

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning and ending

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

C Name of organization
GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2815 SCOTT AVENUE 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

F Name and address of principal officer: **TIMOTHY HELM**
SAME AS C ABOVE

G Gross receipts \$ **69,506,623.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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**

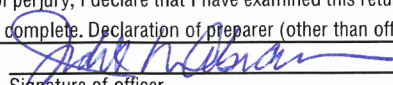
H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	33
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	33
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	3660
	6 Total number of volunteers (estimate if necessary)	6	1163
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	68,496.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	67,496.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,505,748.	21,122,909.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,864,457.	45,113,053.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	673,602.	1,582,534.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	48,531,219.	68,272,813.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,991,730.	2,512,633.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	32,074,969.	35,328,265.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	134,841.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,739,686.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,519,901.	21,956,565.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	53,586,600.	59,932,304.	
19 Revenue less expenses. Subtract line 18 from line 12	-5,055,381.	8,340,509.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	145,012,650.	152,423,137.
	22 Net assets or fund balances. Subtract line 21 from line 20	18,677,205.	14,677,136.
		126,335,445.	137,746,001.

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 **6/14/2022**

JUDITH M. ABRAMS, SR. VP OF FINANCE/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name **KIMBERLY A RYAN** Preparer's signature _____ Date _____ Check if self-employed PTIN **P00829977**

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

Firm's address ▶ **7676 FORSYTH BLVD, SUITE 2100 SAINT LOUIS, MO 63105** Phone no. (314) 290-3300

May the IRS discuss this return with the preparer shown above? See instructions Yes No

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Form 990 (2021)

43-0653616 Page 2

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 \$ 22,833,183. including grants of \$ 1,893,259.) (Revenue \$ 29,466,842.)
SEE SCHEDULE O

4b (Code: _____) (Expenses \$ 11,030,965. including grants of \$ 174,411.) (Revenue \$ 7,476,560.)
SEE SCHEDULE O

4c (Code: _____) (Expenses \$ 6,098,911. including grants of \$ 165,919.) (Revenue \$ 4,477,935.)
SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)
(Expenses \$ 12,220,239. including grants of \$ 279,044.) (Revenue \$ 4,268,441.)

4e Total program service expenses **52,183,298.**

Form 990 (2021)

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

Form 990 (2021)

43-0653616 Page **3**

Part IV Checklist of Required Schedules

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

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

Form 990 (2021)

43-0653616 Page 4

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	31
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 3660		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		
	17		

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

Form 990 (2021)

43-0653616 Page **6**

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	33		
b Enter the number of voting members included on line 1a, above, who are independent	1b	33		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

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

Section C. Disclosure

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

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TIMOTHY HELM PRESIDENT & CEO	45.00			X			419,810.	0.	50,130.	
(2) JARED BEARD EXECUTIVE VP & COO	45.00			X			202,943.	0.	27,910.	
(3) JUDITH ABRAMS SR. VP & CFO	45.00			X			183,753.	0.	30,808.	
(4) WENDY CORNETT-MARQUITZ SR. VP & CHIEF FIN. DVPMT	45.00			X			172,952.	0.	26,174.	
(5) DEBORAH TALLO SR. VP & CHRO	45.00			X			173,793.	0.	24,317.	
(6) PATRICIA MEINHOLD DISTRICT VP	45.00					X	148,647.	0.	28,666.	
(7) KEELYN KRILL VP MEMBERSHIP & HEALTHY LIVING	45.00					X	148,207.	0.	27,676.	
(8) MATTHEW THOMPSON DISTRICT VP	45.00					X	141,344.	0.	36,892.	
(9) MATTHEW CLARK DISTRICT VP	45.00					X	141,530.	0.	28,041.	
(10) LAURIE SMITH-MCTEARNEN VP ASSOCIATION CHILD CARE	45.00					X	141,485.	0.	25,525.	
(11) MELISSA LACKEY CHAIR	1.00	X		X			0.	0.	0.	
(12) JON ROSENSTENGEL VICE CHAIR	1.00	X		X			0.	0.	0.	
(13) AMY SMITH TREASURER	1.00	X		X			0.	0.	0.	
(14) STEVEN HANLEY SECRETARY	1.00	X		X			0.	0.	0.	
(15) MATT AUFFENBERG DIRECTOR	1.00	X					0.	0.	0.	
(16) VINCE BENNETT DIRECTOR	1.00	X					0.	0.	0.	
(17) TIM CARPENTER DIRECTOR	1.00	X					0.	0.	0.	

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

Form 990 (2021)

43-0653616 Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GREG DART DIRECTOR	1.00	X					0.	0.	0.	
(19) WILLIAM GAVIN DIRECTOR	1.00	X					0.	0.	0.	
(20) DARREN GEORGE DIRECTOR	1.00	X					0.	0.	0.	
(21) MICHAEL GIBBONS DIRECTOR	1.00	X					0.	0.	0.	
(22) CARRIE JOSTES DIRECTOR	1.00	X					0.	0.	0.	
(23) NEVADA (AL) A. KENT, IV DIRECTOR	1.00	X					0.	0.	0.	
(24) JOSEPH KING JR. DIRECTOR	1.00	X					0.	0.	0.	
(25) BRADFORD KOENEMAN DIRECTOR	1.00	X					0.	0.	0.	
(26) DAVID LAYTON DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							1,874,464.	0.	306,139.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,874,464.	0.	306,139.	

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 16

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PARIC CORPORATION, 77 WESTPORT PLAZA, SUITE 250, ST. LOUIS, MO 63146	CONSTRUCTION	595,216.
FOOD SERVICE CONSULTANTS, INC. 8534 WATSON ROAD, ST LOUIS, MO 63119	FOOD SERVICE	437,401.
KRONOS SAASHR, INC., 3040 ROUTE 22 WEST, STE 200, BRANCBURG, NJ 08876	PAYROLL SERVICES	336,995.
HESSE MARTONE PC, 13354 MANCHESTER RD STE 100, ST LOUIS, MO 63131	LEGAL SERVICES	303,725.
WINNING STREAK, INC. 1580 DECOMA DRIVE, DUPO, IL 62239	PROGRAM SUPPLY SERVICE	280,217.

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 24

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2021)

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

Form 990

43-0653616

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARK D. LEEKER DIRECTOR	1.00	X					0.	0.	0.	
(28) SUZAN MCDANIEL DIRECTOR	1.00	X					0.	0.	0.	
(29) JAMES MEYER DIRECTOR	1.00	X					0.	0.	0.	
(30) ROSETTA OKOHSON-REB DIRECTOR	1.00	X					0.	0.	0.	
(31) FRED PERREAND DIRECTOR	1.00	X					0.	0.	0.	
(32) EMILY PITTS DIRECTOR	1.00	X					0.	0.	0.	
(33) SUSAN RATZ DIRECTOR	1.00	X					0.	0.	0.	
(34) JON N. REED DIRECTOR	1.00	X					0.	0.	0.	
(35) DAVID ROGAN DIRECTOR	1.00	X					0.	0.	0.	
(36) GREG RUSH DIRECTOR	1.00	X					0.	0.	0.	
(37) KURT M. SCHWAGER DIRECTOR	1.00	X					0.	0.	0.	
(38) CATHERINE SMALL DIRECTOR	1.00	X					0.	0.	0.	
(39) JACQUES THRO DIRECTOR	1.00	X					0.	0.	0.	
(40) HARDY WASHINGTON, JR. DIRECTOR	1.00	X					0.	0.	0.	
(41) SUZANNE WHITEHEAD DIRECTOR	1.00	X					0.	0.	0.	
(42) MATTHEW WHITING DIRECTOR	1.00	X					0.	0.	0.	
(43) DAVID WILSDORF DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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

Form 990 (2021)

43-0653616 Page **9**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	1,371,968.				
	b Membership dues	1b					
	c Fundraising events	1c	407,634.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	14,403,549.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,939,758.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 161,305.				
	h Total. Add lines 1a-1f			21,122,909.			
	Program Service Revenue	2 a HEALTH ENHANCEMENTS	Business Code				
		713940	29,466,842.	29,466,842.			
b CAMPING		900099	7,476,560.	7,476,560.			
c SCHOOL AGE CHILD CARE		624410	4,477,935.	4,477,935.			
d DAY CARE		624310	2,374,246.	2,374,246.			
e SOCIAL DEVELOPMENT		900099	261,862.	261,862.			
f All other program service revenue		900099	1,055,608.	1,055,608.			
g Total. Add lines 2a-2f				45,113,053.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		751,540.			751,540.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	68,496.			
			(ii) Personal				
				0.			
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c	68,496.				
	d Net rental income or (loss)			68,496.	68,496.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,079,411.	493,878.		
			(ii) Other				
				228,865.	513,430.		
				850,546.	-19,552.		
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)			830,994.		830,994.		
8 a Gross income from fundraising events (not including \$ 407,634. of contributions reported on line 1c). See Part IV, line 18	8a		204,007.				
		b Less: direct expenses	8b	394,911.			
c Net income or (loss) from fundraising events			-190,904.		-190,904.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		224,457.				
		b Less: cost of goods sold	10b	96,604.			
		c Net income or (loss) from sales of inventory			127,853.	127,853.	
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	Business Code					
		900999	411,372.	411,372.			
	b FEES FROM Y-USA	900999	37,500.	37,500.			
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			448,872.				
12 Total revenue. See instructions			68,272,813.	45,689,778.	68,496.	139,1630.	

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

Form 990 (2021)

43-0653616 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,429,133.	2,429,133.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	83,500.	83,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,312,589.	104,708.	834,161.	373,720.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	27,738,752.	25,581,590.	1,340,848.	816,314.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,361,932.	1,284,340.	45,905.	31,687.
9 Other employee benefits	2,169,696.	1,867,162.	189,128.	113,406.
10 Payroll taxes	2,745,296.	2,302,145.	368,745.	74,406.
11 Fees for services (nonemployees):				
a Management	1,191,124.	869,267.	310,145.	11,712.
b Legal	388,777.	316,165.	72,612.	
c Accounting	66,000.	7,500.	58,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	134,841.			134,841.
f Investment management fees	8,500.		8,500.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,492,691.	1,028,190.	449,261.	15,240.
12 Advertising and promotion	668,963.	106,982.	504,586.	57,395.
13 Office expenses	425,572.	281,077.	132,603.	11,892.
14 Information technology				
15 Royalties				
16 Occupancy	5,048,367.	4,816,611.	231,756.	
17 Travel	318,158.	271,320.	46,487.	351.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	229,939.	123,959.	46,874.	59,106.
20 Interest	372,936.	372,936.		
21 Payments to affiliates	447,934.	2,052.	445,882.	
22 Depreciation, depletion, and amortization	5,333,136.	5,166,544.	166,592.	
23 Insurance	1,362,818.	1,362,818.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	2,602,002.	2,563,325.	29,270.	9,407.
b EQUIPMENT	386,256.	428,732.	-45,302.	2,826.
c SUBSCRIPTIONS AND DUES	53,056.	26,797.	20,491.	5,768.
d				
e All other expenses	1,560,336.	786,445.	752,276.	21,615.
25 Total functional expenses. Add lines 1 through 24e	59,932,304.	52,183,298.	6,009,320.	1,739,686.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

Form 990 (2021)

43-0653616 Page **11**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing	2,275,368.	1	3,376,514.		
	2 Savings and temporary cash investments	5,969,720.	2	7,290,902.		
	3 Pledges and grants receivable, net	2,874,355.	3	5,489,795.		
	4 Accounts receivable, net	1,142,320.	4	2,681,243.		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use	148,899.	8	149,736.		
	9 Prepaid expenses and deferred charges	447,611.	9	626,336.		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 186,522,683.				
	b Less: accumulated depreciation	10b 91,365,443.	98,310,724.	10c	95,157,240.	
	11 Investments - publicly traded securities	25,887,087.	11	29,882,185.		
	12 Investments - other securities. See Part IV, line 11	468,164.	12	454,371.		
	13 Investments - program-related. See Part IV, line 11	5,774,226.	13	5,417,455.		
	14 Intangible assets		14			
	15 Other assets. See Part IV, line 11	1,714,176.	15	1,897,360.		
16 Total assets. Add lines 1 through 15 (must equal line 33)	145,012,650.	16	152,423,137.			
Liabilities	17 Accounts payable and accrued expenses	2,132,768.	17	2,355,735.		
	18 Grants payable		18			
	19 Deferred revenue	1,293,239.	19	1,957,996.		
	20 Tax-exempt bond liabilities	6,968,000.	20	6,635,000.		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	466,248.	21	525,057.		
	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	367,124.	24	0.		
	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	7,449,826.	25	3,203,348.		
	26 Total liabilities. Add lines 17 through 25	18,677,205.	26	14,677,136.		
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	98,183,281.	27	108,768,042.		
	28 Net assets with donor restrictions	28,152,164.	28	28,977,959.		
	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	126,335,445.	32	137,746,001.		
	33 Total liabilities and net assets/fund balances	145,012,650.	33	152,423,137.		

Form **990** (2021)

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

Form 990 (2021)

43-0653616 Page **12**

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	68,272,813.
2 Total expenses (must equal Part IX, column (A), line 25)	2	59,932,304.
3 Revenue less expenses. Subtract line 2 from line 1	3	8,340,509.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	126,335,445.
5 Net unrealized gains (losses) on investments	5	2,789,508.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	280,539.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	137,746,001.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on 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?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2021)

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8296567.	10576186.	9551593.	11505748.	21122909.	61053003.
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	8296567.	10576186.	9551593.	11505748.	21122909.	61053003.
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)						1645688.
6 Public support. Subtract line 5 from line 4.						59407315.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	8296567.	10576186.	9551593.	11505748.	21122909.	61053003.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	586,230.	673,454.	656,877.	325,246.	751,540.	2993347.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	30,412.	96,711.	79,864.	40,979.	68,496.	316,462.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						64362812.
12 Gross receipts from related activities, etc. (see instructions)					12	281,698,636.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	92.30	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	95.10	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

Schedule A (Form 990) 2021

43-0653616 Page 7

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2021 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Employer identification number

43-0653616

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>974,478.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>577,212.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>2,276,996.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>8,482,876.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>1,371,968.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>1,645,727.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

Schedule D (Form 990) 2021

43-0653616 Page **3**

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, 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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RESERVE FOR WORKERS COMP.	212,544.
(3) RESERVE FOR RETIREE HEALTH INS.	48,088.
(4) COND. ASSET RETIREMENT OBLIG.	273,087.
(5) LIABILITIES TO GIFT ANNUITANTS	435,155.
(6) CAPITAL LEASES	1,208,547.
(7) MISCELLANEOUS LIABILITIES	1,025,927.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,203,348.

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

Schedule D (Form 990) 2021

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

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

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

1	Total revenue, gains, and other support per audited financial statements		1	68,913,727.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,789,508.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	280,539.	
e	Add lines 2a through 2d	2e		3,070,047.
3	Subtract line 2e from line 1	3		65,843,680.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	2,429,133.	
c	Add lines 4a and 4b	4c		2,429,133.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		68,272,813.

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	57,503,171.
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		57,503,171.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	2,429,133.	
c	Add lines 4a and 4b	4c		2,429,133.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		59,932,304.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

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

PART V, LINE 4:

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

Part XIII Supplemental Information (continued)

SPENDING AMOUNT HAS BEEN 4.0% TO 4.75%.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INTEREST RATE SWAP 280,539.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL ASSISTANCE TO INDIVIDUALS INCLUDED IN FINANCIAL
STATEMENT REVENUE 2,429,133.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL ASSISTANCE TO INDIVIDUALS INCLUDED IN FINANCIAL
STATEMENT REVENUE 2,429,133.

SCHEDULE D PARTS XI AND XII

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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

Employer identification number
43-0653616

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	SUPPORT FOR LOCAL YMCA	32,500.
RUSSIA & THE NEWLY INDEPENDENT STATES - ARMENIA, AZERBIJAN, UKRAINE	0	0	PROGRAM SERVICES	SUPPORT FOR LOCAL YMCA	20,000.
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	10,000.
3 a Subtotal	0	0			83,500.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			83,500.

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

Schedule F (Form 990) 2021

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORT FOR LOCAL YMCA	32,500.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA, BARBUDA, BAHAMAS	SUPPORT FOR LOCAL YMCA	21,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORT FOR LOCAL YMCA	10,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, UKRAINE	SUPPORT FOR LOCAL YMCA	20,000.	WIRE TRANSFER	0.		

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

3 Enter total number of other organizations or entities **4**

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Schedule F (Form 990) 2021

43-0653616 Page 4

Part IV Foreign Forms

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

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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

Schedule F (Form 990) 2021

Part V Supplemental Information

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

PART I, LINE 2:

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GOLF TOURNAMENTS (event type)	SALES/AUCTIO NS (event type)	33 (total number)		
Revenue	1	Gross receipts	427,648.	117,712.	66,281.	611,641.
	2	Less: Contributions	295,990.	92,797.	18,847.	407,634.
	3	Gross income (line 1 minus line 2)	131,658.	24,915.	47,434.	204,007.
Direct Expenses	4	Cash prizes	548.	0.	500.	1,048.
	5	Noncash prizes	3,843.	88,058.	2,301.	94,202.
	6	Rent/facility costs	99,897.	160.	2,170.	102,227.
	7	Food and beverages	12,817.	0.	938.	13,755.
	8	Entertainment	411.	0.	1,188.	1,599.
	9	Other direct expenses	116,536.	29,214.	36,330.	182,080.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				394,911.
11	Net income summary. Subtract line 10 from line 3, column (d)				-190,904.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION

- 11 Does the organization conduct gaming activities with nonmembers?
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?
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

Name Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
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

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

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

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

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

(I) ADDRESS OF FUNDRAISER: P.O. BOX 7106, CAROL STREAM, IL 60197-7106

(I) NAME OF FUNDRAISER: WENTWORTH NONPROFIT CONSULTING

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

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Employer identification number
43-0653616

Part I General Information on Grants and Assistance

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

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

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

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

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

Schedule I (Form 990) 2021

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SUBSIDIES FOR PROGRAM AND MEMBERSHIP	1582	2,098,545.	330,588.	INCOME SCALE	SUBSIDY FOR PROGRAMS

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

PART I, LINE 2:

THE GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION WILL NOT TURN AWAY ANYONE BASED ON THEIR INABILITY TO PAY FOR MEMBERSHIPS OR PROGRAMS. A SLIDING SCALE OF AVAILABLE FINANCIAL SCHOLARSHIPS BASED UPON HOUSEHOLD INCOME IS USED TO DETERMINE THE AMOUNT OF SUBSIDY GRANTED TO AN INDIVIDUAL OR HOUSEHOLD. SUBSIDIES OF \$2,429,133 WERE GRANTED DURING 2021.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

Schedule J (Form 990) 2021

43-0653616

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TIMOTHY HELM PRESIDENT & CEO	(i)	394,363.	23,125.	2,322.	25,520.	24,610.	469,940.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JARED BEARD EXECUTIVE VP & COO	(i)	193,553.	0.	9,390.	18,306.	9,604.	230,853.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JUDITH ABRAMS SR. VP & CFO	(i)	171,900.	0.	11,853.	16,404.	14,404.	214,561.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WENDY CORNETT-MARQUITZ SR. VP & CHIEF FIN. DVPMT	(i)	163,418.	0.	9,534.	15,582.	10,592.	199,126.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DEBORAH TALLO SR. VP & CHRO	(i)	162,818.	0.	10,975.	15,582.	8,735.	198,110.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PATRICIA MEINHOLD DISTRICT VP	(i)	130,431.	10,000.	8,216.	12,384.	16,282.	177,313.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KEELYN KRILL VP MEMBERSHIP & HEALTHY LIVING	(i)	141,203.	0.	7,004.	13,358.	14,318.	175,883.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MATTHEW THOMPSON DISTRICT VP	(i)	124,536.	10,000.	6,808.	11,851.	25,041.	178,236.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MATTHEW CLARK DISTRICT VP	(i)	124,597.	10,000.	6,933.	11,856.	16,185.	169,571.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LAURIE SMITH-MCTEARNEN VP ASSOCIATION CHILD CARE	(i)	121,022.	10,000.	10,463.	11,749.	13,776.	167,010.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 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 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.

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Part III Supplemental Information

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

PART I, LINE 4B:

TIMOTHY HELM: \$10,309 SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN

PART I, LINE 7:

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

Supplemental Information on Tax-Exempt Bonds

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

▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired										
2 Amount of bonds legally defeased										
3 Total proceeds of issue	9,500,000.									
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	105,000.									
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds	9,395,000.									
11 Other spent proceeds										
12 Other unspent proceeds										
13 Year of substantial completion	2011									
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a 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 a 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									

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

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

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

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

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

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

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

PART IV, LINE 7
AS ALL BOND PROCEEDS WERE USED IMMEDIATELY TO REFUND PRIOR BONDS AND TO
PAY BOND ISSUANCE COSTS, ARBITRAGE CANNOT OCCUR, THEREFORE NO WRITTEN
PROCEDURES ARE NECESSARY.

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

GATEWAY REGION YOUNG MEN'S
CHRISTIAN ASSOCIATION

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DAVID LAYTON	BOARD MEMBER	140,000.	INSURANCE B		X

Part V Supplemental Information.

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

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

(A) NAME OF PERSON: DAVID LAYTON

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

SCHEDULE L, PART IV

MR. LAYTON IS A MEMBER OF THE ASSOCIATION'S BOARD OF DIRECTORS AND A VICE PRESIDENT OF THE CRANE INSURANCE AGENCY. \$140,000 IN BROKER FEES AND COMMISSIONS WERE PAID TO CRANE INSURANCE AGENCY IN 2021. THE TRANSACTION WAS REVIEWED AND APPROVED BY A COMMITTEE OF THE BOARD OF DIRECTORS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	73,247.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ASSORTED AUCT)	X	379	88,058.	FAIR MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS FOR DONATIONS
OF PUBLICLY TRADED SECURITIES ABOVE. IN TOTAL, 1,907 SHARES WERE
CONTRIBUTED BY 9 DONORS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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

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

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

FORM 990, PART III, LINE 1

FROM ITS VERY BEGINNINGS, THE Y'S MISSION HAS BEEN TO PUT CHRISTIAN
PRINCIPLES INTO PRACTICE THROUGH PROGRAMS DESIGNED TO BUILD HEALTHY
SPIRITS, MINDS, AND BODIES - FOR ALL. IT DOES THAT BY BEING COMMUNITY
CENTERED; BRINGING PEOPLE OF ALL AGES TOGETHER TO BRIDGE THE GAPS IN
COMMUNITY NEEDS; DEVELOPING THE POTENTIAL TO LEARN, GROW, AND THRIVE;
AND MAINTAINING A LOCAL PRESENCE WITH A GLOBAL REACH. THROUGH ITS
TRADITIONAL BRANCH LOCATIONS AND MORE THAN 100 PROGRAM SITES, THE Y
MEASURES ITS SUCCESS BY HOW WELL IT ENGAGES PEOPLE THROUGH THREE AREAS
OF FOCUS: YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY.

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

COMING OFF THE HEELS OF THE UNPRECEDENTED YEAR THE WORLD EXPERIENCED IN
2020, 2021 WAS STILL ANOTHER CHALLENGING YEAR FOR OUR Y. DESPITE THAT,
THE COMMITMENT AND RESOLVE OF OUR REMARKABLE TEAM OF VOLUNTEERS AND
EMPLOYEES ENABLED US TO MOVE OUR MISSION FORWARD AS WE WORKED TO
RECOVER FINANCIALLY AND GET BACK TO POSITIVELY IMPACTING THOUSANDS OF
LIVES IN THE COMMUNITY. CERTAINLY, WE CONTINUED TO CLOSELY MONITOR AND
FOLLOW PUBLIC HEALTH GUIDELINES TO ENSURE THE SAFETY OF OUR STAFF AND
THOSE WE SERVE. THANKFULLY, IN 2021 WE WERE ABLE TO RESUME MANY
PROGRAMS AND SERVICES IN PERSON, BUT, WITH A RENEWED EMPHASIS ON

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

COMMUNITY WORK IN RESPONSE TO THE GREATER DEMAND FOR OUR SERVICES THAT AROSE FROM THE PANDEMIC. THIS INCLUDES PROGRAMS LIKE MATH AND READING LEARNING LABS, SAFETY AROUND WATER, THE YMCA DIABETES PREVENTION PROGRAM, STEAM (SCIENCE, TECHNOLOGY, ENGINEERING, THE ARTS, AND MATHEMATICS) INITIATIVES, AND OTHER SERVICES CRITICAL TO SO MANY IN OUR COMMUNITY. WE ALSO CONTINUED WITH OUR COMPREHENSIVE "OPPORTUNITY FOR ALL" CAPITAL CAMPAIGN, UNDERGOING RENOVATIONS TO FACILITIES IN KEY AREAS AIMED AT ADDRESSING ONGOING NEEDS IN THE COMMUNITIES WE SERVE, HIGHLIGHTED WITH A RIBBON CUTTING AT THE EMERSON YMCA IN FERGUSON, MISSOURI. THESE EFFORTS ALLOW US TO SERVE MORE PEOPLE, INNOVATE AND IMPROVE PROGRAMS, AND ENSURE WE HAVE PURPOSEFULLY DESIGNED SPACES TO SUPPORT GENERATIONS TO COME.

FORM 990, PART III, LINE 4A

THE Y IS COMMITTED TO IMPROVING AMERICA'S HEALTH AND WELL-BEING. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED INTERESTS. AS A RESULT, IN 2021, 2,272 PEOPLE IN OUR COMMUNITY PARTICIPATED IN HEALTH ENHANCEMENT PROGRAMS TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND AND BODY. ALSO LAST YEAR, 12,955 PARTICIPANTS ENROLLED IN Y AQUATICS, TEACHING MANY CHILDREN AND ADULTS INVALUABLE WATER SAFETY AND SWIMMING SKILLS. THE Y'S SIZE AND REACH AS A VITAL COMMUNITY ASSET UNIQUELY POSITIONS THE ORGANIZATION TO BRIDGE THE GAP IN THE DELIVERY OF SWIM LESSONS AND WATER SAFETY EDUCATION. OTHER HEALTH ENHANCEMENT PROGRAMS INCLUDE 1,498 YOUTH ENROLLED IN GYMNASTICS PROGRAMS, 1,286 PARTICIPANTS IN SKILLED SPORTS AND RECREATIONAL PROGRAMS, AND 156 ADULTS IN EXERCISE SPORTS LEAGUES (29,540 CLIENTS SERVED). THESE PROGRAMS ARE PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES WITH CHRONIC DISEASE AND OBESITY,

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

FAMILIES WRESTLE WITH WORK/LIFE BALANCE AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT. OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES AND INCOME LEVELS. IN 2021, WE PROVIDED \$2,429,133 IN FINANCIAL ASSISTANCE TO PEOPLE WHO OTHERWISE MAY NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE.

FORM 990, PART III, LINE 4B

WITH YOUTH DEVELOPMENT AS ONE OF THE Y'S CORE FOCUS AREAS, THE Y PROVIDES A PLACE WHERE YOUTH CAN COME TO CULTIVATE THE SKILLS AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND LIFELONG SUCCESS - AND HAVE FUN DOING IT. THE Y DOES JUST THAT THROUGH ITS SUMMER CAMP PROGRAMS. IN 2021, THE Y'S OVERNIGHT CAMP LAKEWOOD SERVED 1,959 YOUTH, ALLOWING YOUNG CAMPERS TO DISCOVER HIDDEN TALENT, GAIN SELF-ESTEEM AND ACQUIRE NEW SKILLS IN A SAFE AND FUN ENVIRONMENT. IN ADDITION, YMCA TROUT LODGE HAS LONG BEEN A DESTINATION FOR FAMILIES TO RECONNECT, CREATE NEW MEMORIES AND DISCOVER THE JOY OF EMBRACING THE SIMPLE PLEASURES OF NATURE. IN 2021, 11,581 FAMILIES WERE SERVED AT YMCA TROUT LODGE.

FORM 990, PART III, LINE 4C

AS PART OF THE Y'S YOUTH DEVELOPMENT FOCUS, THE Y CLUB BEFORE AND AFTER SCHOOL CHILD CARE PROGRAM IS HELD IN PARTNERSHIP WITH LOCAL SCHOOL DISTRICTS AND ENGAGES STUDENTS IN PHYSICAL, LEARNING AND IMAGINATIVE ACTIVITIES THAT ENCOURAGE THEM TO EXPLORE WHO THEY ARE AND WHAT THEY CAN ACHIEVE. IN 2021, THE ASSOCIATION OFFERED PROGRAMS AT 68 LICENSED SCHOOL SITES AND 73 LICENSED CENTERS. THE Y PROVIDED A SECURE, SAFE,

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

AND STIMULATING LEARNING ENVIRONMENT FOR APPROXIMATELY 3,062 CHILDREN
IN A GIVEN DAY.

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

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

AS PART OF OUR YOUTH DEVELOPMENT PROGRAMS, THE GATEWAY REGION Y
PROVIDES ACADEMIC PROGRAMS TO ENSURE THAT ALL YOUTH GRADUATE FROM HIGH
SCHOOL READY FOR THE NEXT STEP IN THEIR LIVES. IN 2021, WE PROVIDED
ONE-ON-ONE READING TUTORING TO 66 YOUTH AND ADULTS. THROUGH OUR
LEARNING LABS PROGRAM, WE PROVIDED SMALL GROUP SUPPORT IN READING
AND/OR MATH TO 82 CHILDREN, AND 89 YOUTH PARTICIPATED IN STEAM
(SCIENCE, TECHNOLOGY, ENGINEERING, THE ARTS, AND MATHEMATICS) LEARNING.

THROUGH OUR TEEN LEADERS PROGRAMS, THE Y IS COMMITTED TO ENSURING THAT
EVERY YOUNG PERSON HAS THE OPPORTUNITY TO BECOME A HEALTHY,
CONTRIBUTING MEMBER OF SOCIETY. IN 2021, 40 TEENS CONTRIBUTED 540
SERVICE HOURS GIVING BACK TO THEIR COMMUNITY. IN ADDITION, 88 TEENS
PARTICIPATED IN COOKING, PODCASTING AND ESPORTS PROGRAMS, WHILE ANOTHER
105 TEENS ENJOYED A SAFE PLACE TO MEET WITH FRIENDS THROUGH OUR Y TEEN
NIGHTS. ADDITIONALLY, 33 TEENS PARTICIPATED COLLECTIVELY IN CENTRAL
LEADERS, LEADERS CLUB, AND TEEN CAMP. THROUGH OUR WASHINGTON

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

UNIVERSITY CAMPUS Y PROGRAMS, YOUNG ADULTS SUPPORT COMMUNITIES WITH BLOOD DRIVES, EDUCATIONAL ENRICHMENT, TUTORING, AND MENTORING TO AREA YOUTH, AND PARTICIPATE IN CAMPUS LEADERSHIP ROLES.

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

THROUGH OUR FITNESS FOR YOUTH PROGRAM, 196 YOUTH PARTICIPATED IN OUTDOOR, IN-PERSON AND VIRTUAL FITNESS PROGRAMS TO ENSURE THEY STAYED PHYSICALLY ACTIVE EVEN WHEN THEY COULD NOT ATTEND SCHOOL GYM CLASSES IN-PERSON.

WITH RESEARCH SHOWING ABOUT HALF OF ALL CASES OF CHRONIC MENTAL ILLNESS BEGIN BY AGE 14, THE GATEWAY REGION YMCA LAUNCHED A PROGRAM IN 2021 TO HELP ADDRESS THIS CRITICAL CHALLENGE. TITLED "STARTING THE CONVERSATION," THE PROGRAM HELPS CAREGIVERS LEARN HOW TO ENGAGE IN CONVERSATIONS AND ADDRESS CONCERNING BEHAVIORS AROUND MENTAL HEALTH. THE Y WAS ABLE TO LAUNCH THE PROGRAM THANKS TO ITS LONGSTANDING PARTNERSHIP WITH STARTING THE CONVERSATION. THE PROGRAM SERVED 35 PARTICIPANTS IN 2021, AND IS QUICKLY GROWING.

OLDER ADULTS PARTICIPATED IN WELLNESS ACTIVITIES AT THE Y TO HELP SENIORS MAINTAIN INDEPENDENCE THROUGH INCREASED HEALTH AND SOCIALIZATION.

THE GATEWAY REGION YMCA IS ONE OF THE LEADING YMCAS IN THE USA IN ITS

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

INTERNATIONAL UNDERTAKING. CONTRIBUTIONS GIVEN TO OUR INTERNATIONAL PARTNERS ARE USED TO FUND THEIR PROGRAMS CENTERED ON YOUTHS, FAMILIES, AT-RISK CHILDREN, AND EDUCATIONAL OR TRAINING ACTIVITIES. EXPENSES \$ 12,220,239. INCL GRANTS OF \$ 279,044. REVENUE \$ 4,268,441.

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

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

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

THE GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION HAS A CONFLICT OF INTEREST POLICY TO ENSURE THAT BOARD MEMBERS, OFFICERS AND EMPLOYEES MAINTAIN THE HIGHEST LEVEL OF ETHICAL STANDARDS WHEN CONDUCTING ASSOCIATION AFFAIRS. THE GATEWAY REGION YMCA PROMOTES A CULTURE OF AWARENESS AS TO BUSINESS DEALINGS WHICH MAY BE CONSIDERED A CONFLICT OF INTEREST OR BE CONTRARY TO APPLICABLE STATE, LOCAL OR FEDERAL LAWS. THE EMPLOYEE MANUAL, WHICH IS SIGNED BY ALL EMPLOYEES, INCLUDES A DISCUSSION OF THE ASSOCIATION'S CONFLICT OF INTEREST POLICY AND OUTLINES PROCEDURES FOR REPORTING POTENTIAL CONFLICTS OF INTEREST. ANNUALLY, BOARD MEMBERS, OFFICERS AND EXECUTIVE MANAGEMENT ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE, WHICH IS SUBMITTED TO AND REVIEWED BY THE PRESIDENT, THE CHIEF OPERATING OFFICER AND THE SENIOR VICE PRESIDENT OF

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

FINANCE. ANY MATERIAL CONFLICTS OF INTEREST ARE DISCUSSED WITH THE AUDIT COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. IN THE EVENT OF A MATERIAL CONFLICT OF INTEREST, RESTRICTIONS MAY BE PLACED ON PERSONS TO PROHIBIT THEM FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS ON CERTAIN TRANSACTIONS.

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

THE PROCESS TO DETERMINE A SENIOR EXECUTIVE'S PAY ORIGINATES WITH THE EXECUTIVE COMPENSATION COMMITTEE. CHALLENGING AND MEASUREABLE PERFORMANCE GOALS ARE SET FOR SENIOR EXECUTIVES AT THE BEGINNING OF EACH YEAR. FORMAL 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 2017. PERIODICALLY IN PRIOR YEARS, AND USING DATA FROM COMPENSATION MATTERS, A SECOND PROVIDER, THE EXECUTIVE COMMITTEE WOULD REVIEW COMPENSATION LEVELS AND PRACTICES OF OTHER ST. LOUIS-BASED CHARITIES.

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

THE ANNUAL 990 TAX FILING IS AVAILABLE FOR PUBLIC VIEWING ON THE ASSOCIATION'S PUBLIC WEBSITE, GWRYMCA.ORG. PAPER COPIES ARE ALSO AVAILABLE

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

UPON REQUEST. A SUMMARIZED VERSION OF OUR ANNUAL AUDITED FINANCIAL STATEMENTS IS ALSO AVAILABLE ON THE SAME WEBSITE.

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

INTEREST RATE SWAP 280,539.

PART XII, LINE 2C

NO CHANGE FROM PRIOR YEAR.

Type and Entity: TIMBER SALES FED		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2020	1,963.										
B	2021	679.										
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Form **990-W**
(Worksheet)

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

OMB No. 1545-0047

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

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

2022

1	Unrelated business taxable income expected in the tax year		1
2	Tax on the amount on line 1. See instructions for tax computation		2
3	Alternative minimum tax for trusts. See instructions		3
4	Total. Add lines 2 and 3		4
5	Estimated tax credits. See instructions		5
6	Subtract line 5 from line 4		6
7	Other taxes. See instructions		7
8	Total. Add lines 6 and 7		8
9	Credit for federal tax paid on fuels. See instructions		9
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2021 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	14,174.
c	2022 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	ADJUSTED TO	
		10c	14,200.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11	06/15/22	09/15/22	12/15/22
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	7,100.	3,550.	3,550.
13	2021 Overpayment. See instructions	13			
14	Payment due (Subtract line 13 from line 12)	14	7,100.	3,550.	3,550.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

Form **990-T**

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

OMB No. 1545-0047

2021

For calendar year 2021 or other tax year beginning _____, and ending _____

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

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

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 2815 SCOTT AVENUE, D</p> <p>City or town, state or province, country, and ZIP or foreign postal code SAINT LOUIS, MO 63103</p>	<p>D Employer identification number 43-0653616</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 150,777,410.</p>			

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

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **2**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **LISA FUREY** Telephone number ▶ **314-436-1177**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	68,496.
2 Reserved	2	
3 Add lines 1 and 2	3	68,496.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	68,496.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	68,496.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	67,496.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	14,174.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	14,174.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

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

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2021

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

A Name of the organization GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	B Employer identification number 43-0653616
C Unrelated business activity code (see instructions) ▶ 110000	D Sequence: 1 of 2

E Describe the unrelated trade or business ▶ **TIMBER SALES**

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

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

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				679.
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement)				
15 Total deductions. Add lines 1 through 14	15			679.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			-679.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			-679.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

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

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ 0.				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ 0.				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ 0.				
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ 0.				
11 Total dividends-received deductions included in line 10 ▶ 0.				

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

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

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

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

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

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

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20	1,963.	0.	1,963.	1,963.
NOL CARRYOVER AVAILABLE THIS YEAR			1,963.	1,963.

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

Department of the Treasury
Internal Revenue Service

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

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

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

2021

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

A Name of the organization GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	B Employer identification number 43-0653616
C Unrelated business activity code (see instructions) ▶ 532000	D Sequence: 2 of 2

E Describe the unrelated trade or business ▶ **CELL TOWER INCOME**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance ▶	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6	68,496.		68,496.
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	68,496.		68,496.

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

1 Compensation of officers, directors, and trustees (Part X)		1		
2 Salaries and wages		2		
3 Repairs and maintenance		3		
4 Bad debts		4		
5 Interest (attach statement). See instructions		5		
6 Taxes and licenses		6		
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			8b
9 Depletion				9
10 Contributions to deferred compensation plans				10
11 Employee benefit programs				11
12 Excess exempt expenses (Part VIII)				12
13 Excess readership costs (Part IX)				13
14 Other deductions (attach statement)				14
15 Total deductions. Add lines 1 through 14				15 0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				16 68,496.
17 Deduction for net operating loss. See instructions				17 0.
18 Unrelated business taxable income. Subtract line 17 from line 16				18 68,496.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Line 1: Inventory at beginning of year. Line 2: Purchases. Line 3: Cost of labor. Line 4: Additional section 263A costs. Line 5: Other costs. Line 6: Total. Add lines 1 through 5. Line 7: Inventory at end of year. Line 8: Cost of goods sold. Subtract line 7 from line 6. Line 9: Do the rules of section 263A apply to the organization? Yes/No.

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

Table for Rent Income. Line 1: Description of property. A: CELL TOWER RENTAL - OZARKS 13528 STATE HIGHWAY AA, POTOSI, MO 63664. B: CELL TOWER RENTAL - EMERSON 3390 PERSHALL ROAD, ST. LOUIS, MO 63135. C: RENTAL - O'FALLON, IL 284 N. SEVEN HILLS ROAD, O'FALLON, IL 62269. Line 2: Rent received or accrued. a: From personal property. b: From real and personal property. c: Total rents received or accrued by property. Line 3: Total rents received or accrued. Line 4: Deductions directly connected with the income. Line 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Line 1: Description of debt-financed property. Line 2: Gross income from or allocable to debt-financed property. Line 3: Deductions directly connected with or allocable to debt-financed property. a: Straight line depreciation. b: Other deductions. c: Total deductions. Line 4: Amount of average acquisition debt on or allocable to debt-financed property. Line 5: Average adjusted basis of or allocable to debt-financed property. Line 6: Divide line 4 by line 5. Line 7: Gross income reportable. Multiply line 2 by line 6. Line 8: Total gross income. Line 9: Allocable deductions. Multiply line 3c by line 6. Line 10: Total allocable deductions. Line 11: Total dividends-received deductions included in line 10.

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

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

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals			0.	0.

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				

		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

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

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

Part IX Advertising Income

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

- A
- B
- C
- D

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

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

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

5 Readership costs				
--------------------------	--	--	--	--

6 Circulation income				
----------------------------	--	--	--	--

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

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

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

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

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

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. **FORM 990-T**

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

2021

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

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

Part I Required Annual Payment

1	Total tax (see instructions)	1	14,174.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1		
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method		
2c	Credit for federal tax paid on fuels (see instructions)		
2d	Total. Add lines 2a through 2c		
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	14,174.
4	Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	8,396.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	8,396.

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

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

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	04/15/21	06/15/21	09/15/21	12/15/21
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	2,099.	2,099.	2,099.	2,099.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	8,204.			
Complete lines 12 through 18 of one column before going to the next column.				
12 Enter amount, if any, from line 18 of the preceding column		6,105.	4,006.	1,907.
13 Add lines 11 and 12		6,105.	4,006.	1,907.
14 Add amounts on lines 16 and 17 of the preceding column				
15 Subtract line 14 from line 13. If zero or less, enter -0-	8,204.	6,105.	4,006.	1,907.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18				192.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	6,105.	4,006.	1,907.	

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

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2021 and before 7/1/2021	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			3.

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

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

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

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

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

LISA FUREY

- The books are in the care of ▶ **2815 SCOTT AVENUE, SUITE D - ST. LOUIS, MO 63103**

Telephone No. ▶ **314-436-1177** Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2021** or
▶ tax year beginning _____, and ending _____.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	13,762.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	8,400.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	5,362.

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

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM IL-990-T

FOR THE YEAR ENDING

December 31, 2021

Prepared For:

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

Prepared By:

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

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

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

Overpayment:

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

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

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

Return Must be Mailed On or Before:

December 15, 2022

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

December 31, 2021

Prepared For:

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

Prepared By:

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

Amount of Tax:

Balance due of \$15

Make Check Payable To:

Illinois Charity Bureau Fund

Mail Tax Return To:

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

Return Must Be Mailed On Or Before:

June 30, 2022

Special Instructions:

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

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

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

CO # 01-070798

Report for the Fiscal Period:

Beginning 01/01/2021

& Ending 12/31/2021
 MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

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

Federal ID # 43-0653616

Are contributions to the organization tax deductible? Yes No

Date Organization was created:

LEGAL NAME GATEWAY REGION YOUNG MEN'S CHRISTIAN ASSOCIATION	Year-end amounts	
MAIL ADDRESS 2815 SCOTT AVENUE, D	A) ASSETS	A) \$ 152,423,137.
CITY, STATE SAINT LOUIS, MO	B) LIABILITIES	B) \$ 14,677,136.
ZIP CODE 63103	C) NET ASSETS	C) \$ 137,746,001.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	75.920 %	D) \$ 51,832,413.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	21.097 %	E) \$ 14,403,549.
F) OTHER REVENUES	2.983 %	F) \$ 2,036,851.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 68,272,813.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	82.878 %	H) \$ 49,670,665.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	82.878 %	J) \$ 49,670,665.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	4.192 %	K) \$ 2,512,633.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	87.070 %	L) \$ 52,183,298.
M) MANAGEMENT AND GENERAL EXPENSE	10.027 %	M) \$ 6,009,320.
N) FUNDRAISING EXPENSE	2.903 %	N) \$ 1,739,686.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 59,932,304.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: TIMOTHY HELM, PRESIDENT & CEO		T) \$ 469,940.
U) NAME, TITLE: JARED BEARD, EXECUTIVE SR. VP & COO		U) \$ 230,853.
V) NAME, TITLE: JUDITH ABRAMS, SR. VP & CFO		V) \$ 214,561.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	List on back side of instructions CODE	
W) DESCRIPTION: HEALTH ENHANCEMENTS	W) #	044
X) DESCRIPTION: CAMPING	X) #	040
Y) DESCRIPTION: SCHOOL AGED CHILDCARE	Y) #	110

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

SEE STATEMENT 1

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

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

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

BE SURE TO INCLUDE ALL FEES DUE:

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

JUDITH M. ABRAMS

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TIMOTHY HELM

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

KIMBERLY A RYAN

PREPARER (PRINT NAME)

SIGNATURE

DATE

FORM AG990-IL

EXPLANATION FOR ACTIVITIES
DESCRIBED ON PAGE 2

STATEMENT 1

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

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

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



2021 Form IL-990-T

Exempt Organization Income and Replacement Tax Return

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

If this return is not for calendar year 2021, enter your fiscal tax year here. Tax year beginning _____ 20____, ending _____ 20____ <small>month day year month day year</small> WARNING This form is for tax years ending on or after December 31, 2021, and before December 31, 2022. For all other situations, see instructions to determine the correct form to use.	Enter the amount you are paying. \$ _____
---	--

Step 1: Identify your exempt organization

A Enter your complete legal business name.
 If you have a name change, check this box.
 Name: GATEWAY REGION YOUNG MEN'S CHRISTIAN

B Enter your mailing address.
 Check this box if either of the following apply:
 • this is your **first return**, or
 • you have an **address change**.
 C/O: _____
 Mailing address: 2815 SCOTT AVENUE, D
 City: SAINT LOUIS State: MO ZIP: 63103

C If this is the first or final return, check the applicable box(es).
 First return
 Final return (Enter the date of termination. _____)
mm dd yyyy

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

E Check if you are taxed as a corporation.

F Check if you are taxed as a trust.

G Provide the nature of your unrelated trade or business. SEE STATEMENT 2

H Check this box if you attached Illinois Schedule 1299-D, Income Tax Credits.

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

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

Step 2: Figure your base income or loss

(Whole dollars only)

1 Unrelated business taxable income or loss from U.S. Form 990-T. See Instructions. Attach a copy of your U.S. Form 990-T.	1	67,496 .00
2 Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	2	.00
3 Base income or loss. Add Lines 1 and 2.	3	67,496 .00

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

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

4 Business income or loss included in Line 3 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	4	0 .00
5 Business income or loss. Subtract Line 4 from Line 3.	5	67,496 .00
6 Total sales everywhere. This amount cannot be negative.	6	65,533 .
7 Total sales inside Illinois. This amount cannot be negative.	7	0 .
8 Apportionment factor. Divide Line 7 by Line 6. Round to six decimal places.	8	.000000
9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.	9	0 .00
10 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	10	0 .00
11 Base income or loss allocable to Illinois. Add Lines 9 and 10.	11	0 .00

Step 4: Figure your net replacement tax

12 Net income or loss from Line 3 or Line 11.	12	.00
13 Replacement tax. Corporations multiply Line 12 by 2.5% (.025); Trusts multiply by 1.5% (.015).	13	.00
14 Recapture of investment credits. Attach Schedule 4255.	14	.00
15 Replacement tax before investment credits. Add Lines 13 and 14.	15	.00
16 Investment credits. Attach Form IL-477.	16	0 .00
17 Net replacement tax. Subtract Line 16 from Line 15. If the amount is negative, enter zero.	17	0 .00

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

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



Step 5: Figure your net income tax

Table with 2 columns: Description and Amount. Rows 18-23 showing net income tax calculation.

Step 6: Figure your refund or balance due

Table with 2 columns: Description and Amount. Rows 24-33 showing refund or balance due calculation.

Form box for Step 34: Complete to direct deposit your refund. Includes fields for Routing Number, Account Number, and checkboxes for Checking or Savings.

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

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

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

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

Signature and preparer information table. Includes fields for Sign Here, Signature of authorized officer, Date, Title, Phone, and Paid Preparer Use Only.

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

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

FORM IL-990-T

NATURE OF TRADE OR BUSINESS

STATEMENT 2

RENTAL INCOME
TIMBER SALES

TO FORM IL-990-T, PAGE 1