Board designated or quasi-endowment | ▶ | <u>34.57</u> | % |
| b | Permanent endowment | ▶ | <u>32.06</u> | % |
| c | Temporarily restricted endowment | ▶ | <u>33.37</u> | % |

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

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

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

- (i) unrelated organizations
- (ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,291,860.		12,291,860.
b Buildings		80,154,014.	35,018,010.	45,136,004.
c Leasehold improvements		38,193,847.	24,368,135.	13,825,712.
d Equipment		12,926,357.	10,074,440.	2,851,917.
e Other		1,283,349.		1,283,349.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				75,388,842.

Schedule D (Form 990) 2015

**GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION**

Schedule D (Form 990) 2015

43-0653616 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CTF	1,963,400.	END-OF-YEAR MARKET VALUE
(B) S&P 500 INDEX CTF	7,452,439.	END-OF-YEAR MARKET VALUE
(C) PASSIVE BOND MARKET CTF	2,118,039.	END-OF-YEAR MARKET VALUE
(D) TIPS INDEX CTF	961,557.	END-OF-YEAR MARKET VALUE
(E) OTHER INVESTMENTS	404,312.	END-OF-YEAR MARKET VALUE
(F) CUSTODIAL TRUST FUNDS	268,297.	END-OF-YEAR MARKET VALUE
(G) INTEREST IN CHARITABLE		
(H) GIFT ANNUITIES	308,085.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	13,476,129.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) RESERVE FOR WORKERS COMP.	135,554.	
(3) RESERVE FOR RETIREE HEALTH INS.	151,834.	
(4) COND. ASSET RETIREMENT OBLIG.	93,850.	
(5) LIABILITIES TO GIFT ANNUITANTS	705,351.	
(6) CAPITAL LEASES	1,146,475.	
(7) INSTALLMENT NOTE INSURANCE	239,503.	
(8) INTEREST RATE SWAP CONTRACT	309,820.	
(9) MISCELLANEOUS LIABILITIES	130,708.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,913,095.	

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

Schedule D (Form 990) 2015

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

1	Total revenue, gains, and other support per audited financial statements	1	54,689,113.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	<1,249,646.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	47,726.
e	Add lines 2a through 2d	2e	<1,201,920.>
3	Subtract line 2e from line 1	3	55,891,033.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	2,151,347.
c	Add lines 4a and 4b	4c	2,151,347.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	58,042,380.

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

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

1	Total expenses and losses per audited financial statements	1	56,542,736.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	63,784.
e	Add lines 2a through 2d	2e	63,784.
3	Subtract line 2e from line 1	3	56,478,952.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	2,154,131.
c	Add lines 4a and 4b	4c	2,154,131.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	58,633,083.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

THE YMCA IS CUSTODIAN FOR SEVERAL CUSTODIAL ACCOUNTS REPRESENTING BALANCES
RAISED BY VARIOUS CLUBS AND GROUPS.

PART V, LINE 4:

THE YMCA USES THE ENDOWMENT FUNDS TO SUPPORT THE OPERATIONS OF THE
ASSOCIATION, AS WELL AS WORLD SERVICE. SPENDING IS BASED UPON A FORMULA,
APPROVED ANNUALLY BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS,
WHICH APPLIES A PERCENTAGE TO THE AVERAGE OF THE PRIOR 5 YEARS' MARKET
VALUES AS OF JUNE 30TH. THE USE OF A 5-YEAR AVERAGE HELPS LESSEN THE
IMPACT OF MARKET FLUCTUATIONS ON THE FUNDING OF THE ASSOCIATION'S
OPERATIONS. IN RECENT YEARS, THE PERCENTAGE USED TO DETERMINE EACH YEAR'S

Part XIII Supplemental Information (continued)

SPENDING AMOUNT HAS BEEN 4% TO 4.5%.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

POST RETIREMENT PLAN CHANGE OTHER THAN NET PERIODIC COSTS	27,119.
UNREALIZED GAIN ON INTEREST RATE SWAP	95,304.
UNREALIZED CHANGE IN TRUST INTERESTS	-74,697.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	47,726.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-2,784.
FINANCIAL ASSISTANCE TO INDIVIDUALS INCLUDED IN FINANCIAL STATEMENT REVENUE	2,154,131.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,151,347.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	2,784.
UNCOLLECTIBLE PLEDGES	61,000.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	63,784.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL ASSISTANCE TO INDIVIDUALS INCLUDED IN FINANCIAL STATEMENT REVENUE	2,154,131.
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**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015Open to Public
Inspection

Name of the organization

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Employer identification number

43-0653616

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	SUPPORT FOR LOCAL YMCA	55,000.
RUSSIA & THE NEWLY INDEPENDENT STATES - ARMENIA, AZERBIJAN, BELARUS,	0	0	PROGRAM SERVICES	SUPPORT FOR LOCAL YMCA	16,000.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	SUPPORT FOR LOCAL YMCA	21,000.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	0	0	PROGRAM SERVICES	SUPPORT FOR LOCAL YMCA	10,000.
3 a Sub-total	0	0			102,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			102,000.

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

Schedule F (Form 990) 2015

**GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION**

Schedule F (Form 990) 2015

43-0653616

Page **2**

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,		16,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,		32,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,		7,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,		21,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,		16,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		10,000.	WIRE TRANSFER	0.		

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3** Enter total number of other organizations or entities ▶ _____

Schedule F (Form 990) 2015

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Schedule F (Form 990) 2015

43-0653616 Page 4

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2015

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

THE GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION SUPPORTS WORLD
SERVICE PARTNERS BY PROVIDING CASH SUPPORT AND TECHNICAL ASSISTANCE. THE
FUNDS PROVIDED TO PARTNER YMCAS IN THOSE COUNTRIES ARE USED FOR PROGRAMS
AND GENERAL OPERATIONS OF THE FACILITIES. THE ASSOCIATION MONITORS THE
USAGE OF THE FUNDS BY REQUIRING FINANCIAL STATEMENTS AND/OR BY MAKING
ON-SITE VISITS TO VIEW FACILITIES AND PROGRAMS THE ASSOCIATION SUPPORTS.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.**

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number	43-0653616
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Part I

Fundraising Activities.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed 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 contributions or has been notified it is exempt from registration or licensing.

GATEWAY REGION YOUNG MEN'S

Schedule G (Form 990 or 990-EZ) 2015

CHRISTIAN ASSOCIATION

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GOLF TOURNAMENTS	SALES/AUCTIO NS			42
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	430,064.	190,233.	397,861.	1,018,158.
	2	Less: Contributions	325,543.	134,755.	168,325.	628,623.
	3	Gross income (line 1 minus line 2)	104,521.	55,478.	229,536.	389,535.
Direct Expenses	4	Cash prizes			240.	240.
	5	Noncash prizes	4,123.	117,295.	8,070.	129,488.
	6	Rent/facility costs	117,230.		18,492.	135,722.
	7	Food and beverages	7,764.	13,402.	15,953.	37,119.
	8	Entertainment		200.		200.
	9	Other direct expenses	34,697.	46,344.	271,073.	352,114.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				654,883.
	11	Net income summary. Subtract line 10 from line 3, column (d)				<265,348.>

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

GATEWAY REGION YOUNG MEN'S

Schedule G (Form 990 or 990-EZ) 2015 **CHRISTIAN ASSOCIATION**

43-0653616 Page **3**

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Part IV	Supplemental Information <i>(continued)</i>
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2015.04020 GATEWAY REGION YOUNG MEN' 02553.01

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at** www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization **GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION**

Employer identification number
43-0653616

Part I **General Information on Grants and Assistance**

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

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

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

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

**GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION**

43-0653616

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SUBSIDIES FOR PROGRAM AND MEMBERSHIP	3604	0.	2,154,131.	INCOME SCALE	SUBSIDY FOR PROGRAMS

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

PART I, LINE 2:

THE GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION WILL NOT TURN AWAY
ANYONE BASED ON THEIR INABILITY TO PAY FOR MEMBERSHIPS OR PROGRAMS. A
SLIDING SCALE OF AVAILABLE FINANCIAL SCHOLARSHIPS BASED UPON HOUSEHOLD
INCOME IS USED TO DETERMINE THE AMOUNT OF SUBSIDY GRANTED TO AN INDIVIDUAL
OR HOUSEHOLD. SUBSIDIES OF \$2,154,131 WERE GRANTED DURING 2015. THE
ASSOCIATION'S INTERNAL AUDITOR VERIFIES COMPLIANCE WITH SUBSIDY POLICY
DURING HIS ANNUAL BRANCH AUDITS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

**GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION**

Employer identification number

43-0653616

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Page 2

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.

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10-14-15

Part III Supplemental Information

Provide the information, explanation, 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 complete this part for any additional information.

FORM 990, SCHEDULE J, LINE 3

THE PROCESS TO DETERMINE A SENIOR EXECUTIVE'S PAY ORIGINATES WITH THE
EXECUTIVE COMPENSATION COMMITTEE. CHALLENGING AND MEASURABLE
PERFORMANCE GOALS ARE SET FOR SENIOR EXECUTIVES AT THE BEGINNING OF
EACH YEAR. FORMAL YEAR-END REVIEWS ARE THEN CONDUCTED AND THE DEGREE OF
PERFORMANCE AGAINST THESE GOALS IS CONSIDERED WHEN DETERMINING
COMPENSATION INCREASES. RECOMMENDATIONS OF PAY INCREASES BY THE
EXECUTIVE COMPENSATION COMMITTEE MUST BE APPROVED IN ADVANCE BY THE
EXECUTIVE COMMITTEE PRIOR THE RECOMMENDATION TO THE BOARD OF DIRECTORS
FOR FINAL APPROVAL. THE EXECUTIVE COMPENSATION COMMITTEE IS MADE UP OF
THE CURRENT BOARD CHAIRMAN, THE PAST CHAIRMAN AND THE CHAIR-ELECT OF
THE GOVERNING BOARD OF DIRECTORS. THE EXECUTIVE COMPENSATION COMMITTEE
ANNUALLY REVIEWS COMPENSATION DATA OF OTHER YMCAS OF COMPARABLE SIZE.
THIS DATA IS COMPILED BY SULLIVAN COTTER AND ASSOCIATES, INC. THE LAST
YEAR DATA WAS COLLECTED FROM SULLIVAN AND COTTER WAS 2014.
PERIODICALLY IN PRIOR YEARS, AND USING DATA FROM COMPENSATION MATTERS,
A SECOND PROVIDER, THE EXECUTIVE COMMITTEE WOULD REVIEW COMPENSATION
LEVELS AND PRACTICES OF OTHER ST. LOUIS-BASED CHARITIES.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015
Open to Public
Inspection

Name of the organization **GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION** Employer identification number **43-0653616**

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MISSOURI DEVELOPMENT FINANCE BOARD	43-1387649	NONE	03/01/11	9,500,000.	REFINANCE 1998 FACILITIES BOND		X		X		X
B											
C											
D											

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	1,030,000.			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	9,500,000.			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	105,000.			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	9,395,000.			
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2011			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

	A	B	C	D
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No
		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		

**GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION**

Schedule K (Form 990) 2015

43-0653616

Page 2

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X							
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	COMMERCE BANK, NA							
c Term of hedge	7.0000000							
d Was the hedge superintegrated?	X							
e Was the hedge terminated?		X						

**GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION**

Schedule K (Form 990) 2015

43-0653616

Page 3

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

PART III, LINE 9

AS THERE IS NO CONTEMPLATED PRIVATE BUSINESS USE OF THE PROPERTY,
WRITTEN PROCEDURES ON REMEDIATION ARE NOT REQUIRED.

PART IV, LINE 7

AS ALL BOND PROCEEDS WERE USED IMMEDIATELY TO REFUND PRIOR BONDS AND TO
PAY BOND ISSUANCE COSTS, ARBITRAGE CANNOT OCCUR, THEREFORE NO WRITTEN
PROCEDURES ARE NECESSARY.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Name of the organization **GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION**

Employer identification number
43-0653616

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990 or 990-EZ) 2015

GATEWAY REGION YOUNG MEN'S

Schedule L (Form 990 or 990-EZ) 2015

CHRISTIAN ASSOCIATION

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Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DAVID LAYTON	BOARD MEMBER	123,364.	INSURANCE B		X
KAROLYN CARMACK	SISTER OF COO	34,573.	EMPLOYMENT		X
RYAN MARTIN	BOARD MEMBER	2,049,282.	STANDARD EL		X
SARA FOSTER	BOARD MEMBER	1,774,790.	INTEREST RA		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DAVID LAYTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 123,364.

(D) DESCRIPTION OF TRANSACTION: INSURANCE BROKER FEES & COMMISSION

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KAROLYN CARMACK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SISTER OF COO

(C) AMOUNT OF TRANSACTION \$ 34,573.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: RYAN MARTIN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 2,049,282.

(D) DESCRIPTION OF TRANSACTION: STANDARD ELECTRICITY FEES

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SARA FOSTER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 1,774,790.

(D) DESCRIPTION OF TRANSACTION: INTEREST RATE SWAP

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE L, PART IV

LINE 1: MR. LAYTON IS A MEMBER OF THE ASSOCIATION'S BOARD OF DIRECTORS AND A VICE PRESIDENT OF THE CRANE INSURANCE AGENCY. \$123,364 IN BROKER FEES AND COMMISSIONS PAID TO CRANE INSURANCE AGENCY IN 2015 WERE REVIEWED AND APPROVED BY A COMMITTEE OF THE BOARD OF DIRECTORS. LINE 2: KAROLYN CARMACK, A BRANCH ADMINISTRATOR, IS THE SISTER OF KAREN KOCHER, WHO SERVICES AS THE COO FOR THE ASSOCIATION. THE ASSOCIATION'S EMPLOYMENT POLICY IMPOSES CERTAIN RESTRICTIONS ON EMPLOYMENT OF RELATIVES. EXCEPTIONS TO THIS POLICY ARE MADE ONLY UPON APPROVAL BY THE PRESIDENT AND CEO. LINE 3: MR. MARTIN IS THE TREASURER OF AMEREN CORPORATION AND SERVES ON THE ASSOCIATION'S BOARD OF DIRECTORS. THE ASSOCIATION CONDUCTED UTILITY TRANSACTIONS WITH AMEREN TOTALING \$2 MILLION FOR ELECTRICAL SERVICES USING STANDARD STATE REGULATED USAGE RATES. LINE 4: MRS. FOSTER IS AN EXECUTIVE VICE PRESIDENT OF COMMERCE BANCSHARES. SHE STARTED SERVING ON THE ASSOCIATION'S BOARD IN 2012. PRIOR TO 2012 THE ASSOCIATION ENTERED INTO A MULTI-YEAR INTEREST RATE SWAP AGREEMENT WITH COMMERCE BANCSHARES RELATED TO THE INTEREST RATE ON THE TAX EXEMPT BONDS (SEE SCHEDULE K). IN 2015 THE ASSOCIATION MADE INTEREST PAYMENTS TO COMMERCE BANCSHARES IN THE SUM OF \$301,365. THE

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

ASSOCIATION ALSO HOLDS MISCELLANEOUS CHECKING AND TRUST ACCOUNTS WITH
COMMERCE BANCSHARES. TOTAL FEES ON THESE ACCOUNTS TOTAL \$15,690 FOR THE
YEAR. AS PART OF THE ASSOCIATIONS PROCUREMENT CARD PROGRAM THE YMCA
USES CREDIT CARDS ISSUED THROUGH COMMERCE BANCHARES. THE TOTAL
TRANSACTIONS FLOWING THROUGH THESE CARDS FOR 2015 AMOUNTED TO
\$1,457,735. THE ASSOCIATION PAYS NO ANNUAL CREDIT CARD FEES TO COMMERCE
BANCHARES FOR THE CONVENIENCE OF USING THEIR BANK ISSUED CARDS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public
Inspection

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

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization **GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION**

Employer identification number
43-0653616

Part 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 determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	10,520.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ASSORTED AUCT)	X	828	117,295.	FAIR MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which is not required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) (2015)

Part II

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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Inspection**

Name of the organization

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Employer identification number
43-0653616

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ASSOCIATION PUTS CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH
PROGRAMS THAT PROMOTE HEALTH, STRONG FAMILIES AND COMMUNITIES, YOUTH
LEADERSHIP AND INTERNATIONAL UNDERSTANDING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION (YMCA) IS A
NONPROFIT ORGANIZATION WHOSE MISSION IS TO PUT CHRISTIAN PRINCIPLES
INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY
FOR ALL. THE VALUES INCORPORATED INTO OUR DAILY ACTIVITIES, WHICH
INCLUDE CARING, HONESTY, RESPECT, RESPONSIBILITY AND FAITH, REMAIN THE
BASIS FOR WHAT WE DO. IN ADDITION TO MENTAL AND PHYSICAL COMPONENTS,
OUR VISION FOR YOUTH INCLUDES A SPIRITUAL COMPONENT, THE GOAL OF WHICH
IS TO INCREASE SPIRITUAL AWARENESS IN CHILDREN AND TEENS BY ENCOURAGING
VOLUNTEER SERVICE AS AN EXPRESSION OF LOVE TOWARD ONE ANOTHER. THE
MISSION FOR THE GATEWAY REGION YMCA HAS REMAINED CONSISTENT SINCE ITS
FOUNDING IN 1853. THE ASSOCIATION HAS SET SPECIFIC MEASURABLE GOALS TO
EXCEED IN THE FOLLOWING YEARS.

SPIRITUAL GROWTH - BY THE YEAR 2020 INCREASE SPIRITUAL AWARENESS OF
LOVING ONE ANOTHER AND SERVICE TO OTHERS BY DOUBLING THE NUMBER OF
YOUTH VOLUNTEERS.

MENTAL DEVELOPMENT - BY THE YEAR 2020 INCREASE THE NUMBER OF YOUTH
READING AT OR ABOVE THEIR GRADE LEVEL BY 3 PERCENT.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
532211
09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization	GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number	43-0653616
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PHYSICAL HEALTH - BY THE YEAR 2020 STOP THE INCREASE IN YOUTH OBESITY.

ACCORDING TO THE CENTERS FOR DISEASE CONTROL, CHILDHOOD OBESITY HAS
TRIPLED FROM 1980 TO 2004.

THE YMCA DIVERSITY INITIATIVE IS AN ONGOING, COMPREHENSIVE EFFORT TO
FULFILL OUR MISSION BY SERVING "ALL" AND HAVING A BASE OF VOLUNTEERS,
PROGRAM PARTICIPANTS, MEMBERS AND EMPLOYEES THAT REFLECT THE FULL
CHARACTER AND COMPLETE MOSAIC OF OUR COMMUNITIES. WE ARE WORKING HARD
TO ENSURE THAT RESPECT FOR DIVERSITY IS THE FOUNDATION FOR EVERYTHING
WE DO; THAT STAFF AND VOLUNTEERS REFLECT THE DIVERSITY OF THE
COMMUNITIES WE SERVE; THAT BRANCHES OFFER CLASSES, PROGRAMS, AND
SERVICES TO THE COMMUNITIES THEY SERVE, AND LASTLY, THAT WE IMPLEMENT
POLICIES AND PROCEDURES THAT EMBRACE DIVERSITY. THE YMCA SERVES MEN,
WOMEN AND CHILDREN OF ALL AGES, INCOMES, ABILITIES, FAITHS, NATIONAL
ORIGINS, RACES AND SEXUAL-ORIENTATIONS.

BOTH OUR MISSION AND DIVERSITY INITIATIVES ARE THE FOUNDATIONS ON WHICH
THE PROGRAMS, ACTIVITIES AND OTHER SERVICES THE YMCA OFFERS THE
COMMUNITY ARE BUILT UPON. THE ASSOCIATION ACCOMPLISHES ITS MISSION BY
OPERATING 20 BRANCH LOCATIONS, NUMEROUS ON-SITE OR OFF-SITE CAMPS AND
DAY CARE FACILITIES IN THE CITY OF ST. LOUIS, ST. LOUIS COUNTY, ST.
CHARLES COUNTY, WASHINGTON COUNTY, FRANKLIN COUNTY AND JEFFERSON
COUNTY, MISSOURI.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

WELLNESS PROGRAMMING. THE NATIONAL YMCA MOVEMENT IS BUILT ON THE

Name of the organization	GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 43-0653616
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CONCEPT OF PUTTING CHRISTIAN PRINCIPLES INTO PRACTICE BY DEVELOPING THE WHOLE INDIVIDUAL IN BODY, MIND AND SPIRIT. YMCA HEALTH ENHANCEMENT PROGRAMS ARE MEDICALLY BASED AND STRESS THE VALUE OF PREVENTION THROUGH GOOD EXERCISE HABITS AND HEALTH LIVING. PROGRAM FEES ARE SET AT A LEVEL THAT IS AFFORDABLE FOR A MAJOR SEGMENT OF THE COMMUNITY, WITH FINANCIAL ASSISTANCE PROVIDED ON A SLIDING SCALE FOR THOSE WHO CANNOT AFFORD THE BASIC FEE. IN 2015, THE YMCA PROVIDED HEALTH ENHANCEMENT PROGRAMS TO 75,963 PERSONS, WHICH INCLUDES YOUTHS, ADULTS, SENIORS AND PEOPLE OF ALL ABILITIES. YMCA HEALTH ENHANCEMENT ACTIVITIES TEACH PARTICIPANTS THE VALUE OF POSITIVE, SUBSTANCE ABUSE-FREE LIFESTYLES THAT PREVENT DISEASE, MEDICAL PROBLEMS AND STRESS. YMCA AQUATICS. AQUATIC PROGRAMS ARE PART OF THE YMCA'S OVERALL GOAL TO BUILD A HEALTHY SPIRIT, MIND AND BODY. IN ADDITION TO PROVIDING SWIMMING AND WATER SAFETY SKILLS, THEY PROMOTE GOOD HEALTH THROUGH INCREASED EXERCISE, TEAMWORK, AND SELF-CONFIDENCE. LAST YEAR, WE ENROLLED 22,347 PARTICIPANTS IN AQUATICS PROGRAMS. YOUTHS PARTICIPATED IN LEARN-TO-SWIM CLASSES AND COMPETITIVE PROGRAMS, ADULTS PARTICIPATED IN LESSONS AND WATER FITNESS, AND SENIORS TOOK AQUATIC EXERCISE PROGRAMS INCLUDING OUR ARTHRITIS AQUATICS CLASS, WHICH INCREASES FLEXIBILITY AND RELIEVES PAIN FOR THOSE UNABLE TO PARTAKE IN MANY OTHER FORMS OF EXERCISE. FINANCIAL ASSISTANCE IS PROVIDED TO THOSE IN NEED. YMCA YOUTH SPORTS PROGRAMS. THESE PROGRAMS PROMOTE EQUAL PARTICIPATION AND EVERYONE HAS THE OPPORTUNITY TO SUCCEED. YMCA YOUTH SPORTS PROGRAMS EMPHASIZE DEVELOPMENT OF SKILL, HEALTH AND FITNESS, SAFETY, COOPERATION, VALUES, SELF-ESTEEM, AND RESPECT FOR OTHERS. PARENTS ARE ENCOURAGED TO SERVE AS PROGRAM VOLUNTEERS. IN 2015, 12,186 YOUTHS ENROLLED IN YMCA SPORTS PROGRAMS. FINANCIAL ASSISTANCE WAS PROVIDED TO THOSE IN NEED. OTHER HEALTH ENHANCEMENT PROGRAMS. LAST YEAR, THE YMCA ENROLLED 3,265 YOUTHS IN

Name of the organization	GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 43-0653616
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GYMNASTICS PROGRAMS, 6,313 PEOPLE IN SPORTS SKILL AND RECREATIONAL PROGRAMS, AND 854 ADULTS IN EXERCISE OR SPORTS LEAGUES. (120,928 TOTAL CLIENTS SERVED).

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:

YMCA DAY CAMP. YMCA DAY CAMPS PROVIDE MANY WORKING PARENTS WITH AN ALTERNATIVE CHILDCARE OPTION FOR THE SUMMER MONTHS WHEN CHILDREN ARE OUT OF SCHOOL BY PROVIDING A SAFE AND FUN LEARNING ENVIRONMENT. IN 2015, THE YMCA HAD 7,584 PARTICIPANTS AGED 5-16 IN ITS DAY CAMPS AT SITES THROUGHOUT THE METROPOLITAN AREA. FINANCIAL ASSISTANCE MAKES DAY CAMP ACCESSIBLE TO ALL REGARDLESS OF THEIR ABILITY TO PAY. RESIDENT CAMP YMCA. RESIDENT CAMP LAKEWOOD SERVED 2,056 YOUTHS IN 2015. THE CAMP PROVIDES CHILDREN WITH NEW EXPERIENCES SUCH AS HORSEBACK RIDING, CANOEING AND TEACHES SOCIALIZATION WITH FELLOW CAMPERS IN AN OVERNIGHT CABIN SETTING. AS AN ADDED BENEFIT, RESIDENT CAMP PROVIDES YOUTHS WITH AN ENRICHING AWAY-FROM-HOME EXPERIENCE THAT LEADS TO INDEPENDENT THINKING AND VALUE CLARIFICATION. FOR SOME OF THE CHILDREN IT PROVIDES THEIR FIRST EXPERIENCE IN A BACK-TO-NATURAL ENVIRONMENT. FINANCIAL ASSISTANCE IS MADE AVAILABLE TO CAMPERS IN NEED. OUTDOOR EDUCATION: THE YMCA PARTNERS WITH SCHOOLS TO PROVIDE EDUCATIONAL PROGRAMS ABOUT WILDLIFE AND NATURE THROUGH OUR RESIDENT CAMP VISITS. IN 2015, 6,000 STUDENTS PARTICIPATED. RESIDENT FAMILY/CONFERENCE CAMPING. OTHER AGENCIES, COMMUNITY ORGANIZATIONS, SOCIAL SERVICE PROVIDERS, FAMILIES AND SENIOR ADULT ORGANIZATIONS BENEFITED FROM THE RUSTIC SURROUNDINGS AND PROGRAMS OFFERED AT OUR RESIDENT CAMPSITE AND OUTDOOR EDUCATIONAL EXPERIENCES. IN 2015, THERE WERE 25,594 CAMPING REGISTRATIONS FOR THE YEAR. (33,178 TOTAL CLIENTS SERVED).

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

SCHOOL AGE CHILD CARE: Y-CLUB IS THE GATEWAY REGION YMCA'S BEFORE SCHOOL AND AFTER SCHOOL CHILDCARE PROGRAM HELD IN PARTNERSHIP WITH LOCAL SCHOOL DISTRICTS. IN Y-CLUB, KIDS ENGAGE IN PHYSICAL, LEARNING AND IMAGINATIVE ACTIVITIES THAT ENCOURAGE THEM TO EXPLORE WHO THEY ARE AND WHAT THEY CAN ACHIEVE. IN ADDITION TO SUPPLEMENTING WHAT THEY HAVE LEARNED IN SCHOOL, THEY PARTICIPATE IN INTERACTIVE LEARNING MODELS THAT ENGAGE CRITICAL THINKING SKILLS, GET ASSISTANCE WITH THEIR HOMEWORK FROM TRAINED YMCA STAFF, HAVE A CHANCE TO SOCIALIZE WITH EACH OTHER AND FORM LONG-LASTING FRIENDSHIPS THAT ENHANCE THEIR DEVELOPMENT, GROWTH AND SELF-CONFIDENCE. IN 2015 THE ASSOCIATION OFFERED PROGRAMS AT 125 LICENSED SITES. THE MAJORITY OF THESE SITES ARE ACTUAL SCHOOL CLASSROOMS AT THE SCHOOLS THE CHILDREN ATTEND. THE YMCA PROVIDES A SECURE, SAFE AND STIMULATING LEARNING ENVIRONMENT FOR APPROXIMATELY 5,456 CHILDREN IN A GIVEN DAY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

YOUTH DEVELOPMENT PROGRAMS: TO HELP ADDRESS ILLITERACY IN AMERICA, THE GATEWAY REGION YMCA HAS TWO LITERACY PROGRAMS FOCUS ON YOUNG CHILDREN AND YOUTHS. THESE PROGRAMS ARE REFERRED TO AS Y-READ, AND BEGINNING BABIES WITH BOOKS. THE Y-READ PROGRAM PROVIDES ONE-ON-ONE TUTORING DESIGNED TO HELP CHILDREN AND TEENS BECOME MORE CONFIDENT READERS. IN 2015 THE YMCA SERVED 110 CHILDREN WITH Y-READ TUTORS IN WEEKLY SESSIONS HELD THROUGHOUT THE ACADEMIC YEAR AT NO COST TO THE PARTICIPANT. BEGINNING BABIES WITH BOOKS OFFERS PARENTS EDUCATIONAL WORKSHOPS AND BOOK DISTRIBUTIONS TO HELP THEM BUILD AT-HOME LIBRARIES FOR THEIR

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CHILDREN AND BECOME MORE CONFIDENT IN THEIR PARENTING SKILLS. THIS PROGRAM PROVIDED BOOKS AND LEARNING OPPORTUNITIES TO 673 NEW MOTHERS AND THEIR BABIES IN 2015. THE ASSOCIATION ALSO OFFERS LEARNING LABS AND A SCIENCE PROGRAM FOR YOUTH GROUPS. THE LEARNING LABS CONSIST OF SMALL COOPERATIVE GROUPS FOCUSED ON READING AND MATH THAT ALLOWS YOUNG PEOPLE TO STRENGTHEN THEIR THINKING AND COMPREHENSION SKILLS WHILE BUILDING CONNECTIONS WITH OTHERS. THE SCIENCE GONE MAD SESSIONS ENGAGE MIDDLE SCHOOL STUDENTS IN A 12-WEEK STEM (SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH) CURRICULUM. THE OBJECTIVE IS FOR STUDENTS TO IMPROVE THEIR SCIENCE AND MATH SKILLS WHILE LEARNING TO WORK IN SMALL COOPERATIVE GROUPS IN SOLVING EVERYDAY PROBLEMS. COMBINED THESE TWO PROGRAMS POSITIVELY TOUCHED THE LIVES OF 201 STUDENTS IN 2015.

COMMUNITY LITERACY INITIATIVE: BESIDES THE Y-READ AND BEGINNING BABIES WITH BOOKS, A THIRD ASPECT OF THE YMCA COMMUNITY LITERACY INITIATIVE IS OUR LITERACY COUNCIL PROJECT THAT OFFERS FREE ONE-ON-ONE AND SMALL GROUP BASIC LITERACY AND ENGLISH LANGUAGE TUTORING TO HELP ADULTS REACH THEIR POTENTIAL. THIS YEAR WE SERVED 111 ADULT STUDENTS.

YMCA LEADERSHIP DEVELOPMENT: THIS YEAR, YMCA YOUTH AND TEEN PROGRAMS SERVED A TOTAL OF 686 PARTICIPANTS THROUGH YMCA YOUTH IN GOVERNMENT AND TEEN LEADERS PROGRAMS. OUR SUPERVISED ACTIVITIES HELP FURTHER DEVELOP THE CONCEPTS OF SELF-ESTEEM, POSITIVE VALUES, GOOD CITIZENSHIP, A STRONG WORK ETHIC AND COMMUNITY SERVICE BY WORKING WITH THEIR PEERS IN A VARIETY OF LEADERSHIP ROLES.

YMCA FAMILY PROGRAMS: THESE PROGRAMS HELP PEOPLE GROW AS RESPONSIBLE MEMBERS OF THE FAMILY UNIT. THEY PROVIDE ACTIVITIES THAT FOSTER

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UNDERSTANDING AND COMPANIONSHIP. LAST YEAR, SOME 4,577 PERSONS PARTICIPATED IN THE YMCA FAMILY NIGHTS AND FAMILY HUBS.

YMCA COMMUNITY OUTREACH PROGRAMS: YMCA YOUTH OUTREACH PROGRAMS ARE PROVIDED AT SITES THROUGHOUT THE GREATER ST. LOUIS AREA, MAKING Y PROGRAMS EVEN MORE ACCESSIBLE BY PLACING THEM IN THE NEIGHBORHOODS THEY SERVE. OUTREACH PROGRAMS PROVIDES POSITIVE ALTERNATIVES FOR AT-RISK YOUTH, INCLUDING AFTER SCHOOL RECREATIONAL ACTIVITIES PROVIDED AT SCHOOLS, YMCA FACILITIES, AND HOUSING DEVELOPMENTS.

YMCA OLDER ADULT PROGRAMS: OLDER ADULT PROGRAMS HELP SENIORS MAINTAIN INDEPENDENCE THROUGH INCREASED HEALTH AND SOCIALIZATION. LAST YEAR, 7,996 OLDER ADULTS WERE SERVED THROUGH CHAIR AEROBICS, ARTHRITIC EXERCISE, WALKING CLINICS, DANCE, AND SOCIAL CLUBS.

GREATER NEEDS PROGRAMS: THESE PROGRAMS SERVE OUR YOUTHS IN URBAN COMMUNITIES AND INCLUDE CLIMBING ABOVE CONFLICT, A CONFLICT-RESOLUTION SKILLS PROGRAM FOR URBAN YOUTHS THAT SERVES 3RD AND 4TH GRADERS EACH YEAR AND HAD 400 ENROLLEES. OTHER PROGRAMS INCLUDE A LEARNING RESOURCE CENTER THAT PROVIDES COMPUTER TRAINING AND DANCE ACTIVITIES.

PRESCHOOL CHILD CARE: THE YMCA PROVIDES PRESCHOOL CHILD CARE IN FULL AND HALF DAY SESSIONS. THE CURRICULUM HELPS PREPARE CHILDREN FOR THEIR EVENTUAL INTRODUCTION INTO KINDERGARTEN BY DEVELOPING THE CHILDREN'S SOCIAL AND PHYSICAL WELL-BEING. PARENTS ARE ENCOURAGED TO PARTICIPATE IN FAMILY ACTIVITIES AND TO SERVE ON ASSORTED COMMITTEES SUPPORTING OUR PRESCHOOL PROGRAM. LAST YEAR, 523 CHILDREN WERE ENROLLED AND FINANCIAL AID WAS PROVIDED TO THOSE IN NEED.

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INCLUSION SERVICES: THE GATEWAY REGION YMCA WELCOMES ALL CHILDREN REGARDLESS OF ANY PHYSICAL OR LEARNING CHALLENGES. CHILDREN WITH DISABILITIES ARE ENCOURAGED TO TAKE PART IN THE YOUTH SERVICES OFFERED BY THE YMCA, WHICH INCLUDE SUMMER CAMPS, INTEGRATED FITNESS PROGRAMS, AND SPORTING ACTIVITIES. AT THE YMCA EACH CHILD'S SAFETY, PHYSICAL WELL BEING AND LEARNING SUCCESSES ARE IMPORTANT CONSIDERATIONS FOR A POSITIVE EXPERIENCE AND ARE FACTORS WHEN WE MODIFY OUR ONGOING PROGRAMS. THE YMCA CHILD CARE AND BEFORE-AND-AFTER SCHOOL PROGRAMS ARE ALSO INCLUSIVE IN NATURE AND TAILORED TO MEET THE NEEDS OF THE CHILD. THE YMCA ALSO PROVIDES HABILITATION SERVICES FOR ADULTS WITH DEVELOPMENTAL DISABILITIES. WE ARE LICENSED FOR 27 ADULTS WHO IN MOST SITUATIONS NEED A HIGH LEVEL OF SUPERVISION DURING THE DAY. OVERALL, DURING THIS FISCAL YEAR 2,494 PEOPLE WITH DISABILITIES RECEIVED DIRECT SUPPORT WHILE 6,668 RECEIVED INDIRECT SERVICES AT THE YMCA AS PART OF OUR INCLUSION SERVICES INITIATIVE.

INTERNATIONAL UNDERSTANDING PROGRAMS (WORLD SERVICE): THE YMCA IS A WORLDWIDE MOVEMENT WITH A GOAL OF PROMOTING GLOBAL UNDERSTANDING. BY PROMOTING UNDERSTANDING THROUGH EDUCATION, OVERSEAS OPPORTUNITIES AND LEADERSHIP TRAINING. THE GATEWAY REGION YMCA IS ONE OF THE LEADING YMCAS IN THE USA IN ITS INTERNATIONAL UNDERTAKING. CONTRIBUTIONS GIVEN TO OUR INTERNATIONAL PARTNERS ARE USED TO FUND THEIR PROGRAMS CENTERED ON YOUTHS, FAMILIES, AT RISK CHILDREN, AND EDUCATIONAL OR TRAINING ACTIVITIES.

EXPENSES \$ 10,163,940. INCL GRANTS OF \$ 846,399. REVENUE \$ 4,513,957.

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

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THE FINAL PRESENTATION OF THE ASSOCIATION'S ANNUAL 990 TAX RETURN IS THE RESULT OF COLLABORATION AMONG MANAGEMENT, OUR INDEPENDENT PUBLIC ACCOUNTING FIRM AND MEMBERS ON THE ASSOCIATION'S AUDIT COMMITTEE. THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE FINAL REVIEW OF THE RETURN. UPON THEIR FINAL APPROVAL, THE RETURN IS DISTRIBUTED VIA EMAIL TO THE MEMBERS OF THE BOARD OF DIRECTORS IN ADVANCE OF FILING THE RETURN ELECTRONICALLY. ONCE FILED, THE RETURN IS MADE AVAILABLE TO THE PUBLIC ON THE ASSOCIATION'S PUBLIC WEBSITE.

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

THE GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION HAS A CONFLICT OF INTEREST POLICY TO ENSURE THAT BOARD MEMBERS, OFFICERS AND EMPLOYEES MAINTAIN THE HIGHEST LEVEL OF ETHICAL STANDARDS WHEN CONDUCTING ASSOCIATION AFFAIRS. THE GATEWAY REGION YMCA PROMOTES A CULTURE OF AWARENESS AS TO BUSINESS DEALINGS WHICH MAY BE CONSIDERED A CONFLICT OF INTEREST OR CONTRARY TO APPLICABLE STATE, LOCAL OR FEDERAL LAWS. THIS CULTURE PERMEATES ALL LEVELS OF THE ORGANIZATION FROM BOARD MEMBERS TO OFFICERS AND EMPLOYEES. THE EMPLOYEE MANUAL, WHICH IS SIGNED BY ALL EMPLOYEES, INCLUDES A DISCUSSION OF THE ASSOCIATION'S CONFLICT OF INTEREST POLICY AND OUTLINES PROCEDURES FOR REPORTING POTENTIAL CONFLICTS OF INTEREST. ANNUALLY, BOARD MEMBERS, OFFICERS AND EXECUTIVE MANAGEMENT ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE, WHICH IS SUBMITTED TO AND REVIEWED BY THE PRESIDENT, THE CHIEF OPERATING OFFICER AND THE SENIOR VICE PRESIDENT OF FINANCE. ANY MATERIAL CONFLICTS OF INTEREST ARE DISCUSSED WITH THE AUDIT COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. IN THE EVENT OF A MATERIAL CONFLICT OF INTEREST, RESTRICTIONS MAY BE PLACED ON PERSONS TO PROHIBIT THEM FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS ON CERTAIN TRANSACTIONS. FOR EXAMPLE, IN 2008 A

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BOARD MEMBER WAS REASSIGNED FROM ONE COMMITTEE TO ANOTHER TO ELIMINATE A POTENTIAL CONFLICT RELATED TO DECISIONS BEING MADE BY THAT COMMITTEE. IN ADDITION, THERE ARE INSTANCES WHERE SIGNIFICANT BUSINESS TRANSACTIONS WITH A BOARD MEMBER OR A BOARD MEMBER'S COMPANY ARE REVIEWED AND APPROVED BY MEMBERS OF A COMMITTEE OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS TO DETERMINE A SENIOR EXECUTIVE'S PAY ORIGINATES WITH THE EXECUTIVE COMPENSATION COMMITTEE. CHALLENGING AND MEASURABLE PERFORMANCE GOALS ARE SET FOR SENIOR EXECUTIVES AT THE BEGINNING OF EACH YEAR. FORMAL YEAR-END REVIEWS ARE THEN CONDUCTED AND THE DEGREE OF PERFORMANCE AGAINST THESE GOALS IS CONSIDERED WHEN DETERMINING COMPENSATION INCREASES. RECOMMENDATIONS OF PAY INCREASES BY THE EXECUTIVE COMPENSATION COMMITTEE MUST BE APPROVED IN ADVANCE BY THE EXECUTIVE COMMITTEE PRIOR THE RECOMMENDATION TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. THE EXECUTIVE COMPENSATION COMMITTEE IS MADE UP OF THE CURRENT BOARD CHAIRMAN, THE PAST CHAIRMAN AND THE CHAIR-ELECT OF THE GOVERNING BOARD OF DIRECTORS. THE EXECUTIVE COMPENSATION COMMITTEE ANNUALLY REVIEWS COMPENSATION DATA OF OTHER YMCAS OF COMPARABLE SIZE. THIS DATA IS COMPILED BY SULLIVAN COTTER AND ASSOCIATES, INC. THE LAST YEAR DATA WAS COLLECTED FROM SULLIVAN AND COTTER WAS 2014. PERIODICALLY IN PRIOR YEARS, AND USING DATA FROM COMPENSATION MATTERS, A SECOND PROVIDER, THE EXECUTIVE COMMITTEE WOULD REVIEW COMPENSATION LEVELS AND PRACTICES OF OTHER ST. LOUIS-BASED CHARITIES

FORM 990, PART VI, SECTION C, LINE 19:

THE ANNUAL 990 TAX FILING IS AVAILABLE FOR PUBLIC VIEWING ON THE ASSOCIATION'S PUBLIC WEBSITE, GWRYMCA.ORG. PAPER COPIES ARE ALSO AVAILABLE UPON REQUEST. A SUMMARIZED VERSION OF OUR ANNUAL AUDITED FINANCIAL

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STATEMENTS IS ALSO AVAILABLE ON THE SAME WEBSITE.

OUR CONFLICT OF INTEREST POLICY IS CONTAINED IN OUR EMPLOYEE HANDBOOK,
WHICH ALL NEW EMPLOYEES RECEIVE. A COPY OF THE SAME POLICY IS DISTRIBUTED
TO ALL NEW MEMBERS OF THE BOARD OF DIRECTORS WHEN THEY BEGIN THEIR NEW
DUTIES. ON AN ANNUAL BASIS THE BOARD OF DIRECTORS AND ALL SENIOR MANAGEMENT
PERSONNEL ARE REQUIRED TO COMPLETE A NEW CONFLICT OF INTEREST STATEMENT
ONLINE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED LOSS ON INTEREST RATE SWAP	95,304.
POSTRETIREMENT PLAN CHANGE OTHER THAN NET PERIODIC COSTS	27,119.
UNREALIZED CHANGE IN TRUST INTERESTS	-74,697.
UNCOLLECTIBLE PLEDGES	-61,000.
FINANCIAL STATEMENT ROUNDING DIFFERENCE	-493.
TOTAL TO FORM 990, PART XI, LINE 9	-13,767.

Form **990-W****Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)

Department of the Treasury
Internal Revenue Service(and on Investment Income for Private Foundations) FORM 990-T
(Keep for your records. Do not send to the Internal Revenue Service.)**2016**

1	Unrelated business taxable income expected in the tax year	1	28,500.
2	Tax on the amount on line 1. See instructions for tax computation	2	4,275.
3	Alternative minimum tax (see instructions)	3	
4	Total. Add lines 2 and 3	4	4,275.
5	Estimated tax credits (see instructions)	5	
6	Subtract line 5 from line 4	6	4,275.
7	Other taxes (see instructions)	7	
8	Total. Add lines 6 and 7	8	4,275.
9	Credit for federal tax paid on fuels (see instructions)	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	4,275.
b	Enter the tax shown on the 2015 return (see instructions). Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	4,208.
c	2016 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	4,275.

	(a)	(b)	(c)	(d)
11 Installment due dates (see instructions)	11 05/13/16	06/15/16	09/15/16	12/15/16
12 Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	12 1,070.	1,070.	1,070.	1,070.
13 2015 Overpayment (see instructions)	13 0.	0.	1,465.	0.
14 Payment due (Subtract line 13 from line 12)	14 1,335.	1,430.	45.	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2016)

ESTIMATED TAX	4,275.
OVERPAYMENT APPLIED	1,465.
AMOUNT DUE	2,810.

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0687

2015

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

For calendar year 2015 or other tax year beginning _____, and ending _____

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Name of organization (<input checked="" type="checkbox"/> Check box if name changed and see instructions.) GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION Number, street, and room or suite no. If a P.O. box, see instructions. 326 S. 21ST, NO. 4TH FL City or town, state or province, country, and ZIP or foreign postal code ST. LOUIS, MO 63103	D Employer identification number (Employees' trust, see instructions.) 43-0653616
		E Unrelated business activity codes (See instructions.) 532000
		C Book value of all assets at end of year 111784137.
F Group exemption number (See instructions.) ▶ _____ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity. ▶ **CELL TOWER RENTAL INCOME****I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation. ▶ _____

J The books are in care of ▶ **DAVID RUTSCH** Telephone number ▶ **314-436-1177**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances		c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)			2		
3	Gross profit. Subtract line 2 from line 1c			3		
4a	Capital gain net income (attach Schedule D)			4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b		
c	Capital loss deduction for trusts			4c		
5	Income (loss) from partnerships and S corporations (attach statement)			5		
6	Rent income (Schedule C)			6	31,837.	31,837.
7	Unrelated debt-financed income (Schedule E)			7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F) ...			8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9		
10	Exploited exempt activity income (Schedule I)			10		
11	Advertising income (Schedule J)			11		
12	Other income (See instructions; attach schedule)			12		
13	Total. Combine lines 3 through 12			13	31,837.	31,837.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule)		18	
19	Taxes and licenses		19	2,784.
20	Charitable contributions (See instructions for limitation rules)		20	
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule)		28	
29	Total deductions. Add lines 14 through 28		29	2,784.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	29,053.
31	Net operating loss deduction (limited to the amount on line 30)		31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	29,053.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	28,053.

**GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION**

43-0653616

Page 2

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34

35c 4,208.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041)

36

37 Proxy tax. See instructions

37

38 Alternative minimum tax

38

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

39 4,208.

Part IV Tax and Payments**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

40a

b Other credits (see instructions)

40b

c General business credit. Attach Form 3800

40c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

40d

e Total credits. Add lines 40a through 40d

40e

41 Subtract line 40e from line 39

41

4,208.

42 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

42

43 Total tax. Add lines 41 and 42

43

4,208.

44a Payments: A 2014 overpayment credited to 2015

44a

135.

b 2015 estimated tax payments

44b

5,240.

c Tax deposited with Form 8868

44c

300.

d Foreign organizations: Tax paid or withheld at source (see instructions)

44d

e Backup withholding (see instructions)

44e

f Credit for small employer health insurance premiums (Attach Form 8941)

44f

g Other credits and payments:☐ Form 2439☐ Form 4136 ☐ Other

Total

44g

45 Total payments. Add lines 44a through 44g

45

5,675.

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐

46

2.

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed

47

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid

48

1,465.

49 Enter the amount of line 48 you want: Credited to 2016 estimated tax

1,465.

Refunded

49

0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)**1** At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial

Yes

No

Accounts. If YES, enter the name of the foreign country here

X

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

X

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation N/A**1** Inventory at beginning of year

1

2 Purchases

2

3 Cost of labor

3

4a Additional section 263A costs (att. schedule)

4a

b Other costs (attach schedule)

4b

5 Total. Add lines 1 through 4b

5

6 Inventory at end of year

6

7 Cost of goods sold. Subtract line 6

7

from line 5. Enter here and in Part I, line 2

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Yes

No

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

Sign Here**SR VP OF FINANCE****AND CFO**

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)?

☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

JAMES R. RITTS

P00362910

Firm's name RUBINBROWN LLP

Firm's EIN 43-0765316

ONE NORTH BRENTWOOD

Firm's address SAINT LOUIS, MO 63105

Phone no. (314) 290-3300

GATEWAY REGION YOUNG MEN'S

Form 990-T (2015) CHRISTIAN ASSOCIATION

43-0653616

Page 3

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

- (1) CELL TOWER RENTAL INCOME - EMERSON BRANCH
 (2) CELL TOWER RENTAL INCOME - MONSANTO BRANCH
 (3) CELL TOWER RENTAL INCOME - OZARK BRANCH
 (4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	12,240.	
(2)	3,800.	
(3)	15,797.	
(4)		
Total 0.	Total 31,837.	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **31,837.**

(b) **Total deductions.**

Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals 0.			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8 0.			0.	

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals 0.			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, col. (A).		Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Enter here and on page 1, Part I, line 11, col. (A).		Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

[illegible]

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return.

FORM 990-T

2015

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.Name **GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION**Employer identification number
43-0653616

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)	1	4,208.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	4,208.
4	Enter the tax shown on the corporation's 2014 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	5,387.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	4,208.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☐ The corporation is using the annualized income installment method.
- 8 ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9 04/15/15	06/15/15	09/15/15	12/15/15
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column.	10 1,052.	1,052.	1,052.	1,052.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11 135.	2,765.	1,310.	1,165.
<i>Complete lines 12 through 18 of one column before going to the next column.</i>				
12 Enter amount, if any, from line 18 of the preceding column	12		796.	1,054.
13 Add lines 11 and 12	13	2,765.	2,106.	2,219.
14 Add amounts on lines 16 and 17 of the preceding column	14	917.		
15 Subtract line 14 from line 13. If zero or less, enter -0-	15 135.	1,848.	2,106.	2,219.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16	0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17 917.			
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	796.	1,054.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2015)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2015 and before 7/1/2015	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\%}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2015 and before 10/1/2015	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\%}{365}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2015 and before 1/1/2016	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{365}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2015 and before 4/1/2016	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{366}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2016 and before 7/1/2016	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times 3\%}{366}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2016 and before 10/01/2016	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times 3\%}{366}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2016 and before 1/1/2017	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times 3\%}{366}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2016 and before 2/16/2017	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times 3\%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38	\$		2.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION					Identifying Number 43-0653616
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/15	1,052.	1,052.			
04/15/15	<135.>	917.	24	.000082192	2.
05/09/15	<1,440.>	<523.>			
06/15/15	1,052.	529.			
06/15/15	<1,325.>	<796.>			
09/15/15	1,052.	256.			
09/15/15	<1,310.>	<1,054.>			
12/15/15	1,052.	<2.>			
12/15/15	<1,165.>	<1,167.>			
12/31/15	0.	<1,167.>	91	.000081967	
03/31/16	0.	<1,167.>	45	.000109290	

Penalty Due (Sum of Column F).	2.
--------------------------------------	-----------

* Date of estimated tax payment, withholding credit date or installment due date.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

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

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
File by the due date for filing your return. See instructions.	GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number (EIN) or 43-0653616
	Number, street, and room or suite no. If a P.O. box, see instructions. 326 S. 21ST, NO. 4TH FL	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. LOUIS, MO 63103	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DAVID RUTSCH

- The books are in the care of ► **326 S. 21ST, 4TH FL - ST. LOUIS, MO 63103**

Telephone No. ► **314-436-1177** Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2016** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2015** or
► ☐ tax year beginning _____ , and ending _____ .

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Electronic Filing PDF Attachment

STATE OF MISSOURI



Jason Kander
Secretary of State

CERTIFICATE OF MERGER MISSOURI ENTITY SURVIVING

WHEREAS, Articles of Merger of the following entities:

*Young Men's Christian Association of Southwest Illinois – An Illinois not qualified
INTO:*

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ST. LOUIS -- N01352592

organized and existing under the laws of Missouri have been received, found to conform to law, and filed.

NOW, THEREFORE, I, JASON KANDER, Secretary of State of the State of Missouri, issue this Certificate of Merger, certifying that the merger of the aforementioned entities is effected, with

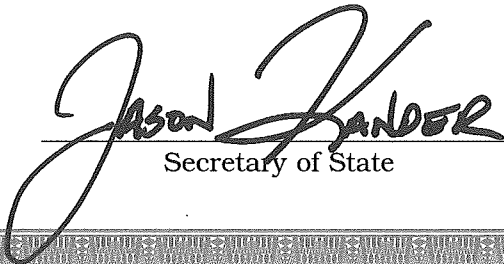
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ST. LOUIS -- N01352592
as the surviving entity.

The name subsequently changed to:

Gateway Region Young Men's Christian Association

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 21st day of December, 2015.

Effective Date: January 01, 2016


Secretary of State

