

Form **990**  
(Rev. January 2020)  
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)

OMB No. 1545-0047

# 2019

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

<b>A</b> For the <b>2019</b> calendar year, or tax year beginning and ending																												
<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION</b></td> <td><b>D</b> Employer identification number <b>43-0653616</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td><b>E</b> Telephone number <b>314-436-1177</b></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td><b>G</b> Gross receipts \$ <b>114,562,346.</b></td> </tr> <tr> <td><b>2815 SCOTT AVENUE</b></td> <td><b>D</b></td> <td><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>SAINT LOUIS, MO 63103</b></td> <td><b>H(b)</b> Are all subordinates included? Yes No</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>TIMOTHY HELM</b> <b>SAME AS C ABOVE</b></td> <td>If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527</td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <b>GWRYMCA.ORG</b></td> <td></td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶</td> <td><b>L</b> Year of formation: <b>1853</b> <b>M</b> State of legal domicile: <b>MO</b></td> </tr> </table>	<b>C</b> Name of organization <b>GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION</b>		<b>D</b> Employer identification number <b>43-0653616</b>	Doing business as		<b>E</b> Telephone number <b>314-436-1177</b>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>114,562,346.</b>	<b>2815 SCOTT AVENUE</b>	<b>D</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	City or town, state or province, country, and ZIP or foreign postal code <b>SAINT LOUIS, MO 63103</b>		<b>H(b)</b> Are all subordinates included? Yes No	<b>F</b> Name and address of principal officer: <b>TIMOTHY HELM</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. (see instructions)	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527		<b>H(c)</b> Group exemption number ▶	<b>J</b> Website: ▶ <b>GWRYMCA.ORG</b>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L</b> Year of formation: <b>1853</b> <b>M</b> State of legal domicile: <b>MO</b>
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<b>Part I Summary</b>	
	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O.</u>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>34</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>34</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) ..... <b>5</b> <b>5605</b>
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>4943</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>79,864.</b>
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39 ..... <b>7b</b> <b>78,864.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>10,576,186.</b> <b>Prior Year</b> <b>9,551,593.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>65,730,993.</b> <b>66,384,210.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>1,414,437.</b> <b>4,137,692.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>396,052.</b> <b>600,147.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>78,117,668.</b> <b>80,673,642.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>4,905,572.</b> <b>3,158,519.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>43,393,017.</b> <b>45,371,996.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>134,440.</b> <b>136,812.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,939,356.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>27,191,544.</b> <b>26,135,587.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>75,624,573.</b> <b>74,802,914.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>2,493,095.</b> <b>5,870,728.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>139,416,542.</b> <b>Beginning of Current Year</b> <b>146,534,722.</b> <b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) ..... <b>16,070,082.</b> <b>17,404,407.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>123,346,460.</b> <b>129,130,315.</b>

<b>Part II Signature Block</b>																
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.																
<b>Sign Here</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>▶ Signature of officer</td> <td>Date</td> </tr> <tr> <td>▶ <b>JUDITH M. ABRAMS, SR. VP OF FINANCE AND CFO</b></td> <td></td> </tr> <tr> <td>Type or print name and title</td> <td></td> </tr> </table>	▶ Signature of officer	Date	▶ <b>JUDITH M. ABRAMS, SR. VP OF FINANCE AND CFO</b>		Type or print name and title										
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<b>Paid Preparer Use Only</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Print/Type preparer's name <b>JAMES R. RITTS</b></td> <td>Preparer's signature</td> <td>Date</td> <td>Check if self-employed</td> <td>PTIN <b>P00362910</b></td> </tr> <tr> <td>Firm's name ▶ <b>RUBINBROWN LLP</b></td> <td colspan="2">Firm's EIN ▶ <b>43-0765316</b></td> <td colspan="2"></td> </tr> <tr> <td>Firm's address ▶ <b>ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105</b></td> <td colspan="4">Phone no. (314) 290-3300</td> </tr> </table>	Print/Type preparer's name <b>JAMES R. RITTS</b>	Preparer's signature	Date	Check if self-employed	PTIN <b>P00362910</b>	Firm's name ▶ <b>RUBINBROWN LLP</b>	Firm's EIN ▶ <b>43-0765316</b>				Firm's address ▶ <b>ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105</b>	Phone no. (314) 290-3300			
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May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

GATEWAY REGION YOUNG MEN'S  
CHRISTIAN ASSOCIATION

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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

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 \$ 30,966,970. including grants of \$ 2,350,786.) (Revenue \$ 45,568,993.)  
**SEE SCHEDULE O**

4b (Code: \_\_\_\_\_) (Expenses \$ 14,767,132. including grants of \$ 218,435.) (Revenue \$ 9,934,214.)  
**SEE SCHEDULE O**

4c (Code: \_\_\_\_\_) (Expenses \$ 8,675,881. including grants of \$ 272,182.) (Revenue \$ 7,965,863.)  
**SEE SCHEDULE O**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ 11,788,149. including grants of \$ 317,116.) (Revenue \$ 3,598,942.)

4e Total program service expenses **66,198,132.**

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**GATEWAY REGION YOUNG MEN'S  
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....		<b>X</b>
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....	<b>X</b>	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</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> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....	<b>X</b>	
<b>15</b> 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> .....	<b>X</b>	
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....	<b>X</b>	
<b>18</b> 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> .....	<b>X</b>	
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....		<b>X</b>

**GATEWAY REGION YOUNG MEN'S  
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**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b> X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b> X	
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b> X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	45
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

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

		Yes	No
<b>2a</b>	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		
	2a	5605	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
<b>4a</b>	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>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b>	34		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	34		
<b>2</b> 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?	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> 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?	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>			<b>X</b>

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

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		<b>X</b>	
<b>b</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?	<b>10b</b>		<b>X</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		<b>X</b>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>		<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		<b>X</b>	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>15b</b>		<b>X</b>	
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>			<b>X</b>
<b>b</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?	<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 **▶**  
**JOSEPH H. SANNING - 314-436-1177**  
**2815 SCOTT AVENUE, SUITE D, 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per 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) BRADFORD KOENEMAN CHAIR	1.00	X		X				0.	0.	0.
(2) MELISSA LACKEY VICE CHAIR	1.00	X		X				0.	0.	0.
(3) RICHARD J. NICOLETTI TREASURER	1.00	X		X				0.	0.	0.
(4) JON ROSENSTENGEL SECRETARY	1.00	X		X				0.	0.	0.
(5) CATHY BAUGHMAN DIRECTOR	1.00	X						0.	0.	0.
(6) WILLIAM GAVIN DIRECTOR	1.00	X						0.	0.	0.
(7) VINCE BENNETT DIRECTOR	1.00	X						0.	0.	0.
(8) TIM CARPENTER DIRECTOR	1.00	X						0.	0.	0.
(9) NASHAD CARRINGTON DIRECTOR	1.00	X						0.	0.	0.
(10) GREG DART DIRECTOR	1.00	X						0.	0.	0.
(11) MICHAEL GIBBONS DIRECTOR	1.00	X						0.	0.	0.
(12) STEVE HANLEY DIRECTOR	1.00	X						0.	0.	0.
(13) MELISSA HARPER DIRECTOR	1.00	X						0.	0.	0.
(14) DAN HEGGER DIRECTOR	1.00	X						0.	0.	0.
(15) DANIEL JACKSON DIRECTOR	1.00	X						0.	0.	0.
(16) NEVADA (AL) A. KENT, IV DIRECTOR	1.00	X						0.	0.	0.
(17) DAVID LAYTON DIRECTOR	1.00	X						0.	0.	0.

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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) MARK D. LEEKER DIRECTOR	1.00	X					0.	0.	0.	
(19) MARILYN LUNNEMANN DIRECTOR	1.00	X					0.	0.	0.	
(20) ROSETTA OKOHSON-REB DIRECTOR	1.00	X					0.	0.	0.	
(21) FRED PERREAND DIRECTOR	1.00	X					0.	0.	0.	
(22) EMILY PITTS DIRECTOR	1.00	X					0.	0.	0.	
(23) SUSAN RATZ DIRECTOR	1.00	X					0.	0.	0.	
(24) JON N. REED DIRECTOR	1.00	X					0.	0.	0.	
(25) KURT M. SCHWAGER DIRECTOR	1.00	X					0.	0.	0.	
(26) AMY SMITH DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Subtotal</b> .....							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							1,750,962.	0.	291,972.	
<b>d Total (add lines 1b and 1c)</b> .....							1,750,962.	0.	291,972.	

**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 **15**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	3	X
<b>4</b> 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> .....	4	X
<b>5</b> 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> .....	5	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
FOOD SERVICE CONSULTANTS 8534 WATSON RD, ST. LOUIS, MO 63119	OZARKS FOOD SERVICE	684,685.
HESSE MARTONE PC, 13354 MANCHESTER RD STE 100, ST. LOUIS, MO 63131	LEGAL SERVICES	409,102.
ROCK HILL MECHANICAL CORPORATION 524 CLARK AVE, ST. LOUIS, MO 63122	BUILDING SERVICES	392,049.
KRONOS SAASHR, INC., 3040 ROUTE 22 WEST, STE 200, BRANCBURG, NJ 08876	PAYROLL SERVICES	364,760.
MIDWEST POOL AND COURT CO 7841 MANCHESTER RD, ST LOUIS, MO 63143	MAINTENANCE SERVICES	355,673.

**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 **29**

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	1,672,135.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	540,289.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,776,616.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	5,562,553.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 149,138.				
	<b>h Total.</b> Add lines 1a-1f			9,551,593.			
<b>Program Service Revenue</b>	<b>2 a</b> HEALTH ENHANCEMENTS	<b>Business Code</b>					
		713940	44,885,191.	44,885,191.			
	<b>b</b> CAMPING	900099	9,934,214.	9,934,214.			
	<b>c</b> SCHOOL AGE CHILD CARE	624410	7,965,863.	7,965,863.			
	<b>d</b> DAY CARE	624310	3,030,359.	3,030,359.			
	<b>e</b> SOCIAL DEVELOPMENT	900099	547,200.	547,200.			
	<b>f</b> All other program service revenue .....	900099	21,383.	21,383.			
<b>g Total.</b> Add lines 2a-2f			66,384,210.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			656,877.		656,877.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
				44,328.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		44,328.			
	<b>d</b> Net rental income or (loss)			44,328.		44,328.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				36,600,961.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		33,120,146.			
<b>c</b> Gain or (loss) .....	<b>7c</b>		3,480,815.				
<b>d</b> Net gain or (loss)			3,480,815.		3,480,815.		
<b>8 a</b> Gross income from fundraising events (not including \$ 540,289. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		447,986.				
		<b>b</b> Less: direct expenses .....	<b>8b</b>		611,505.		
		<b>c</b> Net income or (loss) from fundraising events			-163,519.		-163,519.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>b</b> Less: direct expenses .....	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		318,504.				
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>		157,053.		
		<b>c</b> Net income or (loss) from sales of inventory			161,451.	161,451.	
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS INCOME	<b>Business Code</b>					
		900099	443,601.	443,601.			
	<b>b</b> FEES FROM Y-USA	900099	78,750.	78,750.			
	<b>c</b> TIMBER SALES	110000	35,536.		35,536.		
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d			557,887.				
<b>12 Total revenue.</b> See instructions			80,673,642.	67,068,012.	79,864.	3,974,173.	

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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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	3,055,769.	3,055,769.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	102,750.	102,750.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,262,220.	102,330.	797,032.	362,858.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	35,760,260.	32,593,971.	2,263,926.	902,363.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,029,344.	1,863,027.	142,304.	24,013.
<b>9</b> Other employee benefits .....	2,596,294.	2,076,562.	371,342.	148,390.
<b>10</b> Payroll taxes .....	3,723,878.	3,407,518.	233,499.	82,861.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	1,509,867.	1,001,795.	508,072.	
<b>b</b> Legal .....	291,401.	105,094.	186,307.	
<b>c</b> Accounting .....	69,155.	8,000.	61,155.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	136,812.			136,812.
<b>f</b> Investment management fees .....	15,705.		15,705.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,864,044.	1,836,522.	26,809.	713.
<b>12</b> Advertising and promotion .....	982,033.	387,939.	510,918.	83,176.
<b>13</b> Office expenses .....	440,833.	281,156.	150,483.	9,194.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	6,036,012.	5,773,780.	262,232.	
<b>17</b> Travel .....	684,275.	601,950.	77,431.	4,894.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	844,412.	454,691.	228,195.	161,526.
<b>20</b> Interest .....	643,473.	643,473.		
<b>21</b> Payments to affiliates .....	449,454.		449,454.	
<b>22</b> Depreciation, depletion, and amortization .....	4,878,795.	4,878,795.		
<b>23</b> Insurance .....	971,625.	971,625.		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>PROGRAM SUPPLIES</b>	4,620,384.	4,521,383.	95,839.	3,162.
<b>b</b> <b>MISCELLANEOUS EXPENSES</b>	1,479,707.	1,249,252.	220,539.	9,916.
<b>c</b> <b>EQUIPMENT</b>	262,627.	237,171.	23,084.	2,372.
<b>d</b> <b>SUBSCRIPTIONS AND DUES</b>	91,785.	43,579.	41,100.	7,106.
<b>e</b> All other expenses .....				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	74,802,914.	66,198,132.	6,665,426.	1,939,356.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

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**Part X Balance Sheet**

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

		<b>(A)</b>			<b>(B)</b>	
		Beginning of year			End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,971,960.	<b>1</b>		3,089,769.	
	<b>2</b> Savings and temporary cash investments .....	7,227,768.	<b>2</b>		10,033,717.	
	<b>3</b> Pledges and grants receivable, net .....	4,364,880.	<b>3</b>		4,512,925.	
	<b>4</b> Accounts receivable, net .....	1,240,310.	<b>4</b>		917,856.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....			<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....			<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>		
	<b>8</b> Inventories for sale or use .....	207,472.	<b>8</b>		160,220.	
	<b>9</b> Prepaid expenses and deferred charges .....	463,016.	<b>9</b>		758,327.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	179,252,850.	<b>10a</b>			
	<b>b</b> Less: accumulated depreciation .....	82,693,285.	<b>10b</b>			
	<b>11</b> Investments - publicly traded securities .....	96,692,824.	<b>10c</b>		96,559,565.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	6,235,654.	<b>11</b>		23,698,772.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	14,738,644.	<b>12</b>		477,311.	
	<b>14</b> Intangible assets .....	5,717,759.	<b>13</b>		5,717,759.	
	<b>15</b> Other assets. See Part IV, line 11 .....	556,255.	<b>14</b>			
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	139,416,542.	<b>15</b>		608,501.		
		<b>16</b>		146,534,722.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,507,678.	<b>17</b>		2,442,681.	
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....	1,279,878.	<b>19</b>		1,822,115.	
	<b>20</b> Tax-exempt bond liabilities .....	7,600,000.	<b>20</b>		7,289,000.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	238,908.	<b>21</b>		413,011.	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....			<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....			<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	1,033,228.	<b>24</b>		708,442.	
	<b>25</b> 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 .....	3,410,390.	<b>25</b>		4,729,158.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	16,070,082.	<b>26</b>		17,404,407.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b> Net assets without donor restrictions .....	99,552,139.	<b>27</b>		100,607,164.	
	<b>28</b> Net assets with donor restrictions .....	23,794,321.	<b>28</b>		28,523,151.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>					
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>			
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>			
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>			
	<b>32</b> Total net assets or fund balances .....	123,346,460.	<b>32</b>		129,130,315.	
<b>33</b> Total liabilities and net assets/fund balances .....	139,416,542.	<b>33</b>		146,534,722.		

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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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	80,673,642.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	74,802,914.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,870,728.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	123,346,460.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	171,331.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-258,204.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	129,130,315.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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		<b>X</b>
<b>b</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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<b>X</b>
<b>b</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 on Schedule O and describe any steps taken to undergo such audits _____		

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GATEWAY REGION YOUNG MEN'S

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7973115.	37359331.	8296567.	10576186.	9551593.	73756792.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	7973115.	37359331.	8296567.	10576186.	9551593.	73756792.
<b>5</b> 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) .....						861,480.
<b>6 Public support.</b> Subtract line 5 from line 4.						72895312.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	7973115.	37359331.	8296567.	10576186.	9551593.	73756792.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	637,607.	495,017.	586,230.	673,454.	656,877.	3049185.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	29,053.	33,636.	30,412.	96,711.	79,864.	269,676.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	900,080.	1016503.	735,709.	987,984.	1210091.	4850367.
<b>11 Total support.</b> Add lines 7 through 10						81926020.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	307,483,978.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	88.98 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	87.84 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2019. 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 - 2018. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

GATEWAY REGION YOUNG MEN'S

Schedule A (Form 990 or 990-EZ) 2019

CHRISTIAN ASSOCIATION

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

GATEWAY REGION YOUNG MEN'S

Schedule A (Form 990 or 990-EZ) 2019

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

2015 AMOUNT: \$ 190,607.

2016 AMOUNT: \$ 204,264.

2018 AMOUNT: \$ 199,403.

2019 AMOUNT: \$ 443,601.

CAPITAL LEASE CONCESSION

2015 AMOUNT: \$ 13,236.

SALES OF INVENTORY

2015 AMOUNT: \$ 306,702.

2016 AMOUNT: \$ 352,759.

2017 AMOUNT: \$ 333,571.

2018 AMOUNT: \$ 307,602.

2019 AMOUNT: \$ 318,504.

FUNDRAISING EVENTS

2015 AMOUNT: \$ 389,535.

2016 AMOUNT: \$ 459,480.

2017 AMOUNT: \$ 402,138.

2018 AMOUNT: \$ 480,979.

2019 AMOUNT: \$ 447,986.

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

OMB No. 1545-0047

**2019**

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 foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION</b>	Employer identification number <b>43-0653616</b>
---------------------------------------------------------------------------------	-----------------------------------------------------

**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>	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>1,622,135.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>981,998.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>395,998.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization <b>GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION</b>	Employer identification number <b>43-0653616</b>
-------------------------------------------------------------------------------------	-----------------------------------------------------

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____



Name of organization <b>GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION</b>	Employer identification number <b>43-0653616</b>
-------------------------------------------------------------------------------------	-----------------------------------------------------

**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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.**

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

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

**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 (for example, 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 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019



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

Schedule D (Form 990) 2019

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (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) <b>RESERVE FOR WORKERS COMP.</b>	365,287.
(3) <b>RESERVE FOR RETIREE HEALTH INS.</b>	67,005.
(4) <b>COND. ASSET RETIREMENT OBLIG.</b>	585,700.
(5) <b>LIABILITIES TO GIFT ANNUITANTS</b>	562,217.
(6) <b>CAPITAL LEASES</b>	2,987,190.
(7) <b>MISCELLANEOUS LIABILITIES</b>	161,759.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,729,158.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2019

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	77,531,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	171,331.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-258,204.	
e	Add lines 2a through 2d	2e		-86,873.
3	Subtract line 2e from line 1	3		77,617,873.
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	3,055,769.	
c	Add lines 4a and 4b	4c		3,055,769.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		80,673,642.

**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	71,747,145.
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		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		71,747,145.
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	3,055,769.	
c	Add lines 4a and 4b	4c		3,055,769.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		74,802,914.

**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 ASSOCIATION 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:

UNREALIZED CHANGE IN TRUST INTERESTS	-70,114.
INTEREST RATE SWAP	-188,090.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-258,204.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL ASSISTANCE TO INDIVIDUALS INCLUDED IN FINANCIAL STATEMENT REVENUE	3,055,769.
--------------------------------------------------------------------------------	------------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL ASSISTANCE TO INDIVIDUALS INCLUDED IN FINANCIAL STATEMENT REVENUE	3,055,769.
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SCHEDULE D PARTS XI AND XII

GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION (YMCA) HAS A CONSOLIDATED  
AUDIT, THEREFORE COMPLETION OF SCHEDULE D PARTS XI AND XII IS OPTIONAL.  
IN THE INTEREST OF TRANSPARENCY THE YMCA HAS CHOSEN TO COMPLETE SCHEDULE D  
PARTS XI AND XII BASED ON YMCA'S ACTIVITY FOR THE YEAR.



GATEWAY REGION YOUNG MEN'S  
CHRISTIAN ASSOCIATION

**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SEE PART V	16,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SEE PART V	30,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA, BARBUDA, BAHAMAS	SEE PART V	21,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SEE PART V	5,750.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SEE PART V	20,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SEE PART V	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 ▶ \_\_\_\_\_





GATEWAY REGION YOUNG MEN'S  
CHRISTIAN ASSOCIATION

**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; don't 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; don't file with Form 990)* ..... Yes  No

**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. See instructions.

**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.



GATEWAY REGION YOUNG MEN'S

**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 (event type)	SALES/AUCTIO NS (event type)	30 (total number)		
Revenue	1	Gross receipts	479,197.	320,608.	188,470.	988,275.
	2	Less: Contributions	274,949.	174,875.	90,465.	540,289.
	3	Gross income (line 1 minus line 2)	204,248.	145,733.	98,005.	447,986.
Direct Expenses	4	Cash prizes	172.		200.	372.
	5	Noncash prizes	4,943.	126,766.	4,562.	136,271.
	6	Rent/facility costs	104,257.	25,050.	16,406.	145,713.
	7	Food and beverages	18,738.	13,271.	6,380.	38,389.
	8	Entertainment	66.	460.	5,677.	6,203.
	9	Other direct expenses	93,421.	105,834.	85,302.	284,557.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				611,505.
11	Net income summary. Subtract line 10 from line 3, column (d)				-163,519.	

**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	Yes _____ % No	Yes _____ % No	Yes _____ % 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) 2019 CHRISTIAN ASSOCIATION

- 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.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: DONOR BY DESIGN GROUP, LLC

(I) ADDRESS OF FUNDRAISER: 724 NORTH ELIZABETH AVENUE, FERGUSON, MO 63135



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> 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) (2019)**



GATEWAY REGION YOUNG MEN'S  
CHRISTIAN ASSOCIATION

**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 noncash assistance
SUBSIDIES FOR PROGRAM AND MEMBERSHIP	13954	0.	3,055,769.	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 \$3,055,769 WERE GRANTED DURING 2019.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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. First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input checked="" 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 (such as maid, chauffeur, chef) <input type="checkbox"/>		
<b>b</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 .....	<b>1b</b> X	
<b>2</b> 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 on line 1a? .....	<b>2</b> X	
<b>3</b> Indicate which, if any, of the following the 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		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b> X	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b> X	
<b>8</b> 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 .....	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2019

GATEWAY REGION YOUNG MEN'S  
CHRISTIAN ASSOCIATION

Schedule J (Form 990) 2019

43-0653616

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TIMOTHY HELM PRESIDENT & CEO	(i)	352,167.	33,800.	9,845.	33,600.	19,924.	449,336.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JARED BEARD EXECUTIVE VP & COO	(i)	182,590.	5,000.	9,378.	23,591.	9,020.	229,579.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JUDITH ABRAMS SR. VP & CFO	(i)	163,870.	0.	11,202.	0.	15,572.	190,644.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DEBORAH TALLO SR. VP & CHRO	(i)	154,636.	0.	10,138.	19,636.	9,208.	193,618.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WENDY CORNETT-MARQUITZ SR. VP & CHIEF FIN. DVPMT	(i)	154,636.	5,000.	9,467.	19,636.	10,304.	199,043.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KEELYN KRILL VP MEMBERSHIP & HEALTHY LIVING	(i)	131,344.	0.	4,783.	16,301.	13,669.	166,097.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GEORGE HAYWARD VP INFORMATION TECH	(i)	128,387.	0.	1,068.	15,407.	23,499.	168,361.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PATRICIA MEINHOLD DISTRICT VP	(i)	123,439.	0.	5,573.	15,469.	14,686.	159,167.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

## PART I, LINE 1A:

MELISSA DI FIORI IS THE EXECUTIVE DIRECTOR OF YMCA TROUT LODGE AND CAMP LAKEWOOD. THE EXECUTIVE DIRECTOR IS REQUIRED TO LIVE ON SITE AT THE PROPERTY DUE TO THE NATURE OF THE BUSINESS, AND IT IS A CONDITION OF EMPLOYMENT FOR THAT POSITION. THE FAIR MARKET VALUE OF THE HOUSING COSTS AND RELATED PAYROLL TAXES ARE INCLUDED IN HER TOTAL COMPENSATION.

## PART I, LINE 4B:

TIMOTHY HELM: \$10,827.42, SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN

## PART I, LINE 7:

THE ORGANIZATION MAY PAY DISCRETIONARY BONUSES TO OFFICERS AND KEY EMPLOYEES AS PART OF ITS COMPENSATION PROGRAM.

## 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

**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.

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 TO 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 2019. 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.

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

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

<b>Part I Bond Issues</b>											
(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
<b>A MISSOURI DEVELOPMENT FINANCE BOARD</b>	<b>43-1387649</b>	<b>NONE</b>	<b>03/01/11</b>	<b>9,500,000.</b>	<b>REFINANCE 1998 FACILITIES BOND</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>B</b>											
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>										
	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>			
<b>1</b> Amount of bonds retired .....	<b>2,211,000.</b>									
<b>2</b> Amount of bonds legally defeased .....										
<b>3</b> Total proceeds of issue .....	<b>9,500,000.</b>									
<b>4</b> Gross proceeds in reserve funds .....										
<b>5</b> Capitalized interest from proceeds .....										
<b>6</b> Proceeds in refunding escrows .....										
<b>7</b> Issuance costs from proceeds .....	<b>105,000.</b>									
<b>8</b> Credit enhancement from proceeds .....										
<b>9</b> Working capital expenditures from proceeds .....										
<b>10</b> Capital expenditures from proceeds .....	<b>9,395,000.</b>									
<b>11</b> Other spent proceeds .....										
<b>12</b> Other unspent proceeds .....										
<b>13</b> Year of substantial completion .....	<b>2011</b>									
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>		
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....	<b>X</b>									
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		<b>X</b>								
<b>16</b> Has the final allocation of proceeds been made? .....	<b>X</b>									
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	<b>X</b>									

GATEWAY REGION YOUNG MEN'S  
CHRISTIAN ASSOCIATION

Part III Private Business Use		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
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? .....		X						
b	Exception to rebate? .....		X						
c	No rebate due? .....	X							
	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							

GATEWAY REGION YOUNG MEN'S  
CHRISTIAN ASSOCIATION

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....	<input checked="" type="checkbox"/>							
<b>b</b> Name of provider .....	COMMERCE BANK, NA							
<b>c</b> Term of hedge .....	7.0000000							
<b>d</b> Was the hedge superintegrated? .....	<input checked="" type="checkbox"/>							
<b>e</b> Was the hedge terminated? .....		<input checked="" type="checkbox"/>						
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		<input checked="" type="checkbox"/>						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		<input checked="" type="checkbox"/>						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....		<input checked="" type="checkbox"/>						

	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 isn't available under applicable regulations? .....		<input checked="" type="checkbox"/>						

**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 K, PART IV, LINE 3C  
THE LAST TEST OF WHETHER A REBATE WAS DUE WAS PERFORMED ON MARCH 1,  
2016. SINCE REFUNDING OF THE BOND ISSUE WAS DONE CONTEMPORANEOUSLY, NO  
ARBITRAGE WAS POSSIBLE, SO NO FURTHER TESTING IS REQUIRED.





**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	155,707.	INSURANCE B		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

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

SCHEDULE L, PART IV

MR. LAYTON IS A MEMBER OF THE ASSOCIATION'S BOARD OF DIRECTORS AND A VICE PRESIDENT OF THE CRANE INSURANCE AGENCY. \$155,707 IN BROKER FEES AND COMMISSIONS WERE PAID TO CRANE INSURANCE AGENCY IN 2019. THE TRANSACTION WAS REVIEWED AND APPROVED BY A COMMITTEE OF THE BOARD OF DIRECTORS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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	4	22,372.	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	703	126,766.	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 isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't 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

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

Schedule M (Form 990) 2019

**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 M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS FOR DONATIONS OF PUBLICLY TRADED SECURITIES ABOVE. IN TOTAL, 196 SHARES WERE CONTRIBUTED BY 4 DONORS.

**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.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization	GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number	43-0653616
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD  
HEALTHY SPIRIT, MIND AND BODY FOR ALL.

FORM 990, PART III, LINE 1

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 YMCA'S PROGRAMS PROMOTE HEALTH, STRONG FAMILIES, AND  
COMMUNITIES, YOUTH LEADERSHIP AND INTERNATIONAL UNDERSTANDING.

FORM 990, PART III, LINE 4A

WELLNESS PROGRAMMING: THE NATIONAL YMCA MOVEMENT IS BUILT ON THE  
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 HEALTHY LIVING. THE YMCA IS COMMITTED TO  
DIVERSITY AND INCLUSION, BEING OPEN TO AND SERVING PEOPLE OF ALL RACES,  
RELIGIONS, GENDER, IDENTIFICATION, AND CULTURES. IN 2019, THE YMCA  
PROVIDED HEALTH ENHANCEMENT PROGRAMS TO 5,241 PARTICIPANTS, WHICH  
INCLUDES YOUTHS, ADULTS, SENIORS AND PEOPLE OF ALL ABILITIES.

YMCA AQUATICS: AQUATIC PROGRAMS ARE PART OF THE YMCA'S OVERALL GOAL TO  
BUILD A HEALTHY SPIRIT, MIND AND BODY. LAST YEAR, WE ENROLLED 15,403  
PARTICIPANTS IN AQUATICS PROGRAMS.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization <b>GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION</b>	Employer identification number <b>43-0653616</b>
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OTHER HEALTH ENHANCEMENT PROGRAMS: LAST YEAR, THE YMCA ENROLLED 2,983 YOUTHS IN GYMNASTICS PROGRAMS, 2,835 PARTICIPANTS IN SPORTS SKILL AND RECREATIONAL PROGRAMS, AND 676 ADULTS IN EXERCISE SPORTS LEAGUES (42,219 TOTAL CLIENTS SERVED).

FORM 990, PART III, LINE 4B

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.

RESIDENT CAMP YMCA: RESIDENT CAMP LAKEWOOD SERVED 2,235 YOUTHS IN 2019.

RESIDENT FAMILY/CONFERENCE CAMPING: IN 2019, THERE WERE 34,991 CAMPING REGISTRATIONS FOR THE YEAR (41,369 TOTAL CLIENTS SERVED).

FORM 990, PART III, LINE 4C

SCHOOL AGE CHILD CARE: Y-CLUB IS THE YMCA OF GREATER ST. LOUIS' BEFORE SCHOOL AND AFTER SCHOOL CHILDCARE PROGRAM HELD IN PARTNERHSIP WITH LOCAL SCHOOL DISTRICTS. IN 2019, THE ASSOCIATION OFFERED PROGRAMS AT 102 LICENSED SITES AND 5 LICENSED CENTERS. THE YMCA PROVIDES A SECURE, SAFE AND STIMULATING LEARNING ENVIRONMENT FOR APPROXIMATELY 4,427 CHILDREN IN A GIVEN DAY.

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

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YOUTH DEVELOPMENT PROGRAMS: THE GATEWAY REGION YMCA HAS TWO LITERACY PROGRAMS FOCUSED ON YOUNG CHILDREN AND YOUTHS. THE ASSOCIATION ALSO OFFERS LEARNING LABS AND A SCIENCE PROGRAM FOR YOUTH GROUPS.

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 55 ADULT STUDENTS.

YMCA LEADERSHIP DEVELOPMENT: THIS YEAR, YMCA YOUTH AND TEEN PROGRAMS SERVED A TOTAL OF 873 PARTICIPANTS THROUGH YMCA YOUTH IN GOVERNMENT AND TEEN LEADERS PROGRAMS.

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

YMCA COMMUNITY OUTREACH PROGRAMS: 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.

GREATER NEEDS PROGRAMS: THESE PROGRAMS SERVE OUR YOUTHS IN URBAN COMMUNITIES AND INCLUDE CLIMBING ABOVE CONFLICT, A CONFLICT-RESOLUTION

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SKILLS PROGRAM FOR URBAN YOUTHS THAT SERVES 3RD AND 4TH GRADERS EACH YEAR AND HAD 456 ENROLLEES.

PRESCHOOL CHILD CARE: THE YMCA PROVIDES PRESCHOOL CHILD CARE IN FULL AND HALF DAY SESSIONS.

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.

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 \$ 11,788,149. INCL GRANTS OF \$ 317,116. REVENUE \$ 3,598,942.

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

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.



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## 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. 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.

## 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

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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 2017. 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 STATEMENTS IS ALSO AVAILABLE ON THE SAME WEBSITE.

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

UNREALIZED CHANGE IN TRUST INTERESTS	-70,114.
INTEREST RATE SWAP	-188,090.
TOTAL TO FORM 990, PART XI, LINE 9	-258,204.