

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2016
Open to Public Inspection

A For the 2016 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	C Name of organization GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION Doing business as		D Employer identification number 43-0653616
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 326 S. 21ST 4TH FL	E Telephone number 314-436-1177	
	City or town, state or province, country, and ZIP or foreign postal code ST. LOUIS, MO 63103		G Gross receipts \$ 105,409,997.
	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)
	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		H(c) Group exemption number ▶

J Website: ▶ **GWRYMCA.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1853** **M** State of legal domicile: **MO**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	58
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	57
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	5701
	6 Total number of volunteers (estimate if necessary)	6	7446
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	33,636.
b Net unrelated business taxable income from Form 990-T, line 34	7b	32,636.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,973,115.	37,359,331.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	48,868,719.	61,966,849.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,084,147.	934,403.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	116,399.	295,051.
		58,042,380.	100,555,634.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,256,131.	2,790,423.
	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)	35,021,084.	42,746,567.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	79,298.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 942,823.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,355,868.	27,187,327.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	58,633,083.	72,803,615.	
19 Revenue less expenses. Subtract line 18 from line 12	-590,703.	27,752,019.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	111,784,137.	140,869,213.
	22 Net assets or fund balances. Subtract line 21 from line 20	17,701,760.	18,235,159.
	94,082,377.	122,634,054.	

Part II Signature Block

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

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

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

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Part III Statement of Program Service Accomplishments

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

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 \$ 37,096,651. including grants of \$ 1,532,329.) (Revenue \$ 40,540,430.)

SEE SCHEDULE O

4b (Code: _____) (Expenses \$ 11,963,972. including grants of \$ 269,488.) (Revenue \$ 9,451,159.)

SEE SCHEDULE O

4c (Code: _____) (Expenses \$ 6,843,220. including grants of \$ 175,632.) (Revenue \$ 7,381,694.)

SEE SCHEDULE O

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

(Expenses \$ 11,976,110. including grants of \$ 812,974.) (Revenue \$ 4,875,171.)

4e Total program service expenses **67,879,953.**

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

		Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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>	21		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X	
29 Did the organization receive more than \$25,000 in non-cash 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 in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK D. LEEKER CHAIR	1.00	X		X			0.	0.	0.	
(2) WILLIAM GAVIN VICE CHAIR	1.00	X		X			0.	0.	0.	
(3) RICHARD J. NICOLETTI TREASURER	1.00	X		X			0.	0.	0.	
(4) BRADFORD KOENEMAN SECRETARY	1.00	X		X			0.	0.	0.	
(5) CHERYL ANTHONY DIRECTOR	1.00	X					0.	0.	0.	
(6) CATHY BAUGHMAN-HOLAWAY DIRECTOR	1.00	X					0.	0.	0.	
(7) GREG DART DIRECTOR	1.00	X					0.	0.	0.	
(8) JANICE DORRIS DIRECTOR	1.00	X					0.	0.	0.	
(9) L.B. ECKELKAMP, JR. DIRECTOR	1.00	X					0.	0.	0.	
(10) DR. THOMAS GEORGE DIRECTOR	1.00	X					0.	0.	0.	
(11) MICHAEL GIBBONS DIRECTOR	1.00	X					0.	0.	0.	
(12) PHILIP GOODWIN DIRECTOR	1.00	X					0.	0.	0.	
(13) STEVE HANLEY DIRECTOR	1.00	X					0.	0.	0.	
(14) MELISSA HARPER DIRECTOR	1.00	X					0.	0.	0.	
(15) CHRIS HARRIS, SR. DIRECTOR	1.00	X					0.	0.	0.	
(16) THOMAS HARTMANN DIRECTOR	1.00	X					0.	0.	0.	
(17) ANNE HILL DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DANIEL JACKSON DIRECTOR	1.00	X					0.	0.	0.	
(19) NEVADA (AL) A. KENT, IV DIRECTOR	2.00	X					0.	0.	0.	
(20) JOHN KNUDSEN DIRECTOR	1.00	X					0.	0.	0.	
(21) MELISSA LACKEY DIRECTOR	1.00	X					0.	0.	0.	
(22) DAVID LAYTON DIRECTOR	1.00	X					0.	0.	0.	
(23) MARILYN LUNNEMANN DIRECTOR	1.00	X					0.	0.	0.	
(24) RYAN J. MARTIN DIRECTOR	1.00	X					0.	0.	0.	
(25) WILLIAM METZGER DIRECTOR	1.00	X					0.	0.	0.	
(26) JOSEPH M. MOONEY DIRECTOR	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							1,225,967.	0.	244,819.	
d Total (add lines 1b and 1c)							1,225,967.	0.	244,819.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BRICO, 3109 S GRAND BLVD SUITE 200, ST. LOUIS, MO 63118	CONSTRUCTION CONTRACTOR	924,310.
KAMA INC 14372 S. OUTER 40, CHESTERFIELD, MO 63017	MAILING SERVICES	510,667.
ROCK HILL MECHANICAL CORP 524 CLARK AVE, ST. LOUIS, MO 63122	HVAC CONTRACTOR	497,248.
DAXCO LLC P.O. BOX 30321, ATLANTA, GA 30321	SOFTWARE SERVICE PROVIDERS	377,903.
FIRST STUDENT 22157 NETWORK PLACE, CHICAGO, IL 60673	TRANSPORTATION	360,696.

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 **18**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2016)

**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) PATRICK J. MOORE DIRECTOR	1.00	X					0.	0.	0.	
(28) JULIA K. MULLER DIRECTOR	1.00	X					0.	0.	0.	
(29) TRACI O'BRYAN DIRECTOR	1.00	X					0.	0.	0.	
(30) JULIE ORLET DIRECTOR	1.00	X					0.	0.	0.	
(31) EMILY PITTS DIRECTOR	1.00	X					0.	0.	0.	
(32) SUSAN RATZ DIRECTOR	1.00	X					0.	0.	0.	
(33) JON N. REED DIRECTOR	2.00	X					0.	0.	0.	
(34) JON ROSESTENGL DIRECTOR	1.00	X					0.	0.	0.	
(35) KURT M. SCHWAGER DIRECTOR	1.00	X					0.	0.	0.	
(36) DANIEL J. SESCLEIFER DIRECTOR	2.00	X					0.	0.	0.	
(37) DIANE SHER CPA, PFS, CFP, WBE DIRECTOR	1.00	X					0.	0.	0.	
(38) NEAL STOUT DIRECTOR	1.00	X					0.	0.	0.	
(39) DAVID WILSDORF DIRECTOR	1.00	X					0.	0.	0.	
(40) MICHAEL O'KEEFE DIRECTOR	1.00	X					0.	0.	0.	
(41) REV. STARSKY WILSON DIRECTOR	1.00	X					0.	0.	0.	
(42) GREIG WOODRING DIRECTOR	1.00	X					0.	0.	0.	
(43) DR. FARA ZAKERY DIRECTOR	1.00	X					0.	0.	0.	
(44) ALAN KLOBASA DIRECTOR	1.00	X					0.	0.	0.	
(45) AMANDA ITOKU DIRECTOR	1.00	X					0.	0.	0.	
(46) ARINDAM KAR DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

**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			
(47) BILL LOWRY DIRECTOR	1.00	X					0.	0.	0.	
(48) BRIAN SCHNEIDER DIRECTOR	1.00	X					0.	0.	0.	
(49) CHANCE GRANNAN DIRECTOR	1.00	X					0.	0.	0.	
(50) CHARLES BAUGHMAN DIRECTOR	1.00	X					0.	0.	0.	
(51) DANNY POGUE DIRECTOR	1.00	X					0.	0.	0.	
(52) DAVE KALTWASSER DIRECTOR	1.00	X					0.	0.	0.	
(53) DAVID NOBLE DIRECTOR	1.00	X					0.	0.	0.	
(54) ELIZABETH PECHA-POELKER DIRECTOR	1.00	X					0.	0.	0.	
(55) FRANK LOGAN DIRECTOR	1.00	X					0.	0.	0.	
(56) JACQUES THRO DIRECTOR	1.00	X					0.	0.	0.	
(57) JAMES JUMP DIRECTOR	1.00	X					0.	0.	0.	
(58) JEFF GUEBERT DIRECTOR	1.00	X					0.	0.	0.	
(59) JOHN CREER DIRECTOR	1.00	X					0.	0.	0.	
(60) JON GRANDER DIRECTOR	1.00	X					0.	0.	0.	
(61) KEVIN THOMPSON DIRECTOR	1.00	X					0.	0.	0.	
(62) KURT KALLAUS DIRECTOR	1.00	X					0.	0.	0.	
(63) KURT THOMPSON DIRECTOR	1.00	X					0.	0.	0.	
(64) LENZIE STEWART DIRECTOR	1.00	X					0.	0.	0.	
(65) MARITA LACHAPPELL DIRECTOR	1.00	X					0.	0.	0.	
(66) MATTHEW BIERE 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 1,840,783.				
	b Membership dues	1b				
	c Fundraising events	1c 651,417.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1,695,728.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 33,171,403.				
	g Noncash contributions included in lines 1a-1f: \$	27,264,722.				
	h Total. Add lines 1a-1f	▶ 37,359,331.				
	Program Service Revenue	2 a HEALTH ENHANCEMENT	Business Code 713940	40,540,430.	40,540,430.	
b CAMPING		900099	9,451,159.	9,451,159.		
c SCHOOL AGE CHILD CARE		624410	7,381,694.	7,381,694.		
d DAY CARE		624310	3,313,028.	3,313,028.		
e SOCIAL DEVELOPMENT		900099	1,264,250.	1,264,250.		
f All other program service revenue		900099	16,288.	16,288.		
g Total. Add lines 2a-2f		▶ 61,966,849.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	▶ 493,017.			493,017.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real	2,000.			
		(ii) Personal	34,982.			
		b Less: rental expenses	0.	1,346.		
		c Rental income or (loss)	2,000.	33,636.		
	d Net rental income or (loss)	▶ 35,636.		33,636.	2,000.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	4,421,218.			
		(ii) Other	17,347.			
		b Less: cost or other basis and sales expenses	3,994,551.	2,628.		
		c Gain or (loss)	426,667.	14,719.		
	d Net gain or (loss)	▶ 441,386.			441,386.	
	8 a Gross income from fundraising events (not including \$ 651,417. of contributions reported on line 1c). See Part IV, line 18	a	459,480.			
		b Less: direct expenses	b 685,934.			
c Net income or (loss) from fundraising events		▶ -226,454.			-226,454.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a	352,759.				
	b Less: cost of goods sold	b 169,904.				
	c Net income or (loss) from sales of inventory	▶ 182,855.	182,855.			
Miscellaneous Revenue		Business Code				
11 a Y-CLUB SITE TRAINING FEES		900099	78,750.	78,750.		
	b FEES FROM Y-USA	900099	20,000.	20,000.		
	c					
	d All other revenue	900099	204,264.		204,264.	
	e Total. Add lines 11a-11d	▶ 303,014.				
12 Total revenue. See instructions.	▶ 100,555,634.	62,248,454.	33,636.	914,213.		

**GATEWAY REGION YOUNG MEN'S
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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	2,685,423.	2,685,423.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	105,000.	105,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	775,107.	134,967.	465,064.	175,076.
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	34,036,014.	32,812,523.	889,687.	333,804.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,899,708.	1,736,454.	136,075.	27,179.
9 Other employee benefits	2,381,720.	2,150,390.	188,859.	42,471.
10 Payroll taxes	3,654,018.	3,359,066.	260,019.	34,933.
11 Fees for services (non-employees):				
a Management				
b Legal	268,398.		268,398.	
c Accounting	98,450.		98,450.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	79,298.			79,298.
f Investment management fees	75,330.		75,330.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,673,421.	2,184,769.	465,182.	23,470.
12 Advertising and promotion	1,350,039.	1,298,173.	25,338.	26,528.
13 Office expenses	657,712.	327,869.	323,089.	6,754.
14 Information technology				
15 Royalties				
16 Occupancy	6,415,337.	6,207,143.	208,194.	
17 Travel	685,241.	614,568.	60,530.	10,143.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	844,582.	496,022.	223,789.	124,771.
20 Interest	486,817.	486,817.		
21 Payments to affiliates	401,961.	401,961.		
22 Depreciation, depletion, and amortization	5,702,314.	5,662,068.	40,246.	
23 Insurance	1,068,672.	1,033,991.	34,681.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	4,913,295.	4,809,998.	98,841.	4,456.
b EQUIPMENT	307,163.	210,078.	92,786.	4,299.
c SUBSCRIPTIONS AND DUES	165,467.	89,545.	26,281.	49,641.
d _____				
e All other expenses _____	1,073,128.	1,073,128.		
25 Total functional expenses. Add lines 1 through 24e	72,803,615.	67,879,953.	3,980,839.	942,823.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	16,455.	1	3,744,596.	
	2 Savings and temporary cash investments	4,574,533.	2	3,731,657.	
	3 Pledges and grants receivable, net	5,008,175.	3	4,102,513.	
	4 Accounts receivable, net	1,170,618.	4	1,536,576.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net	4,700,000.	7	0.	
	8 Inventories for sale or use	215,459.	8	223,268.	
	9 Prepaid expenses and deferred charges	626,556.	9	772,084.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 173,968,355.			
	b Less: accumulated depreciation	10b 75,024,850.	75,388,842.	10c	98,943,505.
	11 Investments - publicly traded securities	6,196,632.	11	6,188,476.	
	12 Investments - other securities. See Part IV, line 11	13,476,129.	12	15,411,104.	
	13 Investments - program-related. See Part IV, line 11		13	5,594,395.	
	14 Intangible assets	50,013.	14	26,925.	
	15 Other assets. See Part IV, line 11	360,725.	15	594,114.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	111,784,137.	16	140,869,213.		
Liabilities	17 Accounts payable and accrued expenses	3,080,211.	17	2,851,579.	
	18 Grants payable		18		
	19 Deferred revenue	1,068,914.	19	1,314,220.	
	20 Tax-exempt bond liabilities	8,470,000.	20	8,190,000.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	101,901.	21	258,268.	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties	87,689.	23	38,641.	
	24 Unsecured notes and loans payable to unrelated third parties	1,979,950.	24	1,669,418.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,913,095.	25	3,913,033.	
	26 Total liabilities. Add lines 17 through 25	17,701,760.	26	18,235,159.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	71,782,885.	27	99,659,448.	
	28 Temporarily restricted net assets	16,760,167.	28	17,320,413.	
	29 Permanently restricted net assets	5,539,325.	29	5,654,193.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	94,082,377.	33	122,634,054.		
34 Total liabilities and net assets/fund balances	111,784,137.	34	140,869,213.		

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**GATEWAY REGION YOUNG MEN'S
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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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	100,555,634.
2	Total expenses (must equal Part IX, column (A), line 25)	2	72,803,615.
3	Revenue less expenses. Subtract line 2 from line 1	3	27,752,019.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	94,082,377.
5	Net unrealized gains (losses) on investments	5	774,062.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	25,596.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	122,634,054.

Part XII Financial Statements and Reporting

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

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

Form **990** (2016)

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6901663.	6246443.	7586899.	7973115.	37359331.	66067451.
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	6901663.	6246443.	7586899.	7973115.	37359331.	66067451.
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)						1024915.
6 Public support. Subtract line 5 from line 4.						65042536.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	6901663.	6246443.	7586899.	7973115.	37359331.	66067451.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	924,352.	584,680.	670,429.	637,607.	495,017.	3312085.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	31,490.	37,225.	36,913.	29,053.	33,636.	168,317.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1209761.	1268883.	1048915.	900,080.	1016503.	5444142.
11 Total support. Add lines 7 through 10						74991995.
12 Gross receipts from related activities, etc. (see instructions)					12	249,280,166.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	86.73 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	75.63 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2015 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

GATEWAY REGION YOUNG MEN'S

Schedule A (Form 990 or 990-EZ) 2016

CHRISTIAN ASSOCIATION

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

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

MISCELLANEOUS INCOME

2012 AMOUNT: \$ 293,416.

2013 AMOUNT: \$ 263,875.

2014 AMOUNT: \$ 319,294.

2015 AMOUNT: \$ 190,607.

2016 AMOUNT: \$ 204,264.

CAPITAL LEASE CONCESSION

2013 AMOUNT: \$ 187,657.

2015 AMOUNT: \$ 13,236.

ST. LOUIS CITY REIMBURSEMENTS

2012 AMOUNT: \$ 74,505.

SALES OF INVENTORY

2012 AMOUNT: \$ 423,251.

2013 AMOUNT: \$ 339,336.

2014 AMOUNT: \$ 278,010.

2015 AMOUNT: \$ 306,702.

2016 AMOUNT: \$ 352,759.

FUNDRAISING EVENTS

2012 AMOUNT: \$ 418,589.

2013 AMOUNT: \$ 478,015.

2014 AMOUNT: \$ 451,611.

2015 AMOUNT: \$ 389,535.

GATEWAY REGION YOUNG MEN'S

Schedule A (Form 990 or 990-EZ) 2016

CHRISTIAN ASSOCIATION

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Part VI

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

2016 AMOUNT: \$ 459,480.

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2016

Name of the organization

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Employer identification number

43-0653616

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 43-0653616
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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
1		\$ <u>1,707,567.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>907,564.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>4,838,625.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>182,493.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>29,723,082.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 43-0653616
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4	ASSORTED ITEMS DONATED FOR AUCTIONS. 225 SHARES OF VARIOUS PUBLICLY TRADED SECURITIES.	\$ 182,493.	12/31/16
5	NET ASSETS OF THE ASSOCIATION THROUGH MERGER ACQUISITION	\$ 27,082,229.	01/01/16
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2016
Open to Public Inspection

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

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

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 are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| 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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,480,000.	21,892,000.	20,817,812.	18,222,803.	17,641,899.
b Contributions	1,372,000.	22,000.	119,188.	14,599.	87,575.
c Net investment earnings, gains, and losses	1,496,000.	-139,000.	1,725,000.	3,321,106.	1,188,430.
d Grants or scholarships					
e Other expenditures for facilities and programs	785,000.	5,295,000.	770,000.	740,696.	695,101.
f Administrative expenses					
g End of year balance	18,563,000.	16,480,000.	21,892,000.	20,817,812.	18,222,803.

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

- a Board designated or quasi-endowment 39.12 %
- b Permanent endowment 29.00 %
- c Temporarily restricted endowment 31.88 %

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
- (ii) related organizations

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,047,360.		15,047,360.
b Buildings		101,903,257.	37,148,700.	64,754,557.
c Leasehold improvements		41,143,728.	26,188,741.	14,954,987.
d Equipment		15,545,583.	11,687,409.	3,858,174.
e Other		328,427.		328,427.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				98,943,505.

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

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CTF	1,825,217.	END-OF-YEAR MARKET VALUE
(B) S&P 500 INDEX CTF	7,065,587.	END-OF-YEAR MARKET VALUE
(C) PASSIVE BOND MARKET CTF	2,244,332.	END-OF-YEAR MARKET VALUE
(D) TIPS INDEX CTF	986,755.	END-OF-YEAR MARKET VALUE
(E) OTHER INVESTMENTS	2,723,840.	END-OF-YEAR MARKET VALUE
(F) CUSTODIAL TRUST FUNDS	263,328.	END-OF-YEAR MARKET VALUE
(G) INTEREST IN CHARITABLE		
(H) GIFT ANNUITIES	302,045.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	15,411,104.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RESERVE FOR WORKERS COMP.	473,205.
(3) RESERVE FOR RETIREE HEALTH INS.	170,637.
(4) COND. ASSET RETIREMENT OBLIG.	163,088.
(5) LIABILITIES TO GIFT ANNUITANTS	669,867.
(6) CAPITAL LEASES	1,933,186.
(7) INSTALLMENT NOTE INSURANCE	176,316.
(8) INTEREST RATE SWAP CONTRACT	182,234.
(9) Y-USA PARTNER CONSULTING	3,992.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,913,033.

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

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	98,671,220.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	774,062.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	25,601.	
e	Add lines 2a through 2d	2e		799,663.
3	Subtract line 2e from line 1		3	97,871,557.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	2,684,077.	
c	Add lines 4a and 4b	4c		2,684,077.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	100,555,634.

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	70,119,538.
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	1,346.	
e	Add lines 2a through 2d	2e		1,346.
3	Subtract line 2e from line 1		3	70,118,192.
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	2,685,423.	
c	Add lines 4a and 4b	4c		2,685,423.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	72,803,615.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

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

PART V, LINE 4:

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

Part XIII Supplemental Information (continued)

SPENDING AMOUNT HAS BEEN 4% TO 4.5%.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

POST RETIREMENT PLAN CHANGE OTHER THAN NET PERIODIC COSTS	-18,803.
UNREALIZED GAIN ON INTEREST RATE SWAP	127,585.
UNREALIZED CHANGE IN TRUST INTERESTS	-83,181.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	25,601.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-1,346.
FINANCIAL ASSISTANCE TO INDIVIDUALS INCLUDED IN FINANCIAL STATEMENT REVENUE	2,685,423.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,684,077.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	1,346.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL ASSISTANCE TO INDIVIDUALS INCLUDED IN FINANCIAL STATEMENT REVENUE	2,685,423.
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SCHEDULE D PARTS XI AND XII

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

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 LOCAL YMCA	54,000.
RUSSIA & THE NEWLY INDEPENDENT STATES - ARMENIA, AZERBIJAN, BELARUS,	0	0	PROGRAM SERVICES	SUPPORT FOR LOCAL YMCA	16,000.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	SUPPORT FOR LOCAL YMCA	21,000.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	0	0	PROGRAM SERVICES	SUPPORT FOR LOCAL YMCA	14,000.
3 a Sub-total	0	0			105,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			105,000.

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

Schedule F (Form 990) 2016

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,		16,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,		31,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,		7,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,		21,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,		16,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		14,000.	WIRE TRANSFER	0.		

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

3 Enter total number of other organizations or entities ▶ _____

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Schedule F (Form 990) 2016

43-0653616 Page 4

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2016

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Part V Supplemental Information

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

PART I, LINE 2:

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

GATEWAY REGION YOUNG MEN'S

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GOLF TOURNAMENTS (event type)	SALES/AUCTIONS (event type)	38 (total number)		
Revenue	1	Gross receipts	506,681.	379,157.	225,059.	1,110,897.
	2	Less: Contributions	273,758.	191,049.	186,610.	651,417.
	3	Gross income (line 1 minus line 2)	232,923.	188,108.	38,449.	459,480.
Direct Expenses	4	Cash prizes			660.	660.
	5	Noncash prizes	18,537.	166,564.	14,026.	199,127.
	6	Rent/facility costs	98,471.	34,540.	32,901.	165,912.
	7	Food and beverages	19,994.	10,351.	17,172.	47,517.
	8	Entertainment	2,656.	2,800.	7,868.	13,324.
	9	Other direct expenses	35,520.	118,243.	105,631.	259,394.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				685,934.
11	Net income summary. Subtract line 10 from line 3, column (d)				-226,454.	

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 or 990-EZ) 2016

CHRISTIAN ASSOCIATION

43-0653616 Page 3

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:

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

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

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

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: 725 W GILBERT RD, PALATINE, IL 60067

(I) NAME OF FUNDRAISER: ENDOWMENT HORIZONS

(I) ADDRESS OF FUNDRAISER:

27525 PUERTA REAL SUITE 100-461, MISSION VIEJO, CA 62691

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

**Employer identification number
43-0653616**

Part I General Information on Grants and Assistance

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

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

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

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

Schedule I (Form 990) (2016)

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SUBSIDIES FOR PROGRAM AND MEMBERSHIP	6196	0.	2,685,423.	INCOME SCALE	SUBSIDY FOR PROGRAMS

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

PART I, LINE 2:

THE GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION WILL NOT TURN AWAY ANYONE BASED ON THEIR INABILITY TO PAY FOR MEMBERSHIPS OR PROGRAMS. A SLIDING SCALE OF AVAILABLE FINANCIAL SCHOLARSHIPS BASED UPON HOUSEHOLD INCOME IS USED TO DETERMINE THE AMOUNT OF SUBSIDY GRANTED TO AN INDIVIDUAL OR HOUSEHOLD. SUBSIDIES OF \$2,685,423 WERE GRANTED DURING 2016. THE ASSOCIATION'S INTERNAL AUDITOR VERIFIES COMPLIANCE WITH SUBSIDY POLICY DURING HIS ANNUAL BRANCH AUDITS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
43-0653616

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" 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		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

43-0653616

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TIMOTHY HELM PRESIDENT & CEO	(i)	306,122.	35,000.	2,742.	31,171.	17,032.	392,067.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JARED BEARD EXECUTIVE SR. VP & COO	(i)	155,220.	0.	9,274.	18,522.	8,143.	191,159.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FRANCIS X. WARD SR. VP OF FINANCE & CFO	(i)	148,865.	0.	11,157.	17,946.	13,913.	191,881.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WENDY CORNETT-MARQUITZ SR. VP OF FINANCIAL DEVELOPMENT	(i)	120,779.	0.	9,486.	14,791.	8,915.	153,971.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHEDULE J, LINE 3

THE PROCESS TO DETERMINE A SENIOR EXECUTIVE'S PAY ORIGINATES WITH THE EXECUTIVE COMPENSATION COMMITTEE. CHALLENGING AND MEASURABLE PERFORMANCE GOALS ARE SET FOR SENIOR EXECUTIVES AT THE BEGINNING OF EACH YEAR. FORMAL YEAR-END REVIEWS ARE THEN CONDUCTED AND THE DEGREE OF PERFORMANCE AGAINST THESE GOALS IS CONSIDERED WHEN DETERMINING COMPENSATION INCREASES. RECOMMENDATIONS OF PAY INCREASES BY THE EXECUTIVE COMPENSATION COMMITTEE MUST BE APPROVED IN ADVANCE BY THE EXECUTIVE COMMITTEE PRIOR THE RECOMMENDATION TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. THE EXECUTIVE COMPENSATION COMMITTEE IS MADE UP OF THE CURRENT BOARD CHAIRMAN, THE PAST CHAIRMAN AND THE CHAIR-ELECT OF THE GOVERNING BOARD OF DIRECTORS. THE EXECUTIVE COMPENSATION COMMITTEE ANNUALLY REVIEWS COMPENSATION DATA OF OTHER YMCAS OF COMPARABLE SIZE. THIS DATA IS COMPILED BY SULLIVAN COTTER AND ASSOCIATES, INC. THE LAST YEAR DATA WAS COLLECTED FROM SULLIVAN AND COTTER WAS 2016. PERIODICALLY IN PRIOR YEARS, AND USING DATA FROM COMPENSATION MATTERS, A SECOND PROVIDER, THE EXECUTIVE COMMITTEE WOULD REVIEW COMPENSATION LEVELS AND PRACTICES OF OTHER ST. LOUIS-BASED CHARITIES.

Supplemental Information on Tax-Exempt Bonds

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

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

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

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

Part II Proceeds									
	A		B		C		D		
1 Amount of bonds retired	1,310,000.								
2 Amount of bonds legally defeased									
3 Total proceeds of issue	9,500,000.								
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds	105,000.								
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds	9,395,000.								
11 Other spent proceeds									
12 Other unspent proceeds									
13 Year of substantial completion	2011								
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a current refunding issue?	X								
15 Were the bonds issued as part of an advance refunding issue?		X							
16 Has the final allocation of proceeds been made?	X								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X								

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

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Schedule K (Form 990) 2016

43-0653616

Page 2

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

PART III, LINE 9

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

PART IV, LINE 7

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

SCHEDULE K, PART IV, LINE 3C

THE LAST TEST OF WHETHER A REBATE WAS DUE WAS PERFORMED ON MARCH 1,
2016

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DAVID LAYTON	BOARD MEMBER	124,000.	INSURANCE B		X

Part V Supplemental Information

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

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

(A) NAME OF PERSON: DAVID LAYTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 124,000.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE L, PART IV

LINE 1: MR. LAYTON IS A MEMBER OF THE ASSOCIATION'S BOARD OF DIRECTORS
AND A VICE PRESIDENT OF THE CRANE INSURANCE AGENCY. \$124,000 IN BROKER
FEES AND COMMISSIONS PAID TO CRANE INSURANCE AGENCY IN 2016 WERE
REVIEWED AND APPROVED BY A COMMITTEE OF THE BOARD OF DIRECTORS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

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

Employer identification number
43-0653616

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	15,929.	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 ▶ (<u>NET ASSETS AQ</u>)	X	1	27,082,229.	FAIR MARKET VALUE
26 Other ▶ (<u>ASSORTED AUCT</u>)	X	928	166,564.	FAIR MARKET VALUE
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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?

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2016)

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.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

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:

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

**EFFECTIVE JANUARY 1, 2016, YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SOUTHWEST ILLINOIS (SWIL) AND THE ORGANIZATION COMPLETED A MERGER WITH
SWIL DONATING ITS NET ASSETS TO THE NEW ORGANIZATION (COLLECTIVELY AS
OF THIS DATE, THE ASSOCIATION).**

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

**THE GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION (YMCA) IS A
NONPROFIT ORGANIZATION WHOSE MISSION IS TO PUT CHRISTIAN PRINCIPLES
INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY
FOR ALL.**

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

**WELLNESS PROGRAMMING: THE NATIONAL YMCA MOVEMENT IS BUILT ON THE
CONCEPT OF PUTTING CHRISTIAN PRINCIPLES INTO PRACTICE BY DEVELOPING THE
WHOLE INDIVIDUAL IN BODY, MIND AND SPIRIT. YMCA HEALTH ENHANCEMENT
PROGRAMS ARE MEDICALLY BASED AND STRESS THE VALUE OF PREVENTION THROUGH
GOOD EXERCISE HABITS AND HEALTHY LIVING. THE YMCA IS COMMITTED TO
DIVERSITY AND INCLUSION, BEING OPEN TO AND SERVING PEOPLE OF ALL RACES,
RELIGIONS, GENDER, IDENTIFICATION, AND CULTURES. IN 2016, THE YMCA
PROVIDED HEALTH ENHANCEMENT PROGRAMS TO 6,076 PARTICIPANTS, WHICH**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 43-0653616
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INCLUDES YOUTHS, ADULTS, SENIORS AND PEOPLE OF ALL ABILITIES.

YMCA AQUATICS: AQUATIC PROGRAMS ARE PART OF THE YMCA'S OVERALL GOAL TO BUILD A HEALTHY SPIRIT, MIND AND BODY. LAST YEAR, WE ENROLLED 23,248 PARTICIPANTS IN AQUATICS PROGRAMS.

OTHER HEALTH ENHANCEMENT PROGRAMS: LAST YEAR, THE YMCA ENROLLED 2,119 YOUTHS IN GYMNASTICS PROGRAMS, 4,087 PARTICIPANTS IN SPORTS SKILL AND RECREATIONAL PROGRAMS, AND 442 ADULTS IN EXERCISE OR SPORTS LEAGUES. (54,204 TOTAL CLIENTS SERVED)

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

YMCA DAY CAMP: YMCA DAY CAMPS PROVIDE MANY WORKING PARENTS WITH AN ALTERNATIVE CHILDCARE OPTION FOR THE SUMMER MONTHS WHEN CHILDREN ARE OUT OF SCHOOL BY PROVIDING A SAFE AND FUN LEARNING ENVIRONMENT.

RESIDENT CAMP YMCA: RESIDENT CAMP LAKEWOOD SERVED 2,343 YOUTH IN 2016.

RESIDENT FAMILY/CONFERENCE CAMPING: IN 2016, THERE WERE 35,293 CAMPING REGISTRATIONS FOR THE YEAR (53,740 TOTAL CLIENTS SERVED).

SCHOOL AGE CHILD CARE: Y-CLUB IS THE GATEWAY REGION YMCA'S BEFORE AND AFTER SCHOOL CHILDCARE PROGRAM HELD IN PARTNERSHIP WITH LOCAL SCHOOL DISTRICTS.

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

Name of the organization GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 43-0653616
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SCHOOL AGE CHILD CARE: Y-CLUB IS THE YMCA OF GREATER ST. LOUIS' BEFORE SCHOOL AND AFTER SCHOOL CHILDCARE PROGRAM HELD IN PARTNERSHIP WITH LOCAL SCHOOL DISTRICTS. IN 2016 THE ASSOCIATION OFFERED PROGRAMS AT 119 LICENSED SITES AND 6 LICENSED CENTERS. THE YMCA PROVIDES A SECURE, SAFE AND STIMULATING LEARNING ENVIRONMENT FOR APPROXIMATELY 4,553 CHILDREN IN A GIVEN DAY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
YOUTH DEVELOPMENT PROGRAMS: THE GATEWAY REGION YMCA HAS TWO LITERACY PROGRAMS FOCUS ON YOUNG CHILDREN AND YOUTHS. THE ASSOCIATION ALSO OFFERS LEARNING LABS AND A SCIENCE PROGRAM FOR YOUTH GROUPS.

COMMUNITY LITERACY INITIATIVE: BESIDES THE Y-READ AND BEGINNING BABIES WITH BOOKS, A THIRD ASPECT OF THE YMCA COMMUNITY LITERACY INITIATIVE IS OUR LITERACY COUNCIL PROJECT THAT OFFERS FREE ONE-ON-ONE AND SMALL GROUP BASIC LITERACY AND ENGLISH LANGUAGE TUTORING TO HELP ADULTS REACH THEIR POTENTIAL. THIS YEAR WE SERVED 130 ADULT STUDENTS.

YMCA LEADERSHIP DEVELOPMENT: THIS YEAR, YMCA YOUTH AND TEEN PROGRAMS SERVED A TOTAL OF 163 PARTICIPANTS THROUGH YMCA YOUTH IN GOVERNMENT AND TEEN LEADERS PROGRAMS.

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

YMCA COMMUNITY OUTREACH PROGRAMS: OUTREACH PROGRAMS PROVIDES POSITIVE ALTERNATIVES FOR AT-RISK YOUTH, INCLUDING AFTER SCHOOL RECREATIONAL

Name of the organization GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 43-0653616
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ACTIVITIES PROVIDED AT SCHOOLS, YMCA FACILITIES, AND HOUSING DEVELOPMENTS.

YMCA OLDER ADULT PROGRAMS: OLDER ADULT PROGRAMS HELP SENIORS MAINTAIN INDEPENDENCE THROUGH INCREASED HEALTH AND SOCIALIZATION.

GREATER NEEDS PROGRAMS: THESE PROGRAMS SERVE OUR YOUTHS IN URBAN COMMUNITIES AND INCLUDE CLIMBING ABOVE CONFLICT, A CONFLICT-RESOLUTION SKILLS PROGRAM FOR URBAN YOUTHS THAT SERVES 3RD AND 4TH GRADERS EACH YEAR AND HAD 287 ENROLLEES.

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

INCLUSION SERVICES: THE GATEWAY REGION YMCA WELCOMES ALL CHILDREN REGARDLESS OF ANY PHYSICAL OR LEARNING CHALLENGES. CHILDREN WITH DISABILITIES ARE ENCOURAGED TO TAKE PART IN THE YOUTH SERVICES OFFERED BY THE YMCA, WHICH INCLUDE SUMMER CAMPS, INTEGRATED FITNESS PROGRAMS, AND SPORTING ACTIVITIES.

THE YMCA ALSO PROVIDES HABILITATION SERVICES FOR ADULTS WITH DEVELOPMENTAL DISABILITIES.

THE GATEWAY REGION YMCA IS ONE OF THE LEADING YMCAS IN THE USA IN ITS INTERNATIONAL UNDERTAKING. CONTRIBUTIONS GIVEN TO OUR INTERNATIONAL PARTNERS ARE USED TO FUND THEIR PROGRAMS CENTERED ON YOUTHS, FAMILIES, AT RISK CHILDREN, AND EDUCATIONAL OR TRAINING ACTIVITIES.

EXPENSES \$ 11,976,110. INCL GRANTS OF \$ 812,974. REVENUE \$ 4,875,171.

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

Name of the organization	GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number	43-0653616
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DELIBERATIONS AND DECISIONS ON CERTAIN TRANSACTIONS.

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

THE PROCESS TO DETERMINE A SENIOR EXECUTIVE'S PAY ORIGINATES WITH THE EXECUTIVE COMPENSATION COMMITTEE. CHALLENGING AND MEASURABLE PERFORMANCE GOALS ARE SET FOR SENIOR EXECUTIVES AT THE BEGINNING OF EACH YEAR. FORMAL YEAR-END REVIEWS ARE THEN CONDUCTED AND THE DEGREE OF PERFORMANCE AGAINST THESE GOALS IS CONSIDERED WHEN DETERMINING COMPENSATION INCREASES. RECOMMENDATIONS OF PAY INCREASES BY THE EXECUTIVE COMPENSATION COMMITTEE MUST BE APPROVED IN ADVANCE BY THE EXECUTIVE COMMITTEE PRIOR THE RECOMMENDATION TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. THE EXECUTIVE COMPENSATION COMMITTEE IS MADE UP OF THE CURRENT BOARD CHAIRMAN, THE PAST CHAIRMAN AND THE CHAIR-ELECT OF THE GOVERNING BOARD OF DIRECTORS. THE EXECUTIVE COMPENSATION COMMITTEE ANNUALLY REVIEWS COMPENSATION DATA OF OTHER YMCAS OF COMPARABLE SIZE. THIS DATA IS COMPILED BY SULLIVAN COTTER AND ASSOCIATES, INC. THE LAST YEAR DATA WAS COLLECTED FROM SULLIVAN AND COTTER WAS 2016. 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:

Name of the organization	GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number	43-0653616
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UNREALIZED GAIN ON INTEREST RATE SWAP	127,585.
POSTRETIREMENT PLAN CHANGE OTHER THAN NET PERIODIC COSTS	-18,803.
UNREALIZED CHANGE IN TRUST INTERESTS	-83,181.
FINANCIAL STATEMENT ROUNDING DIFFERENCE	-5.
TOTAL TO FORM 990, PART XI, LINE 9	25,596.

FORM 990, SCHEDULE M, LINE 25

THE DONATION OF SWIL NET ASSETS INCLUDES A ONE TIME CONTRIBUTION OF \$29,723,082 OF WHICH \$27,082,229 IS NONCASH AS PART OF THE MERGER DESCRIBED IN FORM 990 PART I, LINE 1.

Form **990-W**

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

OMB No. 1545-0976

(Worksheet)
Department of the Treasury
Internal Revenue Service

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

2017

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

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2016 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	4,895.
c	2017 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	ADJUSTED TO 4,920.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11		09/15/17	12/15/17
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12		2,030.	1,230.
13	2016 Overpayment. See instructions	13		765.	
14	Payment due (Subtract line 13 from line 12)	14		1,265.	1,230.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2017)

ESTIMATED TAX	4,920.
AMOUNT PAID	1,660.
OVERPAYMENT APPLIED	765.
AMOUNT DUE	2,495.

Form **990-T**

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

OMB No. 1545-0687

2016

For calendar year 2016 or other tax year beginning _____, and ending _____

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

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

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

Department of the Treasury
Internal Revenue Service

A Check box if address changed

B Exempt under section
 501(c)(3) 408(e) 220(e)
 408A 530(a)
 529(a)

Print or Type

Name of organization (Check box if name changed and see instructions.)

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

Number, street, and room or suite no. If a P.O. box, see instructions.

326 S. 21ST, NO. 4TH FL

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

ST. LOUIS, MO 63103

D Employer identification number (Employees' trust, see instructions.)

43-0653616

E Unrelated business activity codes (See instructions.)

532000

C Book value of all assets at end of year
140869213.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ **CELL TOWER RENTAL INCOME**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No

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

J The books are in care of ▶ **JOSEPH H. SANNING** Telephone number ▶ **314-436-1177**

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 (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6 34,982.		34,982.
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 34,982.		34,982.

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	1,346.
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	1,346.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	33,636.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	33,636.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	32,636.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
(1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____		
(2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	35c	4,895.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Tax on Non-Compliant Facility Income. See instructions	39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	4,895.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d	41e	
42 Subtract line 41e from line 40	42	4,895.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44 Total tax. Add lines 42 and 43	44	4,895.
45a Payments: A 2015 overpayment credited to 2016	45a	1,465.
b 2016 estimated tax payments	45b	4,195.
c Tax deposited with Form 8868	45c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	45g	
46 Total payments. Add lines 45a through 45g	46	5,660.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	765.
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax 765. Refunded	50	0.

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

51 At any time during the 2016 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
52 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
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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** _____ **SR VP OF FINANCE AND CFO** _____ **Title** _____

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

Paid Preparer Use Only

Print/Type preparer's name: **JAMES R. RITTS** Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P00362910**

Firm's name: **RUBINBROWN LLP** Firm's EIN: **43-0765316**

Firm's address: **ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105** Phone no.: **(314) 290-3300**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

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

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

(see instructions)

1. Description of property

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

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	
(1)	11,220.	
(2)	7,095.	
(3)	16,667.	
(4)		
Total	0.	Total 34,982.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
34,982.		0.

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

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

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

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

Nonexempt Controlled Organizations

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

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

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

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

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

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

GATEWAY REGION YOUNG MEN'S

Form 990-T (2016) CHRISTIAN ASSOCIATION

43-0653616

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

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

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

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

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

Department of the Treasury
Internal Revenue Service

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

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

JOSEPH H. SANNING

• The books are in the care of ▶ **326 S. 21ST, 4TH FL - ST. LOUIS, MO 63103**
Telephone No. ▶ **314-436-1177** Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2016** or
- ▶ tax year beginning _____, and ending _____.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	4,275.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM IL-990-T

FOR THE YEAR ENDING

December 31, 2016

Prepared For:

Gateway Region Young Men's
Christian Association
326 S. 21st No. 4th FL
St. Louis, MO 63103

Prepared By:

RubinBrown LLP
One North Brentwood
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: interest 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, 2017

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

December 31, 2016

Prepared For:

Gateway Region Young Men's
Christian Association
326 S. 21st No. 4th FL
St. Louis, MO 63103

Prepared By:

RubinBrown LLP
One North Brentwood
Saint Louis, MO 63105

Amount of Tax:

No payment is required.

Make Check Payable To:

Not applicable

Mail Tax Return To:

Office of the Attorney General
Charitable Trust Bureau
100 West Randolph St., 11th Floor
Chicago, IL 60601-3175

Return Must Be Mailed On Or Before:

August 29, 2017

Special Instructions:

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

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-070798

Report for the Fiscal Period:

Beginning 01/01/2016

& Ending 12/31/2016
 MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee

Federal ID # 43-0653616

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 01/01/1853
 MO DAY YR

LEGAL NAME GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	Year-end amounts	
MAIL ADDRESS 326 S. 21ST, NO. 4TH FL	A) ASSETS	A) \$ 140,869,213.
CITY, STATE ST. LOUIS, MO	B) LIABILITIES	B) \$ 18,235,159.
ZIP CODE 63103	C) NET ASSETS	C) \$ 122,634,054.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	97.073 %	D) \$ 98,442,691.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	1.672 %	E) \$ 1,695,728.
F) OTHER REVENUES	1.255 %	F) \$ 1,273,053.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 101,411,472.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	89.527 %	H) \$ 65,945,368.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	89.527 %	J) \$ 65,945,368.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	3.788 %	K) \$ 2,790,423.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	93.316 %	L) \$ 68,735,791.
M) MANAGEMENT AND GENERAL EXPENSE	5.404 %	M) \$ 3,980,839.
N) FUNDRAISING EXPENSE	1.280 %	N) \$ 942,823.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 73,659,453.
III. SUMMARY OF ALL PAID FUNDRAISER AND 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) \$ 79,298.
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) \$ 79,298.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: TIMOTHY HELM, PRESIDENT & CEO		T) \$ 392,067.
U) NAME, TITLE: JARED BEARD, EXECUTIVE SR. VP & COO		U) \$ 191,159.
V) NAME, TITLE: FRANCIS X. WARD, SR. VP OF FINANCE & CFO		V) \$ 191,881.
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: SCHOOL AGED CHILDCARE		X) # 110
Y) DESCRIPTION: CAMPING		Y) # 040

**IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:
SEE STATEMENT 2**

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		<input checked="" type="checkbox"/>
3. 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 PARTY 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?		<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	<input checked="" type="checkbox"/>	
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		<input checked="" type="checkbox"/>
7b. 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 \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	<input checked="" type="checkbox"/>	
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>BANK OF AMERICA MERRILL LYNCH - 800 MARKET STREET, ST. LOUIS, MO 63101</u> <u>US BANK - PO BOX 1800, ST. PAUL, MN 55101-0800</u> <u>STATE STREET CORPORATION (SSGA) - 801 PENNSYLVANIA AVE TOWER 1, 2ND FLOOR</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>JOSEPH H. SANNING - 314-436-1177</u>		

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.

TIMOTHY HELM

PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

FRANCIS X. WARD

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

JAMES R. RITTS

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	725 W GILBERT RD, PALATINE, IL 60067	50,320.
ENDOWMENT HORIZONS	27525 PUERTA REAL SUITE 100-461, MISSION VIEJO, CA 62691	28,978.
TOTAL AMOUNT TO FORM AG990-IL, PART III, LINE S		79,298.

FORM AG990-IL

EXPLANATION FOR ACTIVITIES
DESCRIBED ON PAGE 2

STATEMENT 2

5. THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ST. LOUIS (THE ORGANIZATION) IS A NOT-FOR-PROFIT, CHARITABLE ORGANIZATION DEDICATED TO BUILDING HEALTHY SPIRIT, MIND AND BODY.

ON JANUARY 1, 2016, THE ORGANIZATION FORMALLY CHANGED ITS NAME TO GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION.

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). THE NEW COMBINED ASSOCIATION, BASED UPON THE TERMS OF THE MERGER, PROVIDES FOR THE LEGACY BOARD MEMBERS OF THE ORGANIZATION TO HAVE A CONTROLLING VOTING INTEREST IN THE NEW COMBINED ASSOCIATION. PURSUANT TO NOT-FOR PROFIT GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THE MERGER IS ACCOUNTED FOR AS A BUSINESS COMBINATION, EFFECTIVE JANUARY 1, 2016.

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

9. ON MAY 12, 2017, THE ASSOCIATION'S REGISTRATION IN THE STATE OF ILLINOIS WAS BRIEFLY REVOKED FOR FAILURE TO FILE. DUE TO THE 2016 MERGER BETWEEN YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTHWEST ILLINOIS (SWIL) AND THE GATEWAY REGION YMCA, THERE MAY HAVE BEEN CONFUSION OVER WHICH ADDRESS THE RENEWAL NOTICE WAS TO BE SENT. CONSEQUENTLY, THE RENEWAL NOTICE DID NOT MAKE ITS WAY TO THE ASSOCIATION OFFICE TO BE ACTED UPON. ONCE THE INFORMATION WAS PROVIDED TO THE REGISTERED AGENT, IT WAS FORWARDED TO THE PROPER ADDRESS, AND THE ASSOCIATION IMMEDIATELY ACTED TO RESTORE THE REGISTRATION, WHICH IS NOW ACTIVE AND IN GOOD STANDING.

2016 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 2016, enter your fiscal tax year here. Tax year beginning _____ 20____, ending _____ 20____ <small>month day year month day year</small> For tax years ending on or after December 31, 2016. For prior years, use the form for that year.	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.
GATEWAY REGION YOUNG MEN'S
 Name: **CHRISTIAN ASSOCIATION**

B Enter your mailing address.
 Check this box if either of the following apply:
 • this is your **first return**, or
 • you have an **address change**.
 C/O: _____

Mailing address: **326 S. 21ST, NO. 4TH FL**

City: **ST. LOUIS** State: **MO** ZIP: **63103**

C Check the applicable box if one of the following applies.
 First return Final return (If final, enter the date. _____)
mm dd yyyy

D Enter your federal employer identification no. (FEIN).
43-0653616

E 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.
532000

Step 2: Figure your base income or loss

	(Whole dollars only)
1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. Attach a copy of Page 1 of your U.S. Form 990-T.	1 <u>32,636</u> .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 <u>32,636</u> .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.) <input type="checkbox"/>
	B If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete all lines of Step 3. See instructions. <input checked="" type="checkbox"/>

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 _____	.00
5 Business income or loss. Subtract Line 4 from Line 3.	5 <u>32,636</u>	.00
6 Total sales everywhere. This amount cannot be negative.	6 <u>104916980</u>	.
7 Total sales inside Illinois. This amount cannot be negative.	7 <u>0</u>	.
8 Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).	8 <u>.000000</u>	
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 _____	.00
11 Base income or loss allocable to Illinois. Add Lines 9 and 10.	11 _____	.00

Step 4: Figure your net replacement tax

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 _____	.00
17 Net replacement tax. Subtract Line 16 from Line 15. If the amount is negative, enter "0."	17 <u>0</u>	.00

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



Step 5: Figure your net income tax (see instructions)

18	Net income or loss from Line 12.	18	_____	.00
19	Income Tax. Corporations: multiply Line 18 by 5.25% (.0525). Trusts: multiply Line 18 by 3.75% (.0375).	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 "0."	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 Pilot Program Act surcharge. See instructions.	26	_____	.00
27	Total net income and replacement taxes and surcharge. Add Lines 24, 25, and 26.	27	_____	.00
28	Payments. See instructions.			
	a Credit from prior year overpayments.	28a	_____	.00
	b Total estimated payments.	28b	_____	.00
	c Form IL-505-B (extension) payment.	28c	_____	.00
	d Pass-through withholding payments reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	28d	_____	.00
	e Illinois gambling withholding. Attach Form(s) W-2G.	28e	_____	.00
29	Total payments. Add Lines 28a through 28e.	29	_____	.00
30	Overpayment. If Line 29 is greater than Line 27, subtract Line 27 from Line 29.	30	_____	.00
31	Amount to be credited forward. See instructions.	31	_____	.00
32	Refund. Subtract Line 31 from Line 30. This is the amount to be refunded.	32	_____	.00

33 **Complete to direct deposit your refund**

Routing Number _____ Checking or Savings

Account Number _____

34	Tax Due. If Line 27 is greater than Line 29, subtract Line 29 from Line 27. This is the amount you owe.	34	_____	.00
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▶ If you owe tax on Line 34, 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 here

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.

Signature of authorized officer _____	Date _____	SR. VP OF FINANCE AND CFO Title _____	Phone _____	<div style="border: 1px solid black; padding: 5px;"> Check this box if the Department may discuss this return with the paid preparer shown in this step. <input checked="" type="checkbox"/> </div>
Signature of paid preparer _____	Date _____	P00362910 Paid preparer's PTIN		
RUBINBROWN LLP Paid preparer's firm name		SAINT LOUIS, MO 63105 Address	(314) 290-3300 Phone	

▶ 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**

698022 01-12-17



This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

ID: 2BX

IL-990-T Page 2 of 2 (R-12/16)

FORM IL-990-T

NATURE OF TRADE OR BUSINESS

STATEMENT 3

CELL TOWER RENTAL INCOME

TO FORM IL-990-T, PAGE 1