

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning and ending																				
B Check if applicable: <input 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">C Name of organization GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION</td> <td>D Employer identification number 43-0653616</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3">E Telephone number 314-436-1177</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">2815 SCOTT AVENUE</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code SAINT LOUIS, MO 63103</td> <td>G Gross receipts \$ 87,520,783.</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: TIMOTHY HELM SAME AS C ABOVE</td> <td> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number </td> </tr> <tr> <td colspan="3"> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: GWRYMCA.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation: 1853 M State of legal domicile: MO </td> </tr> </table>	C Name of organization GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION		D Employer identification number 43-0653616	Doing business as		E Telephone number 314-436-1177	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	2815 SCOTT AVENUE		City or town, state or province, country, and ZIP or foreign postal code SAINT LOUIS, MO 63103		G Gross receipts \$ 87,520,783.	F Name and address of principal officer: TIMOTHY HELM SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: GWRYMCA.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation: 1853 M State of legal domicile: MO		
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	4404
	6 Total number of volunteers (estimate if necessary)	6	3171
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,198.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	5,198.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 18,811,867.	Current Year 10,384,889.
	9 Program service revenue (Part VIII, line 2g)	62,567,258.	66,425,286.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,297,838.	3,291,807.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,405,593.	1,242,064.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	85,082,556.	81,344,046.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,512,478.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		45,748,892.	48,554,758.
16a Professional fundraising fees (Part IX, column (A), line 11e)		108,595.	87,678.
b Total fundraising expenses (Part IX, column (D), line 25)		2,635,344.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		27,477,173.	29,330,886.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		75,847,138.	80,561,871.
19 Revenue less expenses. Subtract line 18 from line 12		9,235,418.	782,175.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 165,251,618.	End of Year 169,380,262.
	21 Total liabilities (Part X, line 26)	15,856,786.	17,350,862.
	22 Net assets or fund balances. Subtract line 21 from line 20	149,394,832.	152,029,400.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	JUDITH M. ABRAMS, SR. VP OF FINANCE/CFO			
Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	KIMBERLY A RYAN			P00829977
Preparer Use Only	Firm's name	Firm's EIN		
	RUBINBROWN LLP	43-0765316		
Firm's address			Phone no. (314) 290-3300	
7676 FORSYTH BLVD, SUITE 2100				
SAINT LOUIS, MO 63105				

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 \$ 33,705,062. including grants of \$ 2,006,745.) (Revenue \$ 46,972,314.)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 14,795,548. including grants of \$ 261,548.) (Revenue \$ 9,311,887.)
SEE SCHEDULE O

4c (Code:) (Expenses \$ 7,174,960. including grants of \$ 151,960.) (Revenue \$ 6,261,100.)
SEE SCHEDULE O

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

(Expenses \$ 13,545,346. including grants of \$ 168,296.) (Revenue \$ 5,422,389.)

4e Total program service expenses 69,220,916.

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b X	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c X	
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 38	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 4404		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 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
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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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 ☒ **X**

Section A. Governing Body and Management

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

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

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

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
MELISSA LICKERT - 314-436-1177
2815 SCOTT AVENUE, SUITE D, ST. LOUIS, MO 63103

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

Form 990 (2024)

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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 the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) TIMOTHY HELM PRESIDENT & CEO	45.00			X				486,458.	0.	70,450.
(2) JARED BEARD EXECUTIVE VP & COO	45.00			X				240,455.	0.	37,868.
(3) WENDY CORNETT-MARQUITZ SR. VP & CHIEF FINANCIAL DEVELOPMENT	45.00			X				211,835.	0.	33,161.
(4) JUDITH ABRAMS SR. VP & CFO	45.00			X				207,706.	0.	35,185.
(5) DEBORAH TALLO SR. VP & CHIEF HUMAN RESOURCES	45.00			X				199,079.	0.	33,142.
(6) PATRICIA MEINHOLD DISTRICT VP	45.00				X			170,414.	0.	31,771.
(7) KEELYN KRILL VP MEMBERSHIP & HEALTHY LIVING	45.00				X			157,891.	0.	31,001.
(8) MATTHEW CLARK DISTRICT VP	45.00				X			146,217.	0.	31,442.
(9) LAURIE SMITH-MCTEARNEN VP ASSOCIATION CHILD CARE	45.00				X			149,783.	0.	27,414.
(10) DANIEL SCHULZE VP BUSINESS ADMINISTRATION	45.00				X			146,434.	0.	28,840.
(11) JON ROSENSTENGEL CHAIR	1.00	X		X				0.	0.	0.
(12) STEVEN HANLEY VICE CHAIR	1.00	X		X				0.	0.	0.
(13) AMY SMITH TREASURER	1.00	X		X				0.	0.	0.
(14) KURT M. SCHWAGER SECRETARY	1.00	X		X				0.	0.	0.
(15) MATT AUFFENBERG DIRECTOR (THRU 3/24)	1.00	X						0.	0.	0.
(16) JOE BERNARD DIRECTOR	1.00	X						0.	0.	0.
(17) VINCE BENNETT DIRECTOR	1.00	X						0.	0.	0.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) GREG DART DIRECTOR	1.00	X						0.	0.	0.
(19) DARREN GEORGE DIRECTOR	1.00	X						0.	0.	0.
(20) MICHAEL GIBBONS DIRECTOR	1.00	X						0.	0.	0.
(21) SARA HANNAH DIRECTOR	1.00	X						0.	0.	0.
(22) BRENT JACKSON DIRECTOR	1.00	X						0.	0.	0.
(23) JOSEPH KING JR. DIRECTOR	1.00	X						0.	0.	0.
(24) BRADFORD KOENEMAN DIRECTOR	1.00	X						0.	0.	0.
(25) MELISSA LACKEY DIRECTOR	1.00	X						0.	0.	0.
(26) DAVID LAYTON DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								2,116,272.	0.	360,274.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,116,272.	0.	360,274.

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 19

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MUSICK CONSTRUCTION COMPANY, 254 HANLEY INDUSTRIAL CT, ST. LOUIS, MO 63144	CONSTRUCTION	10,540,435.
HABERBERGER INC 9744 PAULINE PL, ST. LOUIS, MO 63123	CONSTRUCTION	590,602.
KAI ALLIANCE LLC 2060 CRAIGSHIRE DR, ST. LOUIS, MO 63146	CONSTRUCTION	497,341.
HESSE GRAVILLE, LLC, 13354 MANCHESTER RD, SUITE 210, DES PERES, MO 63131	LEGAL	414,983.
GENTRY FLOORING 500 CLARK AVENUE 100, KIRKWOOD, MO 63122	CONSTRUCTION	414,450.

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 20

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2024)

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

Form 990

43-0653616

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARK D. LEEKER DIRECTOR	1.00	X						0.	0.	0.
(28) SUZANNE LYONS DIRECTOR	1.00	X						0.	0.	0.
(29) RODNEY MALONE DIRECTOR	1.00	X						0.	0.	0.
(30) SUZAN MCDANIEL DIRECTOR	1.00	X						0.	0.	0.
(31) PAMELA MORRIS-THORNTON DIRECTOR	1.00	X						0.	0.	0.
(32) JENNIFER O'NEAL DIRECTOR	1.00	X						0.	0.	0.
(33) FRED PERREAND DIRECTOR (THRU 3/24)	1.00	X						0.	0.	0.
(34) EMILY PITTS DIRECTOR (THRU 3/24)	1.00	X						0.	0.	0.
(35) STEVE RASCHE DIRECTOR	1.00	X						0.	0.	0.
(36) SUSAN RATZ DIRECTOR	1.00	X						0.	0.	0.
(37) CATHERINE SMALL DIRECTOR (THRU 3/24)	1.00	X						0.	0.	0.
(38) CARY STALKNECKER DIRECTOR	1.00	X						0.	0.	0.
(39) DANNA STONE DIRECTOR	1.00	X						0.	0.	0.
(40) JULIE TANG DIRECTOR	1.00	X						0.	0.	0.
(41) JACQUES THRO DIRECTOR	1.00	X						0.	0.	0.
(42) HARDY WASHINGTON, JR. DIRECTOR	1.00	X						0.	0.	0.
(43) MATTHEW WHITING DIRECTOR	1.00	X						0.	0.	0.
(44) JIM ZECK DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	1,297,515.				
	b	Membership dues	1b					
	c	Fundraising events	1c	556,144.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	3,081,691.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,449,539.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 181,869.				
	h	Total. Add lines 1a-1f		10,384,889.				
	Program Service Revenue	2 a	HEALTH ENHANCEMENTS	Business Code				713940
b		CAMPING		624110	9,311,887.	9,311,887.		
c		SCHOOL AGE CHILD CARE		624410	6,261,100.	6,261,100.		
d		DAY CARE		624310	2,567,611.	2,567,611.		
e		SOCIAL DEVELOPMENT		624110	200,459.	200,459.		
f		All other program service revenue		624110	1,111,915.	1,111,915.		
g		Total. Add lines 2a-2f			66,425,286.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)			1,468,216.		1468216.
		4	Income from investment of tax-exempt bond proceeds					
	5	Royalties						
	6 a	6a	(i) Real	(ii) Personal				
			Gross rents	130,646.				
			Less: rental expenses ...	124,448.				
	c	Rental income or (loss)	6c	6,198.				
	d	Net rental income or (loss)		6,198.		6,198.		
	7 a	7a	(i) Securities	(ii) Other				
			Gross amount from sales of assets other than inventory	6,143,783.				1139563.
			Less: cost or other basis and sales expenses	4,695,005.				764,750.
	c	Gain or (loss)	7c	1,448,778.	374,813.			
	d	Net gain or (loss)		1,823,591.		1823591.		
	8 a	8a	Gross income from fundraising events (not including \$ 556,144. of contributions reported on line 1c). See Part IV, line 18					
			226,075.					
b			Less: direct expenses	8b				532,613.
c	Net income or (loss) from fundraising events		-306,538.		-306,538.			
9 a	9a	Gross income from gaming activities. See Part IV, line 19						
		b	Less: direct expenses				9b	
c	Net income or (loss) from gaming activities							
10 a	10a	Gross sales of inventory, less returns and allowances						
		162,194.						
		b	Less: cost of goods sold				10b	59,921.
c	Net income or (loss) from sales of inventory		102,273.	102,273.				
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	Business Code	624110	1,440,131.	1,440,131.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		1,440,131.				
	12	Total revenue. See instructions		81,344,046.	67967690.	6,198.	2985269.	

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

Form 990 (2024)

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,498,887.	2,498,887.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	89,662.	89,662.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,555,339.	125,272.	989,025.	441,042.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	39,582,043.	34,146,653.	4,069,875.	1,365,515.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,059,474.	1,870,744.	155,041.	33,689.
9 Other employee benefits	1,919,505.	1,153,365.	610,778.	155,362.
10 Payroll taxes	3,438,397.	2,924,584.	410,830.	102,983.
11 Fees for services (nonemployees):				
a Management	1,811,145.	1,491,439.	316,463.	3,243.
b Legal	664,133.	400,133.	258,361.	5,639.
c Accounting	94,250.	9,000.	85,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	87,678.			87,678.
f Investment management fees	1,500.		1,500.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,884,250.	1,707,367.	174,894.	1,989.
12 Advertising and promotion	703,891.	152,510.	475,769.	75,612.
13 Office expenses	418,514.	279,063.	124,631.	14,820.
14 Information technology				
15 Royalties				
16 Occupancy	7,206,237.	6,776,901.	429,200.	136.
17 Travel	495,424.	440,759.	52,271.	2,394.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	651,538.	277,293.	112,223.	262,022.
20 Interest	424,700.	424,700.		
21 Payments to affiliates	20,946.		20,946.	
22 Depreciation, depletion, and amortization	5,902,612.	5,717,544.	184,957.	111.
23 Insurance	2,017,308.	2,017,308.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	3,829,555.	3,672,912.	147,308.	9,335.
b SUBSCRIPTIONS AND DUES	676,620.	601,252.	35,512.	39,856.
c EQUIPMENT	229,643.	226,297.	2,626.	720.
d				
e All other expenses	2,298,620.	2,217,271.	48,151.	33,198.
25 Total functional expenses. Add lines 1 through 24e	80,561,871.	69,220,916.	8,705,611.	2,635,344.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,079,451.	1	1,987,926.
	2 Savings and temporary cash investments	18,552,588.	2	11,796,182.
	3 Pledges and grants receivable, net	4,185,458.	3	3,337,566.
	4 Accounts receivable, net	2,380,995.	4	1,468,935.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	129,901.	8	113,476.
	9 Prepaid expenses and deferred charges	836,132.	9	1,001,416.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 195,921,431.		
	b Less: accumulated depreciation	10b 86,120,375.	100,539,670.	10c 109,801,056.
	11 Investments - publicly traded securities	29,199,117.	11	32,155,933.
	12 Investments - other securities. See Part IV, line 11	377,919.	12	448,012.
	13 Investments - program-related. See Part IV, line 11	5,273,655.	13	5,445,071.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,696,732.	15	1,824,689.
16 Total assets. Add lines 1 through 15 (must equal line 33)	165,251,618.	16	169,380,262.	
Liabilities	17 Accounts payable and accrued expenses	3,009,299.	17	3,521,686.
	18 Grants payable		18	
	19 Deferred revenue	1,905,453.	19	2,138,587.
	20 Tax-exempt bond liabilities	5,935,000.	20	5,663,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	178,778.	21	244,549.
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,615,976.	23	2,591,907.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,212,280.	25	3,191,133.
	26 Total liabilities. Add lines 17 through 25	15,856,786.	26	17,350,862.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	87,406,508.	27	102,309,420.
	28 Net assets with donor restrictions	61,988,324.	28	49,719,980.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	149,394,832.	32	152,029,400.
	33 Total liabilities and net assets/fund balances	165,251,618.	33	169,380,262.

Form **990** (2024)

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

Form 990 (2024)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	81,344,046.
2	Total expenses (must equal Part IX, column (A), line 25)	2	80,561,871.
3	Revenue less expenses. Subtract line 2 from line 1	3	782,175.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	149,394,832.
5	Net unrealized gains (losses) on investments	5	1,923,933.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-71,540.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	152,029,400.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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 on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form **990** (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

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

Employer identification number
43-0653616

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

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

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

f Enter the number of supported organizations _____

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

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

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

Schedule A (Form 990) 2024

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11505748.	21122909.	15997337.	18811867.	10384889.	77822750.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11505748.	21122909.	15997337.	18811867.	10384889.	77822750.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1848112.
6 Public support. Subtract line 5 from line 4.						75974638.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	11505748.	21122909.	15997337.	18811867.	10384889.	77822750.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	325,246.	751,540.	824,302.	1218209.	1468216.	4587513.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	40,979.	68,496.	85,710.	99,772.	6,198.	301,155.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						82711418.
12 Gross receipts from related activities, etc. (see instructions)					12 271,833,694.	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	91.86 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	92.40 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
		<input type="checkbox"/>

Schedule A (Form 990) 2024

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

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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 ☐

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

Schedule A (Form 990) 2024

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

Schedule A (Form 990) 2024

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Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Schedule A (Form 990) 2024

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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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Schedule A (Form 990) 2024

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (describe in Part VI). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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 B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization	Employer identification number
GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Employer identification number

43-0653616

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>599,439.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,320,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>909,327.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>213,238.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>522,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>1,308,795.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

43-0653616

Part I

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 330,054.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

43-0653616

Part II

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

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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? ☐ Yes ☐ No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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 \$

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

Schedule D (Form 990) (Rev. 12-2024)

GATEWAY REGION YOUNG MEN'S

Schedule D (Form 990) (Rev. 12-2024) CHRISTIAN ASSOCIATION

43-0653616 Page 2

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	25,975,000.	21,080,000.	26,668,000.	23,078,000.	20,568,000.
b Contributions	283,000.	1,602,000.	288,000.	403,000.	216,000.
c Net investment earnings, gains, and losses	3,779,000.	4,479,000.	-4,737,000.	4,116,000.	3,207,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,189,000.	1,186,000.	1,139,000.	929,000.	913,000.
f Administrative expenses					
g End of year balance	28,848,000.	25,975,000.	21,080,000.	26,668,000.	23,078,000.

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

a Board designated or quasi-endowment 34.2800 %

b Permanent endowment 30.1400 %

c Term endowment 35.5800 %

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

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

(i) Unrelated organizations? ☒ Yes ☐ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,399,356.		15,399,356.
b Buildings		99,489,127.	52,292,176.	47,196,951.
c Leasehold improvements		59,570,239.	25,056,308.	34,513,931.
d Equipment		12,542,958.	8,771,891.	3,771,067.
e Other		8,919,751.		8,919,751.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				109,801,056.

Schedule D (Form 990) (Rev. 12-2024)

GATEWAY REGION YOUNG MEN'S

Schedule D (Form 990) (Rev. 12-2024) **CHRISTIAN ASSOCIATION**

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)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RESERVE FOR WORKERS COMP.	120,942.
(3) LIABILITIES TO GIFT ANNUITANTS	80,549.
(4) MISCELLANEOUS LIABILITIES	491,671.
(5) COND. ASSET RETIREMENT OBLIG.	197,567.
(6) CAPITAL LEASES	2,300,404.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	3,191,133.

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) (Rev. 12-2024)

GATEWAY REGION YOUNG MEN'S

Schedule D (Form 990) (Rev. 12-2024) CHRISTIAN ASSOCIATION

43-0653616 Page 4

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	80,822,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,923,933.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-2,570,427.
e	Add lines 2a through 2d	2e	-646,494.
3	Subtract line 2e from line 1	3	81,468,494.
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	-124,448.
c	Add lines 4a and 4b	4c	-124,448.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	81,344,046.

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	78,187,432.
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	124,448.
e	Add lines 2a through 2d	2e	124,448.
3	Subtract line 2e from line 1	3	78,062,984.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	2,498,887.
c	Add lines 4a and 4b	4c	2,498,887.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	80,561,871.

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 SPENDING AMOUNT HAS BEEN 4.0% TO 4.75%.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INTEREST RATE SWAP	-71,540.
FINANCIAL ASSISTANCE TO INDIVIDUALS INCLUDED IN FINANCIAL STATEMENT REVENUE	-2,498,887.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-2,570,427.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES INCLUDED IN STATEMENT OF FUNCTIONAL EXPENSES	-124,448.
--------------------------------------------------------------	-----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII	Supplemental Information <i>(continued)</i>
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RENTAL EXPENSES INCLUDED IN STATEMENT OF FUNCTIONAL EXPENSES

124,448.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL ASSISTANCE TO INDIVIDUALS INCLUDED IN FINANCIAL STATEMENT REVENUE	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
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75	76
77	78
79	80
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93	94
95	96
97	98
99	100

2,498,887.

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.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

**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 Activities Outside the United States.** Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	SUPPORT FOR YMCA OF COLUMBIA	38,662.
RUSSIA & THE NEWLY INDEPENDENT STATES - ARMENIA, AZERBIJAN, UKRAINE	0	0	PROGRAM SERVICES	SUPPORT FOR YMCA OF UKRAINE	20,000.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, BAHAMAS, BELIZE	0	0	PROGRAM SERVICES	SUPPORT FOR YMCA OF BELIZE	21,000.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, SOUTH AFRICA	0	0	PROGRAM SERVICES	SUPPORT FOR YMCA OF SOUTH AFRICA	10,000.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		3,180,496.
3 a Subtotal	0	0			3,270,158.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			3,270,158.

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

Schedule F (Form 990) (Rev. 12-2024)

GATEWAY REGION YOUNG MEN'S

Schedule F (Form 990) (Rev. 12-2024) **CHRISTIAN ASSOCIATION**

43-0653616

Page **2**

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORT FOR LOCAL YMCA OF COLOMBIA	38,662.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA, BARBUDA, BAHAMAS	SUPPORT FOR LOCAL YMCA OF BELIZE	21,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORT FOR LOCAL YMCA OF SOUTH AFRICA	10,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORT FOR LOCAL YMCA OF UKRAINE	20,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **4**

3 Enter total number of other organizations or entities **0**

Schedule F (Form 990) (Rev. 12-2024)

Schedule F (Form 990) (Rev. 12-2024) **CHRISTIAN ASSOCIATION**

Page 3

Part III can be duplicated if additional space is needed.

[illegible]

GATEWAY REGION YOUNG MEN'S

Schedule F (Form 990) (Rev. 12-2024) CHRISTIAN ASSOCIATION

43-0653616 Page 4

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) (Rev. 12-2024)

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.

SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of nongovernment grants
f [X] Solicitation of government grants
g [X] Special fundraising events
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [] No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes entries for DONOR BY DESIGN GROUP LLC and WENTWORTH NONPROFIT CONSULTING.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

IL, MO

GATEWAY REGION YOUNG MEN'S

Schedule G (Form 990) (Rev. 12-2024) **CHRISTIAN ASSOCIATION**

43-0653616 Page **2**

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 GOLF TOURNAMENTS	(b) Event #2 SALES/AUCTIONS	(c) Other events 17	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	443,033.	246,280.	92,906.	782,219.
	2 Less: Contributions	252,530.	222,070.	81,544.	556,144.
	3 Gross income (line 1 minus line 2)	190,503.	24,210.	11,362.	226,075.
Direct Expenses	4 Cash prizes		1,000.	350.	1,350.
	5 Noncash prizes	1,052.	63,398.	3,228.	67,678.
	6 Rent/facility costs	122,450.	19,593.	13,594.	155,637.
	7 Food and beverages	14,888.	25,668.	27,261.	67,817.
	8 Entertainment	5,624.	2,251.	1,524.	9,399.
	9 Other direct expenses	116,614.	85,623.	28,495.	230,732.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				532,613.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-306,538.

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				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

GATEWAY REGION YOUNG MEN'S

Schedule G (Form 990) (Rev. 12-2024) **CHRISTIAN ASSOCIATION**

43-0653616 Page **3**

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

Name _____

Address _____

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

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

c If "Yes," enter the 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: P.O. BOX 7106, CAROL STREAM, IL 60197-7106

(I) NAME OF FUNDRAISER: WENTWORTH NONPROFIT CONSULTING

(I) ADDRESS OF FUNDRAISER: 209 120TH ST. NE, MARYSVILLE, WA 98271

Part IV	Supplemental Information <i>(continued)</i>
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432084 01-28-25

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Employer identification number
43-0653616

Part I General Information on Grants and Assistance

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

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

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

GATEWAY REGION YOUNG MEN'S

Schedule I (Form 990) (Rev. 12-2024)

CHRISTIAN ASSOCIATION

43-0653616

Page 2

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	8882	2,498,887.	0.		

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

PART I, LINE 2:

THE GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION WILL NOT TURN AWAY ANYONE BASED ON THEIR INABILITY TO PAY FOR MEMBERSHIPS OR PROGRAMS. A SLIDING SCALE OF AVAILABLE FINANCIAL SCHOLARSHIPS BASED UPON HOUSEHOLD INCOME IS USED TO DETERMINE THE AMOUNT OF SUBSIDY GRANTED TO AN INDIVIDUAL OR HOUSEHOLD. SUBSIDIES OF \$2,498,887 WERE GRANTED DURING 2024.

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number	43-0653616
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Part I Questions Regarding Compensation

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

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

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 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 |

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

- a Receive a severance payment or change-of-control payment?
- b Participate in or receive payment from a supplemental nonqualified retirement plan?
- c Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a The organization?
- b Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a The organization?
- b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

GATEWAY REGION YOUNG MEN'S

Schedule J (Form 990) (Rev. 12-2024) **CHRISTIAN ASSOCIATION**

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 and/or 1099-NEC 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)	431,614.	51,460.	3,384.	41,400.	29,050.	556,908.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JARED BEARD EXECUTIVE VP & COO	(i)	214,935.	20,000.	5,520.	26,944.	10,924.	278,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) WENDY CORNETT-MARQUITZ SR. VP & CHIEF FINANCIAL DEVELOPMENT	(i)	190,758.	15,000.	6,077.	24,043.	9,118.	244,996.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JUDITH ABRAMS SR. VP & CFO	(i)	198,142.	0.	9,564.	25,001.	10,184.	242,891.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DEBORAH TALLO SR. VP & CHIEF HUMAN RESOURCES	(i)	190,158.	0.	8,921.	24,043.	9,099.	232,221.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PATRICIA MEINHOLD DISTRICT VP	(i)	146,427.	20,000.	3,987.	18,435.	13,336.	202,185.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KEELYN KRILL VP MEMBERSHIP & HEALTHY LIVING	(i)	154,922.	0.	2,969.	19,455.	11,546.	188,892.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MATTHEW CLARK DISTRICT VP	(i)	144,945.	0.	1,272.	18,257.	13,185.	177,659.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LAURIE SMITH-MCTEARNEN VP ASSOCIATION CHILD CARE	(i)	142,078.	0.	7,705.	18,092.	9,322.	177,197.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DANIEL SCHULZE VP BUSINESS ADMINISTRATION	(i)	143,544.	0.	2,890.	18,089.	10,751.	175,274.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) (Rev. 12-2024)

GATEWAY REGION YOUNG MEN'S

Schedule J (Form 990) (Rev. 12-2024) CHRISTIAN ASSOCIATION

43-0653616

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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:

THE EXECUTIVE DIRECTOR AND A FEW OTHER STAFF AT YMCA TROUT LODGE AND CAMP LAKEWOOD ARE REQUIRED TO LIVE ON SITE AT THE PROPERTY DUE TO THE NATURE OF THE BUSINESS, AND IT IS A CONDITION OF EMPLOYMENT FOR THOSE POSITIONS. THEREFORE, THE HOUSING IS NON-TAXABLE TO THE EMPLOYEE.

PART I, LINE 3:

THE PROCESS TO DETERMINE A SENIOR EXECUTIVE'S PAY ORIGINATES WITH THE EXECUTIVE COMPENSATION COMMITTEE. CHALLENGING AND MEASURABLE PERFORMANCE GOALS ARE SET FOR SENIOR EXECUTIVES AT THE BEGINNING OF EACH YEAR. FORMAL YEAR-END REVIEWS ARE THEN CONDUCTED AND THE DEGREE OF PERFORMANCE AGAINST THESE GOALS IS CONSIDERED WHEN DETERMINING COMPENSATION INCREASES. RECOMMENDATIONS OF PAY INCREASES BY THE EXECUTIVE COMPENSATION COMMITTEE MUST BE APPROVED IN ADVANCE BY THE EXECUTIVE COMMITTEE PRIOR TO THE RECOMMENDATION TO THE BOARD OF DIRECTORS. THE EXECUTIVE COMPENSATION COMMITTEE IS MADE UP OF THE CURRENT BOARD CHAIR, THE TWO IMMEDIATE PAST CHAIRS 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 2021. 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.

PART I, LINE 4B:

TIMOTHY HELM: \$18,438.91 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.

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 43-0653616
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Part I	Bond Issues										
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
MISSOURI DEVELOPMENT A FINANCE BOARD	43-1387649	NONE	03/01/11	9,500,000.	REFINANCE 1998 FACILITIES BOND		X		X		X
MISSOURI DEVELOPMENT B FINANCE BOARD	43-1387650	NONE	10/01/24	6,500,000.	REC FACILITIES REVENUE BONDS		X		X		X
C											
D											

Part II Proceeds									
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	9,500,000.		6,500,000.					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	105,000.		120,000.					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	9,395,000.		303,000.					
11	Other spent proceeds								
12	Other unspent proceeds			6,197,000.					
13	Year of substantial completion	2011		2025					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X				
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			X				

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

Schedule K (Form 990) (Rev. 12-2024)

GATEWAY REGION YOUNG MEN'S

Schedule K (Form 990) (Rev. 12-2024) **CHRISTIAN ASSOCIATION**

43-0653616

Page **2**

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		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		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		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	%		8.00	%	%		%	
6 Total of lines 4 and 5	%		8.00	%	%		%	
7 Does the bond issue meet the private security or payment test?		X		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		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		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		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?	X			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		X					

GATEWAY REGION YOUNG MEN'S

Schedule K (Form 990) (Rev. 12-2024) **CHRISTIAN ASSOCIATION**

43-0653616

Page **3**

Part IV Arbitrage (continued)

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

Part V Procedures To Undertake Corrective Action

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

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

PART III, LINE 9

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

PART IV, LINE 7

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

SCHEDULE 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.

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public
Inspection

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

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

GATEWAY REGION YOUNG MEN'S

Schedule L (Form 990) (Rev. 12-2024) CHRISTIAN ASSOCIATION

43-0653616 Page 2

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVID LAYTON	BOARD MEMBER	151,999.	INSURANCE B		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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. \$151,999 IN BROKER FEES AND COMMISSIONS WERE PAID TO CRANE INSURANCE AGENCY IN 2024. THE TRANSACTION WAS REVIEWED AND APPROVED BY A COMMITTEE OF THE BOARD OF DIRECTORS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public
Inspection

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

Attach to Form 990.

Go to 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	14	118,990.	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 AUCTION)	X	259	62,879.	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 V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 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.		

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

Schedule M (Form 990) 2024

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, 1,654 SHARES WERE CONTRIBUTED BY 14 DONORS.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**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 YMCA IS A NONPROFIT, 501(C)(3) CHARITY DEDICATED TO
NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN, IMPROVING HEALTH AND
WELL-BEING, AND SUPPORTING AND SERVING OUR NEIGHBORS. THE STORY OF THE
GATEWAY REGION YMCA IS MORE THAN 170 YEARS IN THE MAKING, FROM ITS
FOUNDING ON OCTOBER 13, 1853, AT THE 2ND BAPTIST CHURCH IN ST. LOUIS.
FROM ITS VERY BEGINNINGS, THE Y'S MISSION HAS BEEN TO PUT CHRISTIAN
PRINCIPLES INTO PRACTICE THROUGH PROGRAMS DESIGNED TO BUILD HEALTHY
SPIRITS, MINDS, AND BODIES FOR ALL. IT DOES THAT BY BEING COMMUNITY
CENTERED; BRINGING PEOPLE OF ALL AGES TOGETHER TO BRIDGE THE GAPS IN
COMMUNITY NEEDS; DEVELOPING THE POTENTIAL TO LEARN, GROW, AND THRIVE;
AND MAINTAINING A LOCAL PRESENCE WITH A GLOBAL REACH. IN 2024, OUR
ASSOCIATION SERVED NEARLY 215,000 INDIVIDUALS IN THE BI-STATE REGION
THROUGH MEMBERSHIP AND PROGRAMS, EMPLOYING APPROXIMATELY 4,400
FULL-TIME AND PART-TIME INDIVIDUALS. ADDITIONALLY, WE ENGAGED MORE THAN
2,800 VOLUNTEERS WHO ARE ESSENTIAL TO PROMOTING OUR CAUSE AND ENSURING
OUR FUTURE AS A VITAL NOT-FOR-PROFIT COMMITTED TO DEVELOPING COMMUNITY
BEYOND OUR WALLS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN 2024, WE BUILT-ON THE SUCCESSFUL CONCLUSION OF OUR FIVE-YEAR, \$55
MILLION COMPREHENSIVE CAPITAL CAMPAIGN THAT RAISED MORE THAN \$59
MILLION. WE ARE THANKFUL TO THE THOUSANDS OF SUPPORTERS WHO MADE THAT
POSSIBLE. WHILE THE CAMPAIGN CAME TO AN END, WE LEARNED THAT MORE THAN
EVER, THERE IS GREAT NEED IN OUR REGION AND IN SO MANY WAYS, OUR WORK
IS JUST BEGINNING. LAST YEAR, WE CELEBRATED THE LAUNCH, PROGRESS, AND
COMPLETIONS OF MAJOR PROJECTS OR MILESTONES WITH LEADING COMMUNITY
PARTNERS TO SERVE NEW AUDIENCES IN NEED.

ON JUNE 25, 2024, THE GATEWAY REGION YMCA OPENED THE YMCA ADAPTIVE
SPORTS COMPLEX THAT INCLUDES A MIRACLE LEAGUE BASEBALL FIELD, INCLUSIVE
PLAYGROUND AND MULTI-PURPOSE FIELD SO KIDS AND ADULTS WITH DISABILITIES
CAN PLAY SPORTS. THE \$5 MILLION STATE-OF-THE-ART FACILITY WAS MADE
POSSIBLE THANKS TO THE SUCCESS OF OUR COMPREHENSIVE CAPITAL CAMPAIGN.
IN ATTENDANCE FOR THE RIBBON CUTTING WAS FORMER ST. LOUIS CARDINALS
FIRST BASEMAN PAUL GOLDSCHMIDT, WHOM THE FIELD IS NAMED AFTER.

THE GATEWAY REGION YMCA AND THE CITY OF ST. LOUIS WERE EXCITED TO
LAUNCH THE MOBILE Y, WHICH INCLUDES THREE MOBILE DJ UNITS, VIDEO GAMES,
THE SCHOOL OF BEATS CURRICULUM FOR TRAINING, STEAM PROGRAMMING,
RECREATIONAL GAMES SUCH AS KICKBALL, SOCCER, CARD GAMES, AND CORNHOLE,
AND FREE RESOURCES INCLUDING HOUSING ASSISTANCE, UTILITY ASSISTANCE,
MENTAL HEALTH CARE, AND FOOD ACCESS. FUNDED THROUGH THE OFFICE OF
VIOLENCE PREVENTION USING AMERICAN RESCUE PLAN ACT (ARPA) FUNDS, THE
MOBILE Y BRINGS THESE FREE RESOURCES TO TEENS AND YOUTH 18 AND YOUNGER
IN THE CITY OF ST. LOUIS AND THEIR COMMUNITIES, ESPECIALLY THOSE MOST
IMPACTED BY GUN VIOLENCE. IT PROVIDES A UNIQUE OPPORTUNITY FOR YOUTH

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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AND COMMUNITIES WHO CAN'T EASILY ACCESS PHYSICAL Y LOCATIONS TO STILL ENGAGE WITH ALL THE YMCA HAS TO OFFER.

SIGNIFICANT INVESTMENTS CONTINUED THROUGH MANY FACILITY IMPROVEMENTS AIMED AT ADDRESSING ONGOING NEEDS IN THE COMMUNITIES WE SERVE, HAVING LAUNCHED RENOVATIONS AT 10 BRANCHES LAST YEAR ALONE. IN SEPTEMBER, THE Y COMPLETED THE ADDITION OF A 6,300 SQUARE FOOT GYMNASIUM TO THE O'FALLON, MISSOURI YMCA. THIS SECOND GYMNASIUM WILL ALLOW THE Y TO EXPAND HEALTH AND WELLNESS SERVICES, AND ESPECIALLY ALLOW IT TO SERVE THE HIGH DEMAND FOR SPORTS AND OTHER YOUTH ACTIVITIES IN THE O'FALLON AND SURROUNDING COMMUNITIES. THE Y ALSO BROKE GROUND ON A \$9 MILLION EXPANSION AND RENOVATION PROJECT TO THE CHESTERFIELD YMCA TO BETTER SERVE THE CHANGING AND GROWING NEEDS OF THE COMMUNITY. THE RENOVATED FACILITY WILL REIMAGINE THE Y FOR THE COMMUNITY, PROVIDING A MODERNIZED FITNESS AND WELLNESS EXPERIENCE, EXPANDED PROGRAMS FOR YOUTH AND ADULTS, CRITICAL NEW SPACES FOR COMMUNITY HEALTH AND NUTRITION PROGRAMS, AND YOUTH EDUCATION AND SUPPORT. COMPLETION IS EXPECTED SUMMER 2025.

FORM 990, PART III, LINE 4A

THE Y IS COMMITTED TO IMPROVING AMERICA'S HEALTH AND WELL-BEING. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED INTERESTS. FOR EXAMPLE, IN 2024, 2,868 PEOPLE IN OUR COMMUNITY PARTICIPATED IN PERSONAL TRAINING PROGRAMS TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND AND BODY. MORE THAN 17,700 SWIM LESSONS WERE GIVEN, TEACHING MANY CHILDREN AND ADULTS VALUABLE WATER SAFETY AND SWIMMING SKILLS. THE Y'S SIZE AND REACH AS A VITAL COMMUNITY ASSET UNIQUELY POSITIONS THE ORGANIZATION TO BRIDGE THE GAP IN THE DELIVERY OF SWIM LESSONS AND WATER SAFETY EDUCATION. ALSO, 20,944 YOUTH SPORTS PARTICIPANTS GAINED CONFIDENCE AND LEARNED NEW SKILLS.

OUR SERVICES INCLUDE PROVIDING EVIDENCE-BASED PROGRAMS THAT SUPPORT PEOPLE IN CHANGING THEIR LIFESTYLES, FIGHTING CHRONIC DISEASES, MANAGING STRESS LEVELS AND ADOPTING FITNESS AND NUTRITIONAL BEHAVIORS. FOR EXAMPLE, 150 INDIVIDUALS PARTICIPATED IN A 12-MONTH, GROUP-BASED PROGRAM TO ENCOURAGE BEHAVIORAL CHANGE TO REDUCE THE RISK FOR DIABETES, WHILE 62 INDIVIDUALS PARTICIPATED IN AN EVIDENCE-BASED PROGRAM COMBINING BLOOD PRESSURE SELF-MONITORING, NUTRITION EDUCATION SEMINARS, AND PERSONALIZED SUPPORT. ALSO, 202 INDIVIDUALS WITH PARKINSON'S DISEASE PARTICIPATED IN REGULAR EXERCISE TO HELP EXTEND MOBILITY AND QUALITY OF LIFE THROUGH OUR EXERCISE FOR PARKINSON'S PROGRAM. ADDITIONALLY, LIVESTRONG AT THE YMCA ALLOWED 167 SURVIVORS TO PARTICIPATE IN A FREE 12-WEEK WELLNESS PROGRAM FOR ADULT CANCER SURVIVORS. AS AN EXAMPLE OF THE ARRAY OF PROGRAMS OFFERED THROUGH THE Y, 479 ADULTS ATTENDED MENTAL HEALTH WORKSHOPS HOSTED AT THE Y TO HELP ESTABLISH HEALTHY HABITS IN SUPPORT OF THEIR MENTAL HEALTH AND THAT OF THEIR CHILDREN, AND TO BE A MORE RESPONSIVE CAREGIVER.

OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES AND INCOME LEVELS. IN 2024, WE PROVIDED \$2,498,000 IN FINANCIAL ASSISTANCE TO PEOPLE WHO OTHERWISE MAY NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE.

FOR MORE THAN 25 YEARS, OUR Y HAS PROVIDED AN INCLUSIVE ENVIRONMENT WHERE MEMBERS AND PROGRAM PARTICIPANTS OF ALL ABILITIES ARE ABLE TO

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TAKE PART EQUALLY. IN FACT, OUR Y IS ONE OF THE FEW IN THE COUNTRY TO HAVE A FULLY OPERATIONAL INCLUSION AND ADAPTIVE SUPPORT SERVICES DEPARTMENT WITH THE OVERALL GOAL OF "CONNECTING ALL ABILITIES." IN 2024, WE SERVED 1,284 CHILDREN AND ADULTS WITH DISABILITIES THROUGH FITNESS, CAMPS, CHILDCARE, SWIMMING AND OTHER PROGRAMS.

FORM 990, PART III, LINE 4B

WITH YOUTH DEVELOPMENT AS ONE OF THE Y'S CORE FOCUS AREAS, THE Y PROVIDES A PLACE WHERE YOUTH CAN COME TO CULTIVATE THE SKILLS AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND LIFELONG SUCCESS - AND HAVE FUN DOING IT. THE Y DOES JUST THAT THROUGH ITS SUMMER CAMP PROGRAMS. IN 2024, THE Y'S DAY CAMP PROGRAM WELCOMED 6,440 CAMP PARTICIPANTS AND OVERNIGHT Y CAMP LAKEWOOD WELCOMED 1,609 YOUTH, ALLOWING YOUNG CAMPERS TO DISCOVER HIDDEN TALENT, GAIN SELF-ESTEEM AND ACQUIRE NEW SKILLS IN A SAFE AND FUN ENVIRONMENT. IN ADDITION, YMCA TROUT LODGE HAS LONG BEEN A DESTINATION FOR FAMILIES TO RECONNECT, CREATE NEW MEMORIES AND DISCOVER THE JOY OF EMBRACING THE SIMPLE PLEASURES OF NATURE.

FORM 990, PART III, LINE 4C

AS PART OF THE Y'S YOUTH DEVELOPMENT FOCUS, THE Y CLUB BEFORE AND AFTER SCHOOL CHILDCARE PROGRAM IS HELD IN PARTNERSHIP WITH LOCAL SCHOOL DISTRICTS AND ENGAGES STUDENTS IN PHYSICAL, LEARNING AND IMAGINATIVE ACTIVITIES THAT ENCOURAGE THEM TO EXPLORE WHO THEY ARE AND WHAT THEY CAN ACHIEVE. IN 2024, THE ASSOCIATION OFFERED PROGRAMS AT 79 Y CLUBS SERVING 3,088 PARTICIPANTS. IN ADDITION, THROUGH FOUR EARLY CHILDHOOD EDUCATION CENTERS, THE Y SERVED 322 PARTICIPANTS.

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

OUR Y IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN. WE BELIEVE ALL KIDS HAVE GREAT POTENTIAL AND DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. THAT'S WHY WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH AND EDUCATIONAL ACHIEVEMENT.

AS PART OF OUR YOUTH DEVELOPMENT PROGRAMS, THE GATEWAY REGION Y PROVIDES ACADEMIC PROGRAMS TO ENSURE THAT ALL YOUTH GRADUATE FROM HIGH SCHOOL READY FOR THE NEXT STEP IN THEIR LIVES. IN 2024, WE PROVIDED ONE-ON-ONE READING TUTORING TO 101 YOUTH AND ADULTS. PARTICIPATING YOUTH EXPERIENCE A TWO-GRADE LEVEL GROWTH AVERAGE PER YEAR.

LAST YEAR, 58 TEENS PARTICIPATED IN ONE OF OUR Y ENGINEERING PROGRAMS, WHICH LINKS HANDS-ON SCIENCE, TECHNOLOGY, ENGINEERING, ART, AND MATHEMATICS ACTIVITIES WITH CAREERS IN STEAM, AND SUPPORTS COLLEGE READINESS. WE ALSO HOSTED 699 YOUTH AND PARENTS AT ONE OF OUR STEAM FAMILY NIGHTS, WHERE PARTICIPANTS EXPLORED ARTIFICIAL INTELLIGENCE, ENGINEERING, EXTREME WEATHER, CYBERSPACE, AND ROBOTICS WHILE PARTICIPATING AS A FAMILY.

THROUGH OUR WASHINGTON UNIVERSITY CAMPUS Y PROGRAM, 537 STUDENTS PARTICIPATED IN 23 ACTIVE PROGRAMS WITH 49 COMMUNITY PARTNERS PROVIDING SUPPORT TO THE ST. LOUIS COMMUNITY WITH BLOOD DRIVES, EDUCATIONAL ENRICHMENT, TUTORING, MENTORING YOUTH, AND OTHER INITIATIVES.

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OUR YOUTH AND GOVERNMENT (YAG) PROGRAM PROVIDED 358 STUDENTS THE OPPORTUNITY TO EXPERIENCE THE DEMOCRATIC PROCESS AND DEVELOP THE LEADERSHIP SKILLS NEEDED TO BECOME CITIZENS OF A PARTICIPATORY SOCIETY.

OUR Y BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS, AND ONE WAY WE DO THAT IS BY PROVIDING HEALTH ACCESS TO AS MANY PEOPLE AS POSSIBLE. THE GATEWAY REGION YMCA MAINTAINS COMMUNITY GARDENS THAT CONTRIBUTED PRODUCE TO THE SURROUNDING AREAS THEY SERVE.

LEADING INTO THE THANKSGIVING HOLIDAY, OUR Y COLLECTED MORE THAN 8,000 CANS OF FOOD THAT WERE DONATED TO AREA FOOD BANKS TO HELP THOSE IN NEED. OUR Y BRANCHES ALSO COLLECTED GIFTS FOR MORE THAN 1,000 FAMILIES IN NEED DURING OUR ANGEL TREE COMMUNITY COLLECTION CAMPAIGN.

THE GATEWAY REGION YMCA WORLD SERVICE PROGRAM WORKS IN PARTNERSHIP WITH YS IN UKRAINE, BELIZE, BRAZIL, COLOMBIA, AND SOUTH AFRICA. CONTRIBUTIONS GIVEN TO OUR INTERNATIONAL PARTNERS ARE USED TO SUPPORT YOUTH-LED SOCIAL ENTREPRENEURSHIP, HEALTH EDUCATION AND TRAINING, CLIMATE CHANGE ACTION AND OTHER CIVIC ENGAGEMENT INITIATIVES THAT POSITION YOUNG PEOPLE TO LEAD THE CHANGE IN THEIR COMMUNITIES. EXPENSES \$ 13,545,346. INCL GRANTS OF \$ 168,296. REVENUE \$ 5,422,389.

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.

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 BE 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 MEASUREABLE PERFORMANCE GOALS ARE SET FOR SENIOR EXECUTIVES AT THE BEGINNING OF EACH YEAR. FORMAL

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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 TO THE RECOMMENDATION TO THE BOARD OF DIRECTORS. THE EXECUTIVE COMPENSATION COMMITTEE IS MADE UP OF THE CURRENT BOARD CHAIR, THE TWO IMMEDIATE PAST CHAIRS 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 2021. 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:

INTEREST RATE SWAP -71,540.

PART XII, LINE 2C

NO CHANGE FROM PRIOR YEAR.

FEIN: 43-0653616

412571
04-01-24

Form **990-W**
(Worksheet)

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations) **FORM 990-T**

► Keep for your records. Do not send to the Internal Revenue Service.

2025

1 Unrelated business taxable income expected in the tax year				1	
2 Tax on the amount on line 1				2	
3 Alternative minimum tax for trusts				3	
4 Total. Add lines 2 and 3				4	
5 Estimated tax credits				5	
6 Subtract line 5 from line 4				6	
7 Other taxes				7	
8 Total. Add lines 6 and 7				8	
9 Credit for federal tax paid on fuels				9	
10a Subtract line 9 from line 8. Note: If less than \$500, the organization does not need to make estimated tax payments				10a	
b Enter the tax shown on the 2024 return. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c				10b	1,092.
c 2025 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c ADJUSTED TO				10c	1,120.
		(a)	(b)	(c)	(d)
11	Installment due dates	11	04/15/25		
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12	1,120.		
13	2024 Overpayment	13			
14	Payment due (Subtract line 13 from line 12)	14			

Form **990-W**

ESTIMATED TAX	1,120.
OVERPAYMENT APPLIED	19,664.
AMOUNT DUE	0.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

For calendar year 2024 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	D Employer identification number 43-0653616
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. 2815 SCOTT AVENUE, D	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code SAINT LOUIS, MO 63103	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year 169,380,262.	
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			
H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) 2			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
L The books are in care of MELISSA LICKERT Telephone number 314-436-1177			

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	6,198.
2 Reserved	2	
3 Add lines 1 and 2	3	6,198.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	6,198.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	6,198.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	5,198.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	1,092.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4a Amount from Form 4255, Part I, line 3, column (q)	4a	
b Other tax amounts. See instructions	4b	
5 Alternative minimum tax	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	1,092.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2	1,092.	
3a Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a		
b Amount due from Form 8611	3b		
c Amount due from Form 8697	3c		
d Amount due from Form 8866	3d		
e Other amounts due (see instructions)	3e		
f Total amounts due. Add lines 3a through 3e	3f	0.	
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	1,092.	

Part III Tax and Payments (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	20,760.
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	20,760.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	4.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	19,664.
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax 19,664. Refunded	11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	110000	\$ 2,929.	
		\$	
		\$	
		\$	
6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	KIMBERLY A RYAN			PTIN P00829977
	Firm's name	Firm's EIN		
	RUBINBROWN LLP	43-0765316		
	Firm's address	Phone no.		
	7676 FORSYTH BLVD, SUITE 2100	(314) 290-3300		
	SAINT LOUIS, MO 63105			

Form **990-T** (2024)

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

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

1
OMB No. 1545-0047

2024

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

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

B Employer identification number
43-0653616

C Unrelated business activity code (see instructions) 110000

D Sequence: 1 of 2

E Describe the unrelated trade or business TIMBER SALES

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Part III, line 8)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13	0.	

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement)	14	
15	Total deductions. Add lines 1 through 14	15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	0.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

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

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

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2024

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income

A	B	C	D

a Add columns A through D. Enter here and on Part I, line 11, column (A) 0.

3 Direct advertising costs by periodical

--	--	--	--

a Add columns A through D. Enter here and on Part I, line 11, column (B) 0.

4 Advertising gain (loss). Subtract line 3 from line

2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 0.

Part XI Supplemental Information (see instructions)

990-T SCH A		POST-2017 NET OPERATING LOSS DEDUCTION		STATEMENT 1	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/20	1,963.	0.	1,963.	1,963.	
12/31/21	679.	0.	679.	679.	
12/31/22	240.	0.	240.	240.	
12/31/23	47.	0.	47.	47.	
NOL CARRYOVER AVAILABLE THIS YEAR			2,929.	2,929.	

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.

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

2
OMB No. 1545-0047

2024

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

A Name of the organization GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	B Employer identification number 43-0653616
C Unrelated business activity code (see instructions) 530000	D Sequence: 2 of 2

E Describe the unrelated trade or business **REAL ESTATE RENTAL/LEASING**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6 130,646.	124,448.	6,198.
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 130,646.	124,448.	6,198.

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1			
2 Salaries and wages	2			
3 Repairs and maintenance	3			
4 Bad debts	4			
5 Interest (attach statement). See instructions	5			
6 Taxes and licenses	6			
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11			
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement)	14			
15 Total deductions. Add lines 1 through 14	15			0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			6,198.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			6,198.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/> CELL TOWER RENTAL - OZARKS 13528 STATE HIGHWAY AA, POTOSI, MO 63				
B	<input type="checkbox"/> CELL TOWER RENTAL - EMERSON 3390 PERSHALL ROAD, ST. LOUIS, MO 63				
C	<input type="checkbox"/> RENTAL - O'FALLON, IL 284 N. SEVEN HILLS ROAD, O'FALLON, IL 6226				
D	<input type="checkbox"/> RENTAL - CHESTERFIELD 16464 BURKHARDT PL, CHESTERFIELD, MO 63017				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	0.	0.	0.	0.
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	41,363.	12,422.	0.	76,861.
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	41,363.	12,422.		76,861.
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	130,646.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement) STMT 2	0.	0.	0.	124,448.
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	124,448.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

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

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
	0.			0.
Totals				

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2024

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income

a Add columns A through D. Enter here and on Part I, line 11, column (A) 0.

3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B) 0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

DEDUCTIONS CONNECTED WITH RENTAL INCOME

STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES AND WAGES		5,304.	
REPAIRS AND MAINTENANCE		6,951.	
PAYROLL TAX		398.	
DEPRECIATION		67,043.	
INSURANCE		16,096.	
UTILITIES		28,656.	
- SUBTOTAL -	4		124,448.
TOTAL TO FORM 990-T, SCHEDULE A, PART IV, LINE 4			124,448.

FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

[illegible]

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-T

OMB No. 1545-0123

2024

Go to www.irs.gov/Form2220 for instructions and the latest information.

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

Employer identification number
43-0653616

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

Part I Required Annual Payment

1	Total tax (see instructions)	1	1,092.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	1,092.
4	Enter the tax shown on the corporation's 2023 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	20,742.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	1,092.

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

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

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9 04/15/24	06/15/24	09/15/24	12/15/24
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10 273.	273.	273.	273.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	10,380.	5,190.	5,190.
Complete lines 12 through 18 of one column before going to the next column.				
12 Enter amount, if any, from line 18 of the preceding column	12		9,834.	14,751.
13 Add lines 11 and 12	13	10,380.	15,024.	19,941.
14 Add amounts on lines 16 and 17 of the preceding column	14	273.		
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	15,024.	19,941.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16	0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	273.		
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18		9,834.	14,751.

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

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2024)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2024 and before 7/1/2024	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 8\% (0.08)}{366}$...	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2024 and before 10/1/2024 ...	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 8\% (0.08)}{366}$...	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2024 and before 1/1/2025	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{366}$...	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2024 and before 4/1/2025 ...	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$...	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2025 and before 7/1/2025	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2025 and before 10/1/2025 ...	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2025 and before 1/1/2026	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2025 and before 3/16/2026 ...	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38			
		\$		4 .

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

[illegible]

4. |

11480617 132842 02553.0000

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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

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

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	Taxpayer identification number (TIN) 43-0653616
	Number, street, and room or suite no. If a P.O. box, see instructions. 2815 SCOTT AVENUE, D	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAINT LOUIS, MO 63103	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)The books are in the care of **MELISSA LICKERT****2815 SCOTT AVENUE, SUITE D - ST. LOUIS, MO 63103**Telephone No. **314-436-1177**

Fax No. _____

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

- 1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 **24** or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8868** (Rev. 1-2025)

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM IL-990-T

FOR THE YEAR ENDING

December 31, 2024

Prepared For:

Gateway Region Young Men's
Christian Association
2815 Scott Avenue No. D
Saint Louis, MO 63103

Prepared By:

RubinBrown LLP
7676 Forsyth Blvd, Suite 2100
Saint Louis, MO 63105

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount		0
Plus: nterest and penalties	\$	0
No payment required	\$	

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Illinois Department of Revenue
P.O. Box 19009
Springfield, IL 62794-9009

Return Must be Mailed On or Before:

December 15, 2025

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

December 31, 2024

Prepared For:

Gateway Region Young Men's
Christian Association
2815 Scott Avenue No. D
Saint Louis, MO 63103

Prepared By:

RubinBrown LLP
7676 Forsyth Blvd, Suite 2100
Saint Louis, MO 63105

Amount of Tax:

Balance due of \$15

Make Check Payable To:

Illinois Charity Bureau Fund

Mail Tax Return To:

Office of the Attorney General
Charitable Trust Bureau
115 S. LaSalle St
Chicago, IL 60603

Return must be mailed on or before:

June 30, 2025

Special Instructions:

The report should be signed and dated by an authorized individual(s).

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Illinois Attorney General Kwame Raoul
Charitable Trust Bureau, 115 S. LaSalle St
Chicago, IL 60603

CO # 01-070798

Report for the Fiscal Period:

Beginning 01/01/2024

& Ending 12/31/2024

MO DAY YR

Make Checks
Payable to
Illinois Charity
Bureau Fund

Check all items attached:

- | | |
|-------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> | Copy of IRS Return |
| <input checked="" type="checkbox"/> | Audited Financial Statements |
| <input type="checkbox"/> | Reviewed Financial Statements |
| <input type="checkbox"/> | Copy of Form IFC |
| <input checked="" type="checkbox"/> | \$15 Annual Report Filing Fee |
| <input type="checkbox"/> | \$100 Late Report Filing Fee |

Federal ID # 43-0653616

Are contributions to the organization tax deductible?

☒ Yes ☐ No

Date organization was created:

MO DAY YR

Legal Name: GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	YEAR-END AMOUNTS	
Mail Address: 2815 SCOTT AVENUE, D	A) ASSETS	A) \$ 169,380,262.
City, State: SAINT LOUIS, MO	B) LIABILITIES	B) \$ 17,350,862.
Zip Code: 63103	C) NET ASSETS	C) \$ 152,029,400.
Email Address:		
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.)	90.638 %	D) \$ 73,728,484.
E) GOVERNMENT GRANTS AND MEMBERSHIP DUES	3.788 %	E) \$ 3,081,691.
F) OTHER REVENUES	5.574 %	F) \$ 4,533,871.
G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E & F)	100 %	G) \$ 81,344,046.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	82.710 %	H) \$ 66,632,367.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	82.710 %	J) \$ 66,632,367.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J)		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	3.213 %	K) \$ 2,588,549.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	85.923 %	L) \$ 69,220,916.
M) MANAGEMENT AND GENERAL EXPENSE	10.806 %	M) \$ 8,705,611.
N) FUNDRAISING EXPENSE	3.271 %	N) \$ 2,635,344.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)	100 %	O) \$ 80,561,871.
III. SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q = R)	%	R) \$
• PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS SEE STATEMENT 1		S) \$ 87,678.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: TIMOTHY HELM, PRESIDENT & CEO		T) \$ 526,408.
U) NAME, TITLE: JARED BEARD, EXECUTIVE SR. VP & COO		U) \$ 257,823.
V) NAME, TITLE: WENDY CORNETT-MARQUITZ, SR. VP & CFDO		V) \$ 244,995.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: HEALTH ENHANCEMENTS		W) # 044
X) DESCRIPTION: CAMPING		X) # 040
Y) DESCRIPTION: SCHOOL AGED CHILDCARE		Y) # 110

THE QUESTIONS BELOW ARE APPLICABLE TO THE CURRENT REPORTING PERIOD. IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGEMENT? STATEMENT 2		X
2. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		X
3. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X
4. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	X	
5. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	X	
6a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
6b. IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____ .		
7. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		X
8. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X
9. DID THE ORGANIZATION LEARN OR BECOME AWARE OF ANY KICKBACK, BRIBE OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS IN THE CURRENT OR PREVIOUS FISCAL YEARS?		X
10. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: BANK OF AMERICA MERRILL LYNCH - 800 MARKET STREET, ST. LOUIS, MO 63101 US BANK - PO BOX 1800, ST. PAUL, MN 55101-0800 COMMERCE BANK, 8000 FORSYTH BLVD, ST LOUIS, MO 63105		
11. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: MELISSA LICKERT - 314-436-1177		

• ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS •

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE, SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

JUDITH M. ABRAMS

PRESIDENT OR OTHER AUTHORIZED OFFICER OR TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TIMOTHY HELM

CHIEF FISCAL OFFICER OR TRUSTEE (PRINT NAME)

SIGNATURE

DATE

KIMBERLY A RYAN

PREPARER (PRINT NAME)

SIGNATURE

DATE

FORM AG990-IL

PAYMENTS TO FUNDRAISING CONSULTANTS

STATEMENT 1

FUNDRAISING CONSULTANT'S NAME	ADDRESS	AMOUNT PAID
DONOR BY DESIGN GROUP, LLC	724 NORTH ELIZABETH AVENUE, FERGUSON, MO 63135	37,931.
WENTWORTH NONPROFIT CONSULTING	209 120TH ST. NE, MARYSVILLE, WA 98271	49,747.
TOTAL AMOUNT TO FORM AG990-IL, PART III, LINE S		87,678.

FORM AG990-IL

EXPLANATION FOR ACTIVITIES
DESCRIBED ON PAGE 2

STATEMENT 2

4. THE GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION (THE ORGANIZATION) IS A NOT-FOR-PROFIT CHARITABLE ORGANIZATION DEDICATED TO BUILDING HEALTHY SPIRIT, MIND AND BODY.

EFFECTIVE JANUARY 1, 2016, YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTHWEST ILLINOIS (SWIL) AND THE ORGANIZATION COMPLETED A MERGER (COLLECTIVELY AS OF THIS DATE, THE ASSOCIATION).

AS A RESULT OF THE MERGER WITH SWIL, THE ASSOCIATION BECAME A 50% PARTNER OF THE Y-SIHVI, LLC (SUBSIDIARY), AN ILLINOIS PARTNERSHIP WITH MEMORIAL REGIONAL HEALTH SERVICES, INC. IN BELLEVILLE, ILLINOIS. THE PARTNERSHIP WAS FORMED IN 1999 TO CONSTRUCT AND OPERATE SWIL'S O'FALLON, ILLINOIS YMCA BRANCH.

IN 2021, MEMORIAL REGIONAL HEALTH SERVICES, INC. WAS DISSOLVED AND CHANGED TO PROTESTANT MEMORIAL MEDICAL CENTER, INC., WHICH RETAINED THE 50% OWNERSHIP IN Y-SIHVI, LLC.



2024 Form IL-990-T

Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2024, enter your fiscal tax year here.

Tax year beginning _____ 20____, ending _____ 20____
month day year month day year**WARNING** This form is for tax years ending on or after December 31, 2024, and before December 31, 2025.
For all other situations, see instructions to determine the correct form to use.

Enter the amount you are paying.

\$ _____

Step 1: Identify your exempt organization

A Enter your complete legal business name.

If you have a name change, check this box. ☐Name: GATEWAY REGION YOUNG MEN'S CHRISTIAN

B Enter your mailing address.

C/O: _____

Mailing address: 2815 SCOTT AVENUE, DC City: SAINT LOUIS State: MO ZIP: 63103

If this is the first or final return, check the applicable box(es).

☐ First return☐ Final return (Enter the date of termination. _____)
mm dd yyyy

D Enter your federal employer identification no. (FEIN).

43-0653616E Check if you are taxed as a corporation. ☒F Check if you are taxed as a trust. ☐G Provide the nature of your unrelated trade or business. SEE STATEMENT 3

H Check this box if you attached Illinois

Schedule 1299-D, Income Tax Credits. ☐

I Enter your North American Industry Classification System (NAICS) Code, if applicable. See instructions.

J Check this box if you are a 52/53 week filer. ☐

Step 2: Figure your base income or loss

(Whole dollars only)

1 Unrelated business taxable income or loss from federal Form 990-T. See Instructions.

Attach a copy of your federal Form 990-T.

1 5,198 .00

2 Illinois income and replacement tax and surcharge deducted in arriving at Line 1.

2 _____ .00

3 Base income or loss. Add Lines 1 and 2.

3 5,198 .00

STOP

A If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and enter the amount from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must leave Step 3, Lines 4 through 11 blank.) ☐B If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete all lines of Step 3. (Do not leave Lines 6 through 8 blank.) See instructions. ☒

Step 3: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

4 Business income or loss included in Line 3 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.

4 0 .00

5 Business income or loss. Subtract Line 4 from Line 3.

5 5,198 .00

6 Total sales everywhere. This amount cannot be negative.

6 5,198 .

7 Total sales inside Illinois. This amount cannot be negative.

7 0 .

8 Apportionment factor. Divide Line 7 by Line 6. Round to six decimal places.

8 .000000

9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.

9 0 .00

10 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.

10 0 .00

11 Base income or loss allocable to Illinois. Add Lines 9 and 10.

11 0 .00

Step 4: Figure your net replacement tax

▼ Attach your payment and Form IL-990-T-V here. ▲

12 Net income or loss from Line 3 or Line 11.

12 _____ .00

13 Replacement tax. **Corporations** multiply Line 12 by 2.5% (.025); **Trusts** multiply by 1.5% (.015).

13 _____ .00

14 Recapture of investment credits. **Attach** Schedule 4255.

14 _____ .00

15 Replacement tax before investment credits. Add Lines 13 and 14.

15 _____ .00

16 Investment credits. **Attach** Form IL-477.16 0 .00

17 Net replacement tax. Subtract Line 16 from Line 15. If the amount is negative, enter zero.

17 0 .00

IR NS DR _____



Step 5: Figure your net income tax

18	Net income or loss from Line 12.	18	_____	.00
19	Income Tax. See instructions.	19	_____	.00
20	Recapture of investment credits. Attach Schedule 4255.	20	_____	.00
21	Income tax before credits. Add Lines 19 and 20.	21	_____	.00
22	Income tax credits. Attach Schedule 1299-D.	22	_____	.00
23	Net income tax. Subtract Line 22 from Line 21. If the amount is negative, enter zero.	23	_____	0 .00

Step 6: Figure your refund or balance due

24	Net replacement tax from Line 17.	24	_____	.00
25	Net income tax from Line 23.	25	_____	.00
26	Compassionate Use of Medical Cannabis Program Act surcharge. See instructions.	26	_____	.00
27	Sale of assets by gaming licensee surcharge. See instructions.	27	_____	.00
28	Total net income and replacement taxes and surcharges. Add Lines 24, 25, 26, and 27.	28	_____	.00
29	Payments. See instructions.			
a	Credits from previous overpayments.	29a	_____	.00
b	Total payments made before the date this return is filed.	29b	_____	.00
c	Pass-through withholding reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	29c	_____	.00
d	Pass-through entity tax credit reported to you. Attach Schedule(s) K-1-P or K-1-T.	29d	_____	.00
e	Illinois income tax withholding. Attach Form(s) W-2G.	29e	_____	.00
30	Total payments. Add Lines 29a through 29e.	30	_____	.00
31	Overpayment. If Line 30 is greater than Line 28, subtract Line 28 from Line 30.	31	_____	.00
32	Amount to be credited forward . See instructions. Check this box and attach a detailed statement if this carryforward is going to a different FEIN. <input type="checkbox"/>	32	_____	.00
33	Refund. Subtract Line 32 from Line 31. This is the amount to be refunded.	33	_____	.00

34 Complete to direct deposit your refund

Routing Number _____ ☐ Checking or ☐ Savings
Account Number _____

35 **Tax Due.** If Line 28 is greater than Line 30, subtract Line 30 from Line 28. This is the amount you owe. 35 _____ .00

- If you owe tax on Line 35, make an electronic payment at Tax.Illinois.gov. If you must mail your payment, complete a payment voucher, Form IL-990-T-V. Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front of this form.

Special Note → Enter the amount of your payment on the top of Page 1 in the space provided.

Step 7: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here	SR. VP OF FINANCE/CFO			<input checked="" type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step.
	Signature of authorized officer	Date (mm/dd/yyyy)	Phone	
Paid Preparer Use Only	KIMBERLY A RYAN			<input type="checkbox"/> Check if self-employed Paid Preparer's PTIN P00829977
	Print/Type paid preparer's name		Paid preparer's signature	
	Firm's name ► RUBINBROWN LLP		Firm's FEIN ► 43-0765316	
	Firm's address ► 7676 FORSYTH BLVD, SUITE 2100,		Firm's phone ► (314) 290-3300	

► If a payment is **not** enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009**

► If a payment is enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053**

FORM IL-990-T	NATURE OF TRADE OR BUSINESS	STATEMENT 3
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RENTAL INCOME
TIMBER SALES

TO FORM IL-990-T, PAGE 1

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

ILLINOIS

Unrelated Business Taxable Income
From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

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

ENTITY

1

OMB No. 1545-0047

2024

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

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

B Employer identification number
43-0653616

C Unrelated business activity code (see instructions)

D Sequence: **1** of **1**

E Describe the unrelated trade or business

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Part III, line 8)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13		

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement)	14	
15	Total deductions. Add lines 1 through 14	15	
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	0.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024