

Form 990
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
2815 SCOTT AVENUE NO D
City or town, state or province, country, and ZIP or foreign postal code
SAINT LOUIS, MO 63103

D Employer identification number
43-0653616
E Telephone number
(314) 436-1177
G Gross receipts \$ 114,562,346

F Name and address of principal officer
TIMOTHY HELM
2815 SCOTT AVENUE NO D
SAINT LOUIS, MO 63103

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
501(c) () (insert no)
4947(a)(1) or
527

J Website: GWRYMCA ORG

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1853

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL

Table with 2 columns: Description, Amount. Rows 2-7b including voting members, employees, volunteers, and business revenue.

Table with 4 columns: Description, Prior Year, Current Year, and Beginning/End of Year. Rows 8-22 covering Revenue, Expenses, and Net Assets or Fund Balances.

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: 2020-06-15
JUDITH M ABRAMS SR VP OF FINANCE AND CFO

Paid Preparer Use Only
Print/Type preparer's name
Preparer's signature
Date
Check if self-employed
Firm's name: RUBINBROWN LLP
Firm's EIN: 43-0765316
Firm's address: ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 30,966,970 including grants of \$ 2,350,786) (Revenue \$ 45,568,993)
See Additional Data

4b (Code) (Expenses \$ 14,767,132 including grants of \$ 218,435) (Revenue \$ 9,934,214)
See Additional Data

4c (Code) (Expenses \$ 8,675,881 including grants of \$ 272,182) (Revenue \$ 7,965,863)
See Additional Data





















(Code) (Expenses \$ 11,788,149 including grants of \$ 317,116) (Revenue \$ 3,598,942)

YOUTH DEVELOPMENT PROGRAMS THE GATEWAY REGION YMCA HAS TWO LITERACY PROGRAMS FOCUSED ON YOUNG CHILDREN AND YOUTHS THE ASSOCIATION ALSO OFFERS LEARNING LABS AND A SCIENCE PROGRAM FOR YOUTH GROUPS COMMUNITY LITERACY INITIATIVE BESIDES THE Y-READ AND BEGINNING BABIES WITH BOOKS, A THIRD ASPECT OF THE YMCA COMMUNITY LITERACY INITIATIVE IS OUR LITERACY COUNCIL PROJECT THAT OFFERS FREE ONE-ON-ONE AND SMALL GROUP BASIC LITERACY AND ENGLISH LANGUAGE TUTORING TO HELP ADULTS REACH THEIR POTENTIAL THIS YEAR WE SERVED 55 ADULT STUDENTS YMCA LEADERSHIP DEVELOPMENT THIS YEAR, YMCA YOUTH AND TEEN PROGRAMS SERVED A TOTAL OF 873 PARTICIPANTS THROUGH YMCA YOUTH IN GOVERNMENT AND TEEN LEADERS PROGRAMS YMCA FAMILY PROGRAMS THESE PROGRAMS HELP PEOPLE GROW AS RESPONSIBLE MEMBERS OF THE FAMILY UNIT AND PROVIDE ACTIVITIES THAT FOSTER UNDERSTANDING AND COMPANIONSHIP YMCA COMMUNITY OUTREACH PROGRAMS OUTREACH PROGRAMS PROVIDES POSITIVE ALTERNATIVES FOR AT-RISK YOUTH, INCLUDING AFTER SCHOOL RECREATIONAL ACTIVITIES PROVIDED AT SCHOOLS, YMCA FACILITIES, AND HOUSING DEVELOPMENTS YMCA OLDER ADULT PROGRAMS OLDER ADULT PROGRAMS HELP SENIORS MAINTAIN INDEPENDENCE THROUGH INCREASED HEALTH AND SOCIALIZATION GREATER NEEDS PROGRAMS THESE PROGRAMS SERVE OUR YOUTHS IN URBAN COMMUNITIES AND INCLUDE CLIMBING ABOVE CONFLICT, A CONFLICT-RESOLUTION SKILLS PROGRAM FOR URBAN YOUTHS THAT SERVES 3RD AND 4TH GRADERS EACH YEAR AND HAD 456 ENROLLEES PRESCHOOL CHILD CARE THE YMCA PROVIDES PRESCHOOL CHILD CARE IN FULL AND HALF DAY SESSIONS INCLUSION SERVICES THE GATEWAY REGION YMCA WELCOMES ALL CHILDREN REGARDLESS OF ANY PHYSICAL OR LEARNING CHALLENGES CHILDREN WITH DISABILITIES ARE ENCOURAGED TO TAKE PART IN THE YOUTH SERVICES OFFERED BY THE YMCA, WHICH INCLUDE SUMMER CAMPS, INTEGRATED FITNESS PROGRAMS, AND SPORTING ACTIVITIES THE GATEWAY REGION YMCA IS ONE OF THE LEADING YMCAS IN THE USA IN ITS INTERNATIONAL UNDERTAKING CONTRIBUTIONS GIVEN TO OUR INTERNATIONAL PARTNERS ARE USED TO FUND THEIR PROGRAMS CENTERED ON YOUTHS, FAMILIES, AT-RISK CHILDREN, AND EDUCATIONAL OR TRAINING ACTIVITIES

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

4e Total program service expenses ► 66,198,132

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
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>	Yes	
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>	Yes	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
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>		No
25b	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>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
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)		
28a	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
28c	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
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>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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>		No
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>		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
35b	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>		No
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>		No
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>		No
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	Yes	

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?		

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

<p>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</p>	<p>2a 5,605</p>			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	<p>2b</p>	<p>Yes</p>		
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	<p>3a</p>	<p>Yes</p>		
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>	<p>3b</p>	<p>Yes</p>		
<p>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)?</p>	<p>4a</p>		<p>No</p>	
<p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>	<p>4a</p>			
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	<p>5a</p>		<p>No</p>	
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<p>5b</p>		<p>No</p>	
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	<p>5c</p>			
<p>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?</p>	<p>6a</p>		<p>No</p>	
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	<p>6b</p>			
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>				
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	<p>7a</p>	<p>Yes</p>		
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	<p>7b</p>	<p>Yes</p>		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	<p>7c</p>		<p>No</p>	
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d</p>			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<p>7e</p>		<p>No</p>	
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	<p>7f</p>		<p>No</p>	
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	<p>7g</p>			
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	<p>7h</p>			
<p>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?</p>	<p>8</p>			
<p>9 Sponsoring organizations maintaining donor advised funds.</p>	<p>9a</p>			
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>	<p>9a</p>			
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	<p>9b</p>			
<p>10 Section 501(c)(7) organizations. Enter</p>	<p>10a</p>			
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a</p>			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b</p>			
<p>11 Section 501(c)(12) organizations. Enter</p>	<p>11a</p>			
<p>a Gross income from members or shareholders</p>	<p>11a</p>			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	<p>11b</p>			
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>	<p>12a</p>			
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<p>12b</p>			
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>	<p>13a</p>			
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>	<p>13a</p>			
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	<p>13b</p>			
<p>c Enter the amount of reserves on hand</p>	<p>13c</p>			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	<p>14a</p>		<p>No</p>	
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>	<p>14b</p>			
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>	<p>15</p>		<p>No</p>	
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>	<p>16</p>		<p>No</p>	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply
[] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JOSEPH H SANNING 2815 SCOTT AVENUE SUITE D ST LOUIS, MO 63103 (314) 436-1177

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 dotted 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			
See Additional Data Table										

1b Sub-Total									
1c Total from continuation sheets to Part VII, Section A									
1d Total (add lines 1b and 1c)							1,750,962	0	291,972

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 15**

	Yes	No
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>		No
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>	Yes	
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>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FOOD SERVICE CONSULTANTS 8534 WATSON RD ST LOUIS, MO 63119	OZARKS FOOD SERVICE	684,685
HESSE MARTONE PC 13354 MANCHESTER RD STE 100 ST LOUIS, MO 63131	LEGAL SERVICES	409,102
ROCK HILL MECHANICAL CORPORATION 524 CLARK AVE ST LOUIS, MO 63122	BUILDING SERVICES	392,049
KRONOS SAASHR INC 3040 ROUTE 22 WEST STE 200 BRANCHBURG, NJ 08876	PAYROLL SERVICES	364,760
MIDWEST POOL AND COURT CO 7841 MANCHESTER RD ST LOUIS, MO 63143	MAINTENANCE SERVICES	355,673

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 29**

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	1a Federated campaigns	1a 1,672,135			
	b Membership dues	1b			
	c Fundraising events	1c 540,289			
	d Related organizations	1d			
	e Government grants (contributions)	1e 1,776,616			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,562,553			
	g Noncash contributions included in lines 1a - 1f \$	1g 149,138			
	h Total. Add lines 1a-1f		9,551,593		

Program Service Revenue			Business Code				
	2a HEALTH ENHANCEMENTS		713940	44,885,191	44,885,191		
	b CAMPING		900099	9,934,214	9,934,214		
	c SCHOOL AGE CHILD CARE		624410	7,965,863	7,965,863		
	d DAY CARE		624310	3,030,359	3,030,359		
	e SOCIAL DEVELOPMENT		900099	547,200	547,200		
	f All other program service revenue			21,383	21,383		
	g Total. Add lines 2a-2f.			66,384,210			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			656,877			656,877	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
		6a	44,328					
		b Less rental expenses		0				
		6b						
	c Rental income or (loss)		44,328					
	6c							
	d Net rental income or (loss)			44,328		44,328		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		7a	36,600,961					
		b Less cost or other basis and sales expenses		33,120,146				
		7b						
	c Gain or (loss)		3,480,815					
	7c							
	d Net gain or (loss)			3,480,815			3,480,815	
	8a Gross income from fundraising events (not including \$ 540,289 of contributions reported on line 1c) See Part IV, line 18							
		8a		447,986				
		b Less direct expenses			611,505			
8b								
c Net income or (loss) from fundraising events			-163,519			-163,519		
9a Gross income from gaming activities See Part IV, line 19								
	9a							
	b Less direct expenses							
9b								
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances								
	10a		318,504					
	b Less cost of goods sold			157,053				
10b								
c Net income or (loss) from sales of inventory			161,451	161,451				
Miscellaneous Revenue		Business Code						
11a MISCELLANEOUS INCOME		900099	443,601	443,601				
	b FEES FROM Y-USA	900099	78,750	78,750				
	c TIMBER SALES	110000	35,536		35,536			
	d All other revenue							
	e Total. Add lines 11a-11d			557,887				
12 Total revenue. See instructions			80,673,642	67,068,012	79,864	3,974,173		

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	3,055,769	3,055,769		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	102,750	102,750		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,262,220	102,330	797,032	362,858
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	35,760,260	32,593,971	2,263,926	902,363
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,029,344	1,863,027	142,304	24,013
9 Other employee benefits	2,596,294	2,076,562	371,342	148,390
10 Payroll taxes	3,723,878	3,407,518	233,499	82,861
11 Fees for services (non-employees)				
a Management	1,509,867	1,001,795	508,072	
b Legal	291,401	105,094	186,307	
c Accounting	69,155	8,000	61,155	
d Lobbying				
e Professional fundraising services See Part IV, line 17	136,812			136,812
f Investment management fees	15,705		15,705	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,864,044	1,836,522	26,809	713
12 Advertising and promotion	982,033	387,939	510,918	83,176
13 Office expenses	440,833	281,156	150,483	9,194
14 Information technology				
15 Royalties				
16 Occupancy	6,036,012	5,773,780	262,232	
17 Travel	684,275	601,950	77,431	4,894
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	844,412	454,691	228,195	161,526
20 Interest	643,473	643,473		
21 Payments to affiliates	449,454		449,454	
22 Depreciation, depletion, and amortization	4,878,795	4,878,795		
23 Insurance	971,625	971,625		
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	4,620,384	4,521,383	95,839	3,162
b MISCELLANEOUS EXPENSES	1,479,707	1,249,252	220,539	9,916
c EQUIPMENT	262,627	237,171	23,084	2,372
d SUBSCRIPTIONS AND DUES	91,785	43,579	41,100	7,106
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	74,802,914	66,198,132	6,665,426	1,939,356
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,971,960	1	3,089,769
	2 Savings and temporary cash investments	7,227,768	2	10,033,717
	3 Pledges and grants receivable, net	4,364,880	3	4,512,925
	4 Accounts receivable, net	1,240,310	4	917,856
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	207,472	8	160,220
	9 Prepaid expenses and deferred charges	463,016	9	758,327
	10a Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	10a 179,252,850		
	b Less accumulated depreciation	10b 82,693,285	96,692,824	10c 96,559,565
	11 Investments—publicly traded securities	6,235,654	11	23,698,772
	12 Investments—other securities—See Part IV, line 11	14,738,644	12	477,311
	13 Investments—program-related—See Part IV, line 11	5,717,759	13	5,717,759
	14 Intangible assets		14	
	15 Other assets—See Part IV, line 11	556,255	15	608,501
16 Total assets. Add lines 1 through 15 (must equal line 34)	139,416,542	16	146,534,722	
Liabilities	17 Accounts payable and accrued expenses	2,507,678	17	2,442,681
	18 Grants payable		18	
	19 Deferred revenue	1,279,878	19	1,822,115
	20 Tax-exempt bond liabilities	7,600,000	20	7,289,000
	21 Escrow or custodial account liability—Complete Part IV of Schedule D	238,908	21	413,011
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	1,033,228	24	708,442
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)—Complete Part X of Schedule D	3,410,390	25	4,729,158
	26 Total liabilities. Add lines 17 through 25	16,070,082	26	17,404,407
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	99,552,139	27	100,607,164
	28 Net assets with donor restrictions	23,794,321	28	28,523,151
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	123,346,460	32	129,130,315	
33 Total liabilities and net assets/fund balances	139,416,542	33	146,534,722	

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	80,673,642
2	Total expenses (must equal Part IX, column (A), line 25)	2	74,802,914
3	Revenue less expenses Subtract line 2 from line 1	3	5,870,728
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	123,346,460
5	Net unrealized gains (losses) on investments	5	171,331
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	-258,204
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	129,130,315

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
- 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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 43-0653616

Name: GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

SEE SCHEDULE O

Form 990, Part III, Line 4c:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
BRADFORD KOENEMAN CHAIR	1 00	X		X				0	0	0
MELISSA LACKEY VICE CHAIR	1 00	X		X				0	0	0
RICHARD J NICOLETTI TREASURER	1 00	X		X				0	0	0
JON ROSENSTENGEL SECRETARY	1 00	X		X				0	0	0
CATHY BAUGHMAN DIRECTOR	1 00	X						0	0	0
WILLIAM GAVIN DIRECTOR	1 00	X						0	0	0
VINCE BENNETT DIRECTOR	1 00	X						0	0	0
TIM CARPENTER DIRECTOR	1 00	X						0	0	0
NASHAD CARRINGTON DIRECTOR	1 00	X						0	0	0
GREG DART DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
MICHAEL GIBBONS DIRECTOR	1 00	X						0	0	0
STEVE HANLEY DIRECTOR	1 00	X						0	0	0
MELISSA HARPER DIRECTOR	1 00	X						0	0	0
DAN HEGGER DIRECTOR	1 00	X						0	0	0
DANIEL JACKSON DIRECTOR	1 00	X						0	0	0
NEVADA AL A KENT IV DIRECTOR	1 00	X						0	0	0
DAVID LAYTON DIRECTOR	1 00	X						0	0	0
MARK D LEEKER DIRECTOR	1 00	X						0	0	0
MARILYN LUNNEMANN DIRECTOR	1 00	X						0	0	0
ROSETTA OKOHSON-REB DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
FRED PERREAND DIRECTOR	1 00	X						0	0	0
EMILY PITTS DIRECTOR	1 00	X						0	0	0
SUSAN RATZ DIRECTOR	1 00	X						0	0	0
JON N REED DIRECTOR	1 00	X						0	0	0
KURT M SCHWAGER DIRECTOR	1 00	X						0	0	0
AMY SMITH DIRECTOR	1 00	X						0	0	0
JACQUES THRO DIRECTOR	1 00	X						0	0	0
MATTHEW WHITING DIRECTOR	1 00	X						0	0	0
DAVID WILSDORF DIRECTOR	1 00	X						0	0	0
CHRISTINE EFTHIM DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
SUZANNE WHITEHEAD DIRECTOR	1 00	X						0	0	0
HARDY WASHINGTON JR DIRECTOR	1 00	X						0	0	0
SHAWN VICKERS DIRECTOR	1 00	X						0	0	0
ROD COOPER DIRECTOR	1 00	X						0	0	0
TIMOTHY HELM PRESIDENT & CEO	45 00			X				395,812	0	53,524
JARED BEARD EXECUTIVE VP & COO	45 00			X				196,968	0	32,611
JUDITH ABRAMS SR VP & CFO	45 00			X				175,072	0	15,572
DEBORAH TALLO SR VP & CHRO	45 00			X				164,774	0	28,844
WENDY CORNETT-MARQUITZ SR VP & CHIEF FIN DVPMT	45 00			X				169,103	0	29,940
KEELYN KRILL VP MEMBERSHIP & HEALTHY LIVING	45 00					X		136,127	0	29,970

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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				
GEORGE HAYWARD VP INFORMATION TECH	45 00					X		129,455	0	38,906	
ERNEST WAGNER VICE PRESIDENT PROPERTIES	45 00					X		128,346	0	19,593	
JOSEPH SANNING VP & CONTROLLER	45 00					X		126,293	0	12,857	
PATRICIA MEINHOLD DISTRICT VP	45 00					X		129,012	0	30,155	

SCHEDULE A
 (Form 990 or 990-EZ)

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

OMB No 1545-0047
2019
Open to Public Inspection

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

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

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

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

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	7,973,115	37,359,331	8,296,567	10,576,186	9,551,593	73,756,792
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	7,973,115	37,359,331	8,296,567	10,576,186	9,551,593	73,756,792
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)						861,480
6 Public support. Subtract line 5 from line 4						72,895,312

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	7,973,115	37,359,331	8,296,567	10,576,186	9,551,593	73,756,792
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	637,607	495,017	586,230	673,454	656,877	3,049,185
9 Net income from unrelated business activities, whether or not the business is regularly carried on	29,053	33,636	30,412	96,711	79,864	269,676
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	900,080	1,016,503	735,709	987,984	1,210,091	4,850,367
11 Total support. Add lines 7 through 10						81,926,020
12 Gross receipts from related activities, etc. (see instructions)					12	307,483,978
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 2019 (line 6, column (f) divided by line 11, column (f))	14	88 980 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	87 840 %

16a 33 1/3% support test—2019. 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 ▶

b 33 1/3% support test—2018. 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 ▶

17a 10%-facts-and-circumstances test—2019. 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 ▶

b 10%-facts-and-circumstances test—2018. 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 ▶

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 ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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? 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
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? If "Yes," provide detail in Part VI .		
	9b		
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? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS INCOME - 2015 AMOUNT \$ 190,607 2016 AMOUNT \$ 204,264 2018 AMOUNT \$ 199,403 2019 AMOUNT \$ 443,601 CAPITAL LEASE CONCESSION - 2015 AMOUNT \$ 13,236 SALES OF INVENTORY - 2015 AMOUNT \$ 306,702 2016 AMOUNT \$ 352,759 2017 AMOUNT \$ 333,571 2018 AMOUNT \$ 307,602 2019 AMOUNT \$ 318,504 FUNDRAISING EVENTS - 2015 AMOUNT \$ 389,535 2016 AMOUNT \$ 459,480 2017 AMOUNT \$ 402,138 2018 AMOUNT \$ 480,979 2019 AMOUNT \$ 447,986

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2019

Open to Public Inspection

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

▶ Attach to Form 990.

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

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 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? Yes 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? Yes 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 an 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 Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

1a If the organization elected, as permitted under 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 ▶ \$ _____

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
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,706,000	20,445,000	18,563,000	16,480,000	21,892,000
b Contributions	283,000	572,000	21,000	1,372,000	22,000
c Net investment earnings, gains, and losses	4,917,000	-1,118,000	2,628,000	1,496,000	-139,000
d Grants or scholarships					
e Other expenditures for facilities and programs	2,338,000	2,193,000	767,000	785,000	5,295,000
f Administrative expenses					
g End of year balance	20,568,000	17,706,000	20,445,000	18,563,000	16,480,000

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

- a** Board designated or quasi-endowment ▶ 32.630 %
- b** Permanent endowment ▶ 30.440 %
- c** Temporarily restricted endowment ▶ 36.930 %

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

- b** If "Yes" on 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		14,934,743		14,934,743
b Buildings		100,957,652	41,978,393	58,979,259
c Leasehold improvements		44,389,213	27,323,698	17,065,515
d Equipment		18,365,167	13,391,194	4,973,973
e Other		606,075		606,075
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				96,559,565

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	4,729,158

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	77,531,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	171,331	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	-258,204	
e	Add lines 2a through 2d		2e	-86,873
3	Subtract line 2e from line 1		3	77,617,873
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	3,055,769	
c	Add lines 4a and 4b		4c	3,055,769
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	80,673,642

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

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

1	Total expenses and losses per audited financial statements		1	71,747,145
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	71,747,145
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	3,055,769	
c	Add lines 4a and 4b		4c	3,055,769
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	74,802,914

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 43-0653616

Name: GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	THE YMCA IS CUSTODIAN FOR SEVERAL CUSTODIAL ACCOUNTS REPRESENTING BALANCES RAISED BY VARIOUS CLUBS AND GROUPS

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ASSOCIATION USES THE ENDOWMENT FUNDS TO SUPPORT THE OPERATIONS OF THE ASSOCIATION, AS WELL AS WORLD SERVICE SPENDING IS BASED UPON A FORMULA, APPROVED ANNUALLY BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS, WHICH APPLIES A PERCENTAGE TO THE AVERAGE OF THE PRIOR 5 YEARS' MARKET VALUES AS OF JUNE 30TH THE USE OF A 5-YEAR AVERAGE HELPS LESSEN THE IMPACT OF MARKET FLUCTUATIONS ON THE FUNDING OF THE ASSOCIATION'S OPERATIONS IN RECENT YEARS , THE PERCENTAGE USED TO DETERMINE EACH YEAR'S SPENDING AMOUNT HAS BEEN 4% TO 4.5%

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	UNREALIZED CHANGE IN TRUST INTERESTS -70,114 INTEREST RATE SWAP -188,090

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	FINANCIAL ASSISTANCE TO INDIVIDUALS INCLUDED IN FINANCIAL STATEMENT REVENUE 3,055,769

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	FINANCIAL ASSISTANCE TO INDIVIDUALS INCLUDED IN FINANCIAL STATEMENT REVENUE 3,055,769

Supplemental Information

Return Reference	Explanation
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" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

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

Employer identification number

43-0653616

Part I **General Information on 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 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
See Add'l Data					
3a Sub-total	0	0			102,750
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			102,750

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD	

Additional Data

Software ID:

Software Version:

EIN: 43-0653616

Name: GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	SUPPORT FOR LOCAL YMCA	51,750
RUSSIA & THE NEWLY INDEPENDENT STATES - ARMENIA, AZERBIJAN, UKRAINE	0	0	PROGRAM SERVICES	SUPPORT FOR LOCAL YMCA	10,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, BAHAMAS, BELIZE	0	0	PROGRAM SERVICES	SUPPORT FOR LOCAL YMCA	21,000
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, SOUTH AFRICA	0	0	PROGRAM SERVICES	SUPPORT FOR LOCAL YMCA	20,000

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	SEE PART V	16,000	WIRE TRANSFER			
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	SEE PART V	30,000	WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA, BARBUDA, BAHAMAS	SEE PART V	21,000	WIRE TRANSFER			
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	SEE PART V	5,750	WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SEE PART V	20,000	WIRE TRANSFER			
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	SEE PART V	10,000	WIRE TRANSFER			

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.

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

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 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 | % |
| b | An outside facility | % |

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 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.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2019

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

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

(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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 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 ▶ _____

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SUBSIDIES FOR PROGRAM AND MEMBERSHIP	13954		3,055,769	INCOME SCALE	SUBSIDY FOR PROGRAMS
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	THE GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION WILL NOT TURN AWAY ANYONE BASED ON THEIR INABILITY TO PAY FOR MEMBERSHIPS OR PROGRAMS A SLIDING SCALE OF AVAILABLE FINANCIAL SCHOLARSHIPS BASED UPON HOUSEHOLD INCOME IS USED TO DETERMINE THE AMOUNT OF SUBSIDY GRANTED TO AN INDIVIDUAL OR HOUSEHOLD SUBSIDIES OF \$3,055,769 WERE GRANTED DURING 2019

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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

2019

Open to Public Inspection

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

Employer identification number
43-0653616

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 Yes	
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 checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
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	4c	No
Only 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?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
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?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
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	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 are not listed on Form 990, Part VII

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

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

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.

Return Reference	Explanation
PART I, LINE 1A	MELISSA DI FIORI IS THE EXECUTIVE DIRECTOR OF YMCA TROUT LODGE AND CAMP LAKEWOOD. THE EXECUTIVE DIRECTOR IS REQUIRED TO LIVE ON SITE AT THE PROPERTY DUE TO THE NATURE OF THE BUSINESS, AND IT IS A CONDITION OF EMPLOYMENT FOR THAT POSITION. THE FAIR MARKET VALUE OF THE HOUSING COSTS AND RELATED PAYROLL TAXES ARE INCLUDED IN HER TOTAL COMPENSATION.
PART I, LINE 4B	TIMOTHY HELM \$10,827.42, SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN.
PART I, LINE 7	THE ORGANIZATION MAY PAY DISCRETIONARY BONUSES TO OFFICERS AND KEY EMPLOYEES AS PART OF ITS COMPENSATION PROGRAM.
FORM 990, SCHEDULE J, LINE 3	THE PROCESS TO DETERMINE A SENIOR EXECUTIVE'S PAY ORIGINATES WITH THE EXECUTIVE COMPENSATION COMMITTEE. CHALLENGING AND MEASURABLE PERFORMANCE GOALS ARE SET FOR SENIOR EXECUTIVES AT THE BEGINNING OF EACH YEAR. FORMAL YEAR-END REVIEWS ARE THEN CONDUCTED AND THE DEGREE OF PERFORMANCE AGAINST THESE GOALS IS CONSIDERED WHEN DETERMINING COMPENSATION INCREASES. RECOMMENDATIONS OF PAY INCREASES BY THE EXECUTIVE COMPENSATION COMMITTEE MUST BE APPROVED IN ADVANCE BY THE EXECUTIVE COMMITTEE PRIOR TO THE RECOMMENDATION TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. THE EXECUTIVE COMPENSATION COMMITTEE IS MADE UP OF THE CURRENT BOARD CHAIRMAN, THE PAST CHAIRMAN AND THE CHAIR-ELECT OF THE GOVERNING BOARD OF DIRECTORS. THE EXECUTIVE COMPENSATION COMMITTEE ANNUALLY REVIEWS COMPENSATION DATA OF OTHER YMCAS OF COMPARABLE SIZE. THIS DATA IS COMPILED BY SULLIVAN COTTER AND ASSOCIATES, INC. THE LAST YEAR DATA WAS COLLECTED FROM SULLIVAN AND COTTER WAS 2019. PERIODICALLY IN PRIOR YEARS, AND USING DATA FROM COMPENSATION MATTERS, A SECOND PROVIDER, THE EXECUTIVE COMMITTEE WOULD REVIEW COMPENSATION LEVELS AND PRACTICES OF OTHER ST. LOUIS-BASED CHARITIES.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

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 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) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MISSOURI DEVELOPMENT FINANCE BOARD	43-1387649		03-01-2011	9,500,000	REFINANCE 1998 FACILITIES BOND		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,211,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	9,500,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	105,000			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	9,395,000			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2011			
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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						

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 nongovernmental 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	700 0000000000 %							
d Was the hedge superintegrated?	X							
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PART III, LINE 9	AS THERE IS NO CONTEMPLATED PRIVATE BUSINESS USE OF THE PROPERTY, WRITTEN PROCEDURES ON REMEDIATION ARE NOT REQUIRED

Return Reference	Explanation
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

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVID LAYTON	BOARD MEMBER	155,707	INSURANCE BROKER FEES & COMMISSION		No

Part V Supplemental Information

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

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

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

Employer identification number
43-0653616

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	4	22,372	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
ASSORTED AUCTION	X	703	126,766	FAIR MARKET VALUE
25 Other ▶ (ITEMS)				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

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

	Yes	No
30a		No
31	Yes	
32a		No
33		

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

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.

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS FOR DONATIONS OF PUBLICLY TRADED SECURITIES ABOVE. IN TOTAL, 196 SHARES WERE CONTRIBUTED BY 4 DONORS.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Department of the Treasury

Name of the organization

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Employer identification number

43-0653616

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	THE GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION (YMCA) IS A NONPROFIT ORGANIZATION WHOSE MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL. THE YMCA'S PROGRAMS PROMOTE HEALTH, STRONG FAMILIES, AND COMMUNITIES, YOUTH LEADERSHIP AND INTERNATIONAL UNDERSTANDING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	WELLNESS PROGRAMMING THE NATIONAL YMCA MOVEMENT IS BUILT ON THE CONCEPT OF PUTTING CHRISTIAN PRINCIPLES INTO PRACTICE BY DEVELOPING THE WHOLE INDIVIDUAL IN BODY, MIND AND SPIRIT YMCA HEALTH ENHANCEMENT PROGRAMS ARE MEDICALLY BASED AND STRESS THE VALUE OF PREVENTION THROUGH GOOD EXERCISE HABITS AND HEALTHY LIVING THE YMCA IS COMMITTED TO DIVERSITY AND INCLUSION, BEING OPEN TO AND SERVING PEOPLE OF ALL RACES, RELIGIONS, GENDER, IDENTIFICATION, AND CULTURES IN 2019, THE YMCA PROVIDED HEALTH ENHANCEMENT PROGRAMS TO 5,241 PARTICIPANTS, WHICH INCLUDES YOUTHS, ADULTS, SENIORS AND PEOPLE OF ALL ABILITIES YMCA AQUATICS AQUATIC PROGRAMS ARE PART OF THE YMCA'S OVERALL GOAL TO BUILD A HEALTHY SPIRIT, MIND AND BODY LAST YEAR, WE ENROLLED 15,403 PARTICIPANTS IN AQUATICS PROGRAMS OTHER HEALTH ENHANCEMENT PROGRAMS LAST YEAR, THE YMCA ENROLLED 2,983 YOUTHS IN GYMNASTICS PROGRAMS, 2,835 PARTICIPANTS IN SPORTS SKILL AND RECREATIONAL PROGRAMS, AND 676 ADULTS IN EXERCISE SPORTS LEAGUES (42,219 TOTAL CLIENTS SERVED)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	YMCA DAY CAMP YMCA DAY CAMPS PROVIDE MANY WORKING PARENTS WITH AN ALTERNATIVE CHILDCARE O PTION FOR THE SUMMER MONTHS WHEN CHILDREN ARE OUT OF SCHOOL BY PROVIDING A SAFE AND FUN LE ARNING ENVIRONMENT RESIDENT CAMP YMCA RESIDENT CAMP LAKEWOOD SERVED 2,235 YOUTHS IN 2019 RESIDENT FAMILY/CONFERENCE CAMPING IN 2019, THERE WERE 34,991 CAMPING REGISTRATIONS FOR THE YEAR (41,369 TOTAL CLIENTS SERVED)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	SCHOOL AGE CHILD CARE Y-CLUB IS THE YMCA OF GREATER ST LOUISIS' BEFORE SCHOOL AND AFTER SCHOOL CHILDCARE PROGRAM HELD IN PARTNERHSIP WITH LOCAL SCHOOL DISTRICTS IN 2019, THE ASSOCIATION OFFERED PROGRAMS AT 102 LICENSED SITES AND 5 LICENSED CENTERS THE YMCA PROVIDES A SECURE, SAFE AND STIMULATING LEARNING ENVIRONMENT FOR APPROXIMATELY 4,427 CHILDREN IN A GIVEN DAY

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION HAS A CONFLICT OF INTEREST POLICY TO ENSURE THAT BOARD MEMBERS, OFFICERS AND EMPLOYEES MAINTAIN THE HIGHEST LEVEL OF ETHICAL STANDARDS WHEN CONDUCTING ASSOCIATION AFFAIRS. THE GATEWAY REGION YMCA PROMOTES A CULTURE OF AWARENESS AS TO BUSINESS DEALINGS WHICH MAY BE CONSIDERED A CONFLICT OF INTEREST OR CONTRARY TO APPLICABLE STATE, LOCAL OR FEDERAL LAWS. THE EMPLOYEE MANUAL, WHICH IS SIGNED BY ALL EMPLOYEES, INCLUDES A DISCUSSION OF THE ASSOCIATION'S CONFLICT OF INTEREST POLICY AND OUTLINES PROCEDURES FOR REPORTING POTENTIAL CONFLICTS OF INTEREST. ANNUALLY, BOARD MEMBERS, OFFICERS AND EXECUTIVE MANAGEMENT ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE, WHICH IS SUBMITTED TO AND REVIEWED BY THE PRESIDENT, THE CHIEF OPERATING OFFICER AND THE SENIOR VICE PRESIDENT OF FINANCE. ANY MATERIAL CONFLICTS OF INTEREST ARE DISCUSSED WITH THE AUDIT COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. IN THE EVENT OF A MATERIAL CONFLICT OF INTEREST, RESTRICTIONS MAY BE PLACED ON PERSONS TO PROHIBIT THEM FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS ON CERTAIN TRANSACTIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 TO THE RECOMMENDATION TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. THE EXECUTIVE COMPENSATION COMMITTEE IS MADE UP OF THE CURRENT BOARD CHAIRMAN, THE PAST CHAIRMAN AND THE CHAIR-ELECT OF THE GOVERNING BOARD OF DIRECTORS. THE EXECUTIVE COMPENSATION COMMITTEE ANNUALLY REVIEWS COMPENSATION DATA OF OTHER YMCAS OF COMPARABLE SIZE. THIS DATA IS COMPILED BY SULLIVAN COTTER AND ASSOCIATES, INC. THE LAST YEAR DATA WAS AS COLLECTED FROM SULLIVAN AND COTTER WAS 2017. PERIODICALLY IN PRIOR YEARS, AND USING DATA FROM COMPENSATION MATTERS, A SECOND PROVIDER, THE EXECUTIVE COMMITTEE WOULD REVIEW COMPENSATION LEVELS AND PRACTICES OF OTHER ST. LOUIS-BASED CHARITIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNREALIZED CHANGE IN TRUST INTERESTS -70,114 INTEREST RATE SWAP -188,090