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Form 990

Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 06-01-2009 and ending 05-31-2010

| | | | |
|--|---|--|--|
| B Check if applicable | C Name of organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS | | D Employer identification number 38-1358058 |
| <input type="checkbox"/> Address change | Doing Business As YMCA OF GREATER GRAND RAPIDS | | E Telephone number (616) 855-9600 |
| <input type="checkbox"/> Name change | Number and street (or P O box if mail is not delivered to street address) 475 LAKE MICHIGAN DRIVE NW | | G Gross receipts \$ 27,666,950 |
| <input type="checkbox"/> Initial return | Room/suite | | |
| <input type="checkbox"/> Terminated | | | |
| <input type="checkbox"/> Amended return | | | |
| <input type="checkbox"/> Application pending | City or town, state or country, and ZIP + 4 GRAND RAPIDS, MI 49504 | | |

| | |
|--|--|
| F Name and address of principal officer ROBERT L BRANCH 475 LAKE MICHIGAN DRIVE NW GRAND RAPIDS, MI 49504 | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|--|

I Tax-exempt status 501(c) (3) ► (insert no) 4947(a)(1) or 527H(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

J Website: ► WWW.GRYMCA.ORG

K Form of organization Corporation Trust Association Other ► L Year of formation 1866 M State of legal domicile MI

Part I Summary

| | | |
|---|----|-------|
| 1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O FOR DESCRIPTION TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL | | |
| 2 Check this box ► 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 | 42 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 41 |
| 5 Total number of employees (Part V, line 2a) | 5 | 1,543 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 7,400 |
| 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

| | | |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| 9 Program service revenue (Part VIII, line 2g) | 4,539,703 | 4,582,019 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 17,226,574 | 15,454,353 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -129,845 | -353,592 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 182,237 | 140,736 |
| | 21,818,669 | 19,823,516 |

| | | |
|--|------------|------------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 12,563,957 | 10,896,185 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ► 880,997 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 13,453,060 | 8,804,543 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 26,017,017 | 19,700,728 |
| 19 Revenue less expenses Subtract line 18 from line 12 | -4,198,348 | 122,788 |

| | | |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| 21 Total liabilities (Part X, line 26) | 53,051,940 | 54,200,199 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 24,966,128 | 25,072,810 |
| | 28,085,812 | 29,127,389 |

| | | | |
|-----------|---|------------|------|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge | | |
| | ***** | 2011-01-14 | Date |
| | Signature of officer | | |
| | ROBERT L BRANCH CFO | | |
| | Type or print name and title | | |

| | | | | |
|--------------------------|--|------|---|--|
| Paid Preparer's Use Only | Preparer's signature ► MARGARET W BISHOP CPA | Date | Check if self-employed ► <input type="checkbox"/> | Preparer's identifying number (see instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ► BEENE GARTER LLP 50 MONROE AVE NW SUITE 600 GRAND RAPIDS, MI 495032679 | | | EIN ► |
| | | | | Phone no ► (616) 235-5200 |

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SEE SCHEDULE O FOR DESCRIPTION

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 exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 7,276,501 including grants of \$) (Revenue \$ 11,153,219)
PHYSICAL/CARDIOVASCULAR CARE THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS' PHYSICAL/CARDIOVASCULAR CARE PROGRAMS ARE PART OF THE YMCA'S OVERALL GOAL OF BUILDING HEALTHY SPIRIT, MIND, AND BODY PROGRAMS ARE DESIGNED TO IMPACT WELLNESS OF THE COMMUNITY AND INCLUDE FREE SEMINARS, BLOOD PRESSURE SCREENINGS, CHOLESTEROL TESTS, AND FITNESS EVALUATIONS EMPHASIS IS ON FAMILY, WITH A FULL COMPLEMENT OF PROGRAMS FOR INDIVIDUALS SIX MONTHS TO SENIOR CITIZENS FINANCIAL ASSISTANCE IS AVAILABLE TO THOSE IN NEED

4b (Code) (Expenses \$ 2,544,991 including grants of \$) (Revenue \$ 2,626,487)
CHILD CARE THE YMCA CHILD CARE PROGRAMS PROVIDE HIGH QUALITY CHILD CARE WHILE FOCUSING ON THE YMCA'S FOUR CORE VALUES - CARING, HONESTY, RESPECT, AND RESPONSIBILITY THE YMCA PROGRAMS ARE BASED UPON YEARS OF RESEARCH IN THE FIELD OF CHILD DEVELOPMENT AND ARE DESIGNED TO MEET THE INDIVIDUAL NEEDS OF THE CHILD AND THE FAMILY AS A WHOLE THE YMCA RECOGNIZES A GROWING NUMBER OF FAMILIES FROM EVERY SOCIOECONOMIC LEVEL ARE NEGLECTED,ADRIFT, AND IN TROUBLE THE STRESS AND STRAIN OF BALANCING WORK AND FAMILY IS BECOMING MORE DIFFICULT TO BEAR YMCA ASSISTS IN REDUCING THIS BURDEN THROUGH THE PROVISION OF TUITION ASSISTANCE FOR CHILD CARE SERVICES ADDITIONALLY, WE AID FAMILIES WHO MIGHT NEED OTHER FORMS OF HELP DUE TO FAMILY VIOLENCE, LOSS OF A JOB, SUBSTANCE ABUSE, ETC , BY COLLABORATING WITH OTHER SOCIAL SERVICE AGENCIES WE ALSO FOCUS ON HELPING PARENTS LEARN MORE ABOUT HOW TO RAISE HEALTHY, HAPPY CHILDREN WHO CAN GROW INTO RESPONSIBLE CARING ADULTS

4c (Code) (Expenses \$ 1,990,599 including grants of \$) (Revenue \$ 689,706)
AQUATICS PROGRAM YMCAS HAVE BEEN TEACHING PEOPLE TO SWIM FOR MORE THAN A CENTURY IN YMCA AQUATICS PROGRAMS, CHILDREN LEARN TO BE SAFE AROUND WATER AND THEY FEEL THE SENSE OF ACCOMPLISHMENT THAT COMES WITH LEARNING SOMETHING NEW YOUTH PROGRESSIVE SWIMMING IS THE YMCA'S THIRD MOST WIDELY OFFERED PROGRAM NATIONWIDE IT USES A PROBLEM-SOLVING, GUIDE-DISCOVERY TEACHING APPROACH IN A POSITIVE, CARING ENVIRONMENT KIDS CAN DEVELOP LIFELONG SKILLS THAT CAN HELP THEM STAY HEALTHY OTHER YMCA AQUATICS PROGRAMS INCLUDE INFANT-PARENT CLASSES, PRESCHOOL CLASSES, CLASSES FOR PEOPLE WITH DISABILITIES, AND CLASSES FOR TEENS AND ADULTS THESE INCLUDE WATER EXERCISE AND THERAPY AND WATER SPORTS, INCLUDING SYNCHRONIZED SWIMMING AND MASTER COMPETITIVE SWIMMING FOR PEOPLE 18 AND OVER COMPETITIVE PROGRAMS ARE ALSO AVAILABLE FOR YOUTH MANY YMCAS OFFER SPECIAL CLASSES TO HELP CHILDREN AND FAMILIES LEARN HOW TO BE SAFER IN AND AROUND WATER, INCLUDING YMCA SPLASH Y SPLASH IS AN AQUATICS ORIENTATION AND SAFETY PROGRAM PROVIDING INSTRUCTION ON SWIMMING SKILLS AND BASIC WATER SAFETY, OFFERED ANNUALLY AT MANY YMCAS THE NEARLY WEEK-LONG EVENT OFFERS WATER FAMILIARIZATION, SWIM LESSONS AND, OFTEN, POOL GAMES, CONTESTS, AND PARENT EDUCATION SESSIONS, USUALLY AT A NOMINAL FEE

4d Other program services (Describe in Schedule O) See also Additional Data for Description
(Expenses \$ 4,600,878 including grants of \$) (Revenue \$ 984,941)

4e Total program service expenses \$ 16,412,969

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- 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? If "Yes," complete Schedule D, Part X.

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

12a Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No

If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III

17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

| | Yes | No |
|------------|-----|----|
| 1 | Yes | |
| 2 | Yes | |
| 3 | | No |
| 4 | | No |
| 5 | | |
| 6 | | No |
| 7 | Yes | |
| 8 | | No |
| 9 | | No |
| 10 | Yes | |
| 11 | Yes | |
| 12 | Yes | |
| 12a | No | |
| 13 | | No |
| 14a | | No |
| 14b | | No |
| 15 | | No |
| 16 | | No |
| 17 | | No |
| 18 | Yes | |
| 19 | | No |
| 20 | | No |

Part IV Checklist of Required Schedules (continued)

| | | | | |
|--|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| 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 | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| 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? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | 28a | | No |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28c | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 29 | | No |
| 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 31 | | No |
| 32 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 32 | | No |
| 33 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 33 | | No |
| 34 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 34 | | No |
| 35 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 35 | | No |
| 36 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 37 | | No |
| 38 | 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? If "Yes," complete Schedule R, Part VI | 38 | Yes | |
| Note. All Form 990 filers are required to complete Schedule O | | | | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|--|------------|-------|
| 1a | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable | 1a | 7 |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | Yes | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a | 1,543 |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | No |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 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)? | | No |
| 4b | If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| 5c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 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? | 6a | No |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Yes |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | No |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| 7e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | Yes |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | Yes |
| 7g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| 7h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | 9a | |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| 11a | Gross income from members or shareholders | 11a | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |

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

Section A. Governing Body and Management

| | | Yes | No |
|--|-----------|-----|----|
| 1a Enter the number of voting members of the governing body . . . | 1a | 42 | |
| b Enter the number of voting members that are independent . . . | 1b | 41 | |
| 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 | Yes | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | No |
| 5 Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | No |
| 6 Does the organization have members or stockholders? | 6 | | No |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | No |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | No |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a The governing body? | 8a | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

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

| | | Yes | No |
|---|------------|-----|----|
| 10a Does the organization have local chapters, branches, or affiliates? | 10a | | No |
| b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | Yes | |
| 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| 13 Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 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 | Yes | |
| b Other officers or key employees of the organization | 15b | Yes | |
| If "Yes" to line a or b, describe the process in 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 | | No |
| b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 ► MI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
 ROBERT L BRANCH
 475 LAKE MICHIGAN DR NW
 GRAND RAPIDS, MI 49504
 (616) 855-9600

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

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. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee.

| | | | |
|-----------------|---------|---|--------|
| 1b Total | 701,917 | 0 | 82,275 |
|-----------------|---------|---|--------|

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **►5**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---------------------------------------|----------------------------|
| DESIGN PLUS 230 EAST FULTON GRAND RAPIDS, MI 49503 | ARCHITECTURE | 273,543 |
| THE IDEA HOUSE THREE CENTENNIAL PLAZA 3RD FLR CINCINNATI, OH 45202 | ADVERTISING | 203,990 |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►2 | | |

Part VIII Statement of Revenue

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--|----------------------|----------------------|--|---|---|
| Contributions, gifts, grants and other similar amounts | | | | | |
| 1a Federated campaigns | 1a 322,067 | | | | |
| b Membership dues | 1b | | | | |
| c Fundraising events | 1c 155,181 | | | | |
| d Related organizations | 1d | | | | |
| e Government grants (contributions) | 1e 1,218,301 | | | | |
| f All other contributions, gifts, grants, and similar amounts not included above | 1f 2,886,470 | | | | |
| g Noncash contributions included in lines 1a-1f \$ _____ | | | | | |
| h Total. Add lines 1a-1f | | 4,582,019 | | | |
| Program Service Revenue | | Business Code | | | |
| 2a MEMBERSHIP DUES & ASSE | | 713,940 | 10,731,092 | 10,731,092 | |
| b PROGRAM FEES | | 713,940 | 2,724,977 | 2,724,977 | |
| c CHILD CARE | | 624,410 | 1,830,567 | 1,830,567 | |
| d USE OF FACILITIES | | 624,410 | 167,717 | 167,717 | |
| e | | | | | |
| f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f | | 15,454,353 | | | |
| 3 Investment income (including dividends, interest and other similar amounts) | | | | | |
| 4 Income from investment of tax-exempt bond proceeds | | | 63,367 | | 63,367 |
| 5 Royalties | | | | | |
| 6a Gross Rents | (i) Real | (ii) Personal | | | |
| b Less rental expenses | | | | | |
| c Rental income or (loss) | | | | | |
| d Net rental income or (loss) | | | | | |
| 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| b Less cost or other basis and sales expenses | 7,385,375 | 1,675 | | | |
| c Gain or (loss) | 7,556,503 | 247,506 | | | |
| d Net gain or (loss) | -171,128 | -245,831 | | | |
| | | | -416,959 | | -416,959 |
| 8a Gross income from fundraising events (not including \$ 155,181 of contributions reported on line 1c) See Part IV, line 18 | a | 16,475 | | | |
| b Less direct expenses | b | 39,425 | | | |
| c Net income or (loss) from fundraising events | | | -22,950 | | -22,950 |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | |
| b Less direct expenses | b | | | | |
| c Net income or (loss) from gaming activities | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | |
| b Less cost of goods sold | b | | | | |
| c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | Business Code | | | | |
| 11a MISCELLANEOUS INCOME | | 713,940 | 163,686 | | 163,686 |
| b | | | | | |
| c | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | 163,686 | | | |
| 12 Total revenue. See Instructions | | 19,823,516 | 15,454,353 | 0 | -212,856 |

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) but are not required to complete columns (B), (C), and (D).**

| 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 governments and organizations in the U S See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the U S See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 364,971 | | 244,825 | 120,146 |
| 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 | 8,640,581 | 7,149,842 | 1,068,784 | 421,955 |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 380,111 | 281,371 | 70,448 | 28,292 |
| 9 Other employee benefits | 841,557 | 690,299 | 120,564 | 30,694 |
| 10 Payroll taxes | 668,965 | 539,398 | 93,324 | 36,243 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 8,354 | | 8,354 | |
| c Accounting | 92,480 | 22,898 | 35,752 | 33,830 |
| d Lobbying | | | | |
| e Professional fundraising See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | 322,834 | 238,039 | 79,583 | 5,212 |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 999,049 | 875,530 | 115,738 | 7,781 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 1,147,407 | 1,140,632 | 6,775 | |
| 17 Travel | 159,489 | 116,973 | 38,492 | 4,024 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 151,445 | 64,082 | 62,858 | 24,505 |
| 20 Interest | 355,215 | 355,215 | | |
| 21 Payments to affiliates | 194,000 | 154,674 | 31,100 | 8,226 |
| 22 Depreciation, depletion, and amortization | 2,127,024 | 2,010,917 | 116,107 | |
| 23 Insurance | 136,828 | 107,790 | 21,311 | 7,727 |
| 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a SUPPLIES | 1,170,495 | 1,051,600 | 70,246 | 48,649 |
| b REPAIR AND MAINTENANCE | 863,033 | 835,711 | 23,145 | 4,177 |
| c PRINTING & PUBLICATIONS | 582,059 | 481,511 | 1,012 | 99,536 |
| d BAD DEBT EXPENSE | 188,733 | | 188,733 | |
| e | | | | |
| f All other expenses | 306,098 | 296,487 | 9,611 | |
| 25 Total functional expenses. Add lines 1 through 24f | 19,700,728 | 16,412,969 | 2,406,762 | 880,997 |
| 26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | (B) End of year |
|-----------------------------|--|---------------------------------|---------------------------|
| Assets | 1 Cash—non-interest-bearing | 1,198,557 | 1 2,396,191 |
| | 2 Savings and temporary cash investments | 14,778 | 2 197,900 |
| | 3 Pledges and grants receivable, net | 4,966,914 | 3 4,493,349 |
| | 4 Accounts receivable, net | 547,218 | 4 789,643 |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | 6 | |
| | 7 Notes and loans receivable, net | 7 | |
| | 8 Inventories for sale or use | 25,029 | 8 13,972 |
| | 9 Prepaid expenses and deferred charges | 109,497 | 9 119,992 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 55,297,523 |
| | b Less accumulated depreciation | 10b | 41,807,833 |
| | 11 Investments—publicly traded securities | 3,488,337 | 11 3,691,483 |
| | 12 Investments—other securities See Part IV, line 11 | 12 | |
| | 13 Investments—program-related See Part IV, line 11 | 13 | |
| | 14 Intangible assets | 14 | |
| | 15 Other assets See Part IV, line 11 | 893,777 | 15 551,570 |
| | 16 Total assets. Add lines 1 through 15 (must equal line 34) | 53,051,940 | 16 54,200,199 |
| Liabilities | 17 Accounts payable and accrued expenses | 1,093,204 | 17 1,656,866 |
| | 18 Grants payable | 18 | |
| | 19 Deferred revenue | 547,119 | 19 619,213 |
| | 20 Tax-exempt bond liabilities | 19,430,000 | 20 18,815,000 |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 3,895,805 | 23 2,985,573 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 24 | |
| | 25 Other liabilities Complete Part X of Schedule D | 0 | 25 996,158 |
| | 26 Total liabilities. Add lines 17 through 25 | 24,966,128 | 26 25,072,810 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | |
| | 27 Unrestricted net assets | 22,832,292 | 27 22,157,622 |
| | 28 Temporarily restricted net assets | 4,273,941 | 28 5,913,582 |
| | 29 Permanently restricted net assets | 979,579 | 29 1,056,185 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | |
| | 30 Capital stock or trust principal, or current funds | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 32 | |
| | 33 Total net assets or fund balances | 28,085,812 | 33 29,127,389 |
| | 34 Total liabilities and net assets/fund balances | 53,051,940 | 34 54,200,199 |

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
 Separate basis Consolidated basis Both consolidated and separated basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|-----------|------------|-----------|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | Yes | |
| 3b | Yes | |

2009

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF
GREATER GRAND RAPIDS

Employer identification number

38-1358058

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e a Type I b Type II c Type III - Functionally integrated d Type III - Other

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support? |
|---|-------------|---|---|----|---|----|--|----|--------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 4,623,896 | 3,558,532 | 3,601,058 | 4,539,703 | 4,582,019 | 20,905,208 |
| 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 | 4,623,896 | 3,558,532 | 3,601,058 | 4,539,703 | 4,582,019 | 20,905,208 |
| 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) | | | | | | 260,264 |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | 20,644,944 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|-----------|----------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4 | 4,623,896 | 422,511 | 3,601,058 | 4,539,703 | 4,582,019 | 20,905,208 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 270,912 | 422,511 | 284,141 | -56,975 | 63,367 | 983,956 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | | | | 174,080 | 180,161 | 354,241 |
| 11 Total support (Add lines 7 through 10) | | | | | | 22,243,405 |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | 82,739,212 |

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

Section C. Computation of Public Support Percentage

| | | |
|--|----|----------|
| 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) | 14 | 92 810 % |
| 15 Public Support Percentage for 2008 Schedule A, Part II, line 14 | 15 | 89 560 % |
| 16a 33 1/3% support test—2009. 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—2008. If the organization did not check the 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 checked="" type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input checked="" 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 checked="" type="checkbox"/> | | |

Part III Support Schedule for Organizations Described in IRC 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11 and 12) | | | | | | |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

| | |
|---|----|
| 15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 |

Section D. Computation of Investment Income Percentage

| | |
|---|----|
| 17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) | 17 |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 |
| 19a 33 1/3% support tests—2009. 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—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization | |
| 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions | |

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

Schedule A, Part IV, Supplemental Information SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME 2008 OTHER INCOME \$174,080 2009 OTHER INCOME \$163,686 2009 SPECIAL EVENTS GROSS REVENUE \$16,475

SCHEDULE D

(Form 990)

Supplemental Financial Statements**2009****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

Name of the organizationTHE YOUNG MEN'S CHRISTIAN ASSOCIATION OF
GREATER GRAND RAPIDS**Employer identification number**

38-1358058

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Year |
|---|-----------------------------|
| 2a Total number of conservation easements | 1 |
| 2b Total acreage restricted by conservation easements | 71 |
| 2c Number of conservation easements on a certified historic structure included in (a) | 0 |
| 2d Number of conservation easements included in (c) acquired after 8/17/06 | 0 |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► 0

4 Number of states where property subject to conservation easement is located ► 1

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► 0.00

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ 0

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

a Public exhibition
b Scholarly research
c Preservation for future generations

d Loan or exchange programs
e Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

| | Amount |
|-----------|---------------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

| | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|-------------------------|-----------------------|---------------------------|-----------------------------|----------------------------|
| 1a Beginning of year balance | 979,579 | 1,204,773 | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | 76,606 | -225,194 | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 1,056,185 | 979,579 | | | |

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► 100 000 % %

c Term endowment ► %

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

(i) unrelated organizations Yes No

(ii) related organizations Yes No

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

| | Yes | No |
|---------------|------------|-----------|
| 3a(i) | Yes | |
| 3a(ii) | | No |
| 3b | | |

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| | Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|----------------------------------|---|--|-------------------------------------|-----------------------|
| 1a Land | | 5,610,044 | | | 5,610,044 |
| b Buildings | | 41,048,305 | 7,486,559 | | 33,561,746 |
| c Leasehold improvements | | | | | |
| d Equipment | | 7,298,884 | 5,462,981 | | 1,835,903 |
| e Other | | 1,340,290 | 401,884 | | 938,406 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | | 41,946,099 |

Part VII Investments—Other Securities. 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 |
|--|----------------|---|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) | ► | |

Total. (Column (b) should equal Form 990, Part X, col (B), line 1)

Part VIII Investments—Program Related. See Form 990, Part X, line 13

Total. (Column (b) should equal Form 990, Part X, col (B) line 13)

Part IX Other Assets. See Form 990, Part X, line 15

Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities. See Form 990, Part X, line 25.

Total. (Column (b) should equal Form 990, Part X, col (B) line 25) **996,158**

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|----|---|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 19,823,516 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 19,700,728 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 122,788 |
| 4 | Net unrealized gains (losses) on investments | 4 | 647,675 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | 271,114 |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 918,789 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 1,041,577 |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|--|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 20,510,616 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 647,675 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | 39,425 |
| e | Add lines 2a through 2d | 2e | 687,100 |
| 3 | Subtract line 2e from line 1 | 3 | 19,823,516 |
| 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 XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 19,823,516 |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|---|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 19,740,153 |
| 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 XIV) | 2d | 39,425 |
| e | Add lines 2a through 2d | 2e | 39,425 |
| 3 | Subtract line 2e from line 1 | 3 | 19,700,728 |
| 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 XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 19,700,728 |

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation |
|--|--|--|
| Part II, Line 9 | Description of How Organization Reports Conservation Easements | ACCOUNTING FOR CONSERVATION EASEMENTS A CONSERVATION EASEMENT EXISTS ON 0.71 ACRES OF AN 18.192 PARCEL OF LAND OWNED BY THE YMCA GRANTED BY THE DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ) THE EASEMENT WAS RECORDED WITH THE KENT COUNTY REGISTER OF DEEDS ON DECEMBER 10, 2002. THE PURPOSE OF THIS EASEMENT IS TO PROTECT THE WETLAND FUNCTIONS AND VALUES EXISTING (OR ESTABLISHED ON THE PROPERTY FOR MDEQ PERMIT 02-41-003-P) ON THE EASEMENT PREMISES. THE CONSERVATION EASEMENT DOES NOT GRANT OR CONVEY ANY RIGHT OF OWNERSHIP, POSSESSION, OR USE OF THE EASEMENT PREMISES TO THE MDEQ OR ANY MEMBER OF THE GENERAL PUBLIC, AND REPRESENTS AN IMMATERIAL PORTION OF THE LAND PURCHASED, THEREFORE NO SPECIAL ACCOUNTING FOR THIS EASEMENT WAS REQUIRED |
| Part V, Line 4 | Description of Intended Use of Endowment Funds | INTENDED USES FOR ENDOWMENT FUNDS ENDOWMENT FUNDS ARE USED TO PROVIDE LOW INCOME INDIVIDUALS WITH AN OPPORTUNITY TO HAVE A CAMP EXPERIENCE, TO SUPPORT INNER-CITY PROGRAMMING, AND SUPPORT OTHER PROGRAM NEEDS |
| Part XII, Line 2d - Other Adjustments | | SPECIAL EVENT EXPENSES INCLUDED IN EXPENSES IN AUDITED FINANCIAL STMTS 39425 |
| Part XIII, Line 2d - Other Adjustments | | SPECIAL EVENT EXPENSES INCLUDED IN EXPENSES IN AUDITED FINANCIAL STMTS 39425 |

**Supplemental Information Regarding
Fundraising or Gaming Activities**
2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF
GREATER GRAND RAPIDS

Employer identification number

38-1358058

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

| | |
|---|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and e-mail solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
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| Total | | | | | | |

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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)) |
|-----------------|---|---|------------------------------------|----------------------------|--|
| | | SERVICE CLUB AUCTION (event type) | GOLF OUTING (event type) | 3 (total number) | |
| Revenue | 1 Gross receipts . . . | 56,064 | 37,775 | 77,817 | 171,656 |
| | 2 Less Charitable contributions . . . | 56,064 | 21,300 | 77,817 | 155,181 |
| | 3 Gross income (line 1 minus line 2) . . . | | 16,475 | | 16,475 |
| Direct Expenses | 4 Cash prizes . . . | | | | |
| | 5 Non-cash prizes . . . | | 4,909 | | 4,909 |
| | 6 Rent/facility costs . . . | 3,230 | 17,414 | | 20,644 |
| | 7 Food and beverages . . . | 533 | 113 | 1,291 | 1,937 |
| | 8 Entertainment . . . | | | | |
| | 9 Other direct expenses . . | 9,938 | 1,351 | 646 | 11,935 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) | | | | 39,425 |
| | 11 Net income summary Combine lines 3, column d, and line 10. | | | | -22,950 |

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

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
|-----------------|---|---|---|---|--|
| | | | | | |
| Revenue | 1 Gross revenue . . . | | | | |
| | 2 Cash prizes | | | | |
| | 3 Non-cash prizes . . . | | | | |
| | 4 Rent/facility costs . . . | | | | |
| | 5 Other direct expenses . . | | | | |
| 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 Combine lines 1, column d, and line 7 | | | | |

| | | |
|--|------------------------------|-----------------------------|
| 9 Enter the state(s) in which the organization operates gaming activities . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a Is the organization licensed to operate gaming activities in each of these states? | 9a | |
| b If "No," Explain _____ | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | |
| b If "Yes," Explain _____ | | |
| 11 Does the organization operate gaming activities with nonmembers? | 11 | |
| 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? | 12 | |

| | Yes | No |
|---|--|---|
| 13 Indicate the percentage of gaming activity operated in | <input type="checkbox"/> 13a <input type="checkbox"/> 13b | |
| a The organization's facility | <input type="checkbox"/> 13a <input type="checkbox"/> 13b | |
| b An outside facility | <input type="checkbox"/> 13a <input type="checkbox"/> 13b | |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records | | |
| Name ► | | |
| Address ► | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | <input type="checkbox"/> 15a | |
| 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 | | |
| Name ► | | |
| Address ► | | |
| 16 Gaming manager information | | |
| Name ► | | |
| Gaming manager compensation ► \$ _____ | | |
| Description of services provided ► | | |
| <input type="checkbox"/> Director/officer | <input type="checkbox"/> Employee | <input type="checkbox"/> 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? | <input type="checkbox"/> 17a | |
| b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____ | <input type="checkbox"/> 17a | |

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Name of the organizationTHE YOUNG MEN'S CHRISTIAN ASSOCIATION OF
GREATER GRAND RAPIDS**Employer identification number**

38-1358058

Part I Questions Regarding Compensation

Yes No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

| | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" 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 in 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?

No

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

No

c Participate in, or receive payment from, an equity-based compensation arrangement?

No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

No

a The organization?

No

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

No

a The organization?

No

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

No

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

No

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

No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

Part III Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
| | | |

**Schedule K
(Form 990)****Supplemental Information on Tax Exempt Bonds****2009**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
 ► Attach to Form 990. ► See separate instructions.

**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF
GREATER GRAND RAPIDS

Employer identification number

38-1358058

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 | |
|---|-------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|
| | | | | | | | Yes | No | Yes | No |
| A | MICHIGAN STRATEGIC FUND | 52-1417332 | 59469C7W7 | 06-30-2004 | 15,500,000 | SEE SCHEDULE O | | | X | |
| B | MICHIGAN STRATEGIC FUND | 52-1417332 | 59469C8S5 | 03-03-2005 | 5,000,000 | SEE SCHEDULE O | | | X | |

Part II Proceeds

| | | A | B | C | D | E | |
|----|--|------------|-----------|-----|----|-----|----|
| | | | | | | Yes | No |
| 1 | Total proceeds of issue | 15,071,009 | 4,862,000 | | | | |
| 2 | Gross proceeds in reserve funds | | | | | | |
| 3 | Proceeds in refunding or defeasance escrows | | | | | | |
| 4 | Other unspent proceeds | | | | | | |
| 5 | Issuance costs from proceeds | 428,991 | 138,000 | | | | |
| 6 | Working capital expenditures from proceeds | | | | | | |
| 7 | Capital expenditures from proceeds | 15,500,000 | 5,000,000 | | | | |
| 8 | Year of substantial completion | 2005 | 2005 | | | | |
| | | Yes | No | Yes | No | Yes | No |
| 9 | Were the bonds issued as part of a current refunding issue? | | X | | X | | |
| 10 | Were the bonds issued as part of an advance refunding issue? | | X | | X | | |
| 11 | Has the final allocation of proceeds been made? | X | | X | | | |
| 12 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | | |

Part III Private Business Use

| | | A | | B | | C | | D | | E | |
|---|--|-----|----|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | | | | | |
| 2 | Are there any lease arrangements with respect to the financed property which may result in private business use? | X | | | X | | | | | | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | | E | |
|---|---------|----|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts with respect to the financed property which may result in private business use? | | X | | X | | | | | | |
| 3b Are there any research agreements with respect to the financed property which may result in private business use? | | X | | X | | | | | | |
| 3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | | X | | X | | | | | | |
| 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 ► | 0 900 % | | 0 % | | | | | | | |
| 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 ► | 0 % | | 0 % | | | | | | | |
| 6 Total of lines 4 and 5 | 0 900 % | | 0 % | | | | | | | |
| 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | X | | X | | | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | | E | |
|---|-----|----|-----|----|-----|----|-----|----|-----|----|
| | Yes | No |
| 1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | X | | X | | | | | | |
| 2 Is the bond issue a variable rate issue? | X | | X | | | | | | | |
| 3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? | | X | | X | | | | | | |
| b Name of provider | | | | | | | | | | |
| c Term of hedge | | | | | | | | | | |
| 4a Were gross proceeds invested in a GIC? | | X | | X | | | | | | |
| b Name of provider | | | | | | | | | | |
| c Term of GIC | | | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | |
| 5 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | | | | | |
| 6 Did the bond issue qualify for an exception to rebate? | | X | | X | | | | | | |

SCHEDULE O
(Form 990)**Supplemental Information to Form 990****2009****Open to Public
Inspection**

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

Name of the organizationTHE YOUNG MEN'S CHRISTIAN ASSOCIATION OF
GREATER GRAND RAPIDS**Employer identification number**

38-1358058

| Identifier | Return Reference | Explanation |
|--------------------------------------|------------------|--|
| Form 990, Part VI, Section A, line 2 | | H M 'SKIP' BAXTER III AND DOUGLAS M HOOGERHYDE ARE VOTING BOARD MEMBERS RELATED BY MARRIAGE (BROTHER-IN-LAWS) |

| Identifier | Return Reference | Explanation |
|---------------------------------------|-------------------------|--|
| Form 990, Part VI, Section B, line 11 | | THE FORM 990 WAS PREPARED BY YMCA STAFF WITH THE ASSISTANCE OF OUR AUDIT FIRM, AND SUBSEQUENTLY REVIEWED IN DETAIL AND REVISED AS RECOMMENDED BY THE YMCA'S FINANCE COMMITTEE. RESULTS OF THIS REVIEW WERE SUBSEQUENTLY REPORTED TO THE YMCA'S EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS BY THE ASSOCIATION'S TREASURER |

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| Form 990, Part VI, Section B, line 12c | | FORM FILLED OUT ANNUALLY ALL ARE REVIEWED BY THE PRESIDENT/CEO PRESIDENT/CEO REVIEWS ANY ISSUES WITH THE EXECUTIVE COMMITTEE AND THEY DECIDE WHAT ACTION TO TAKE |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section B, line 15 | | <p>COMPENSATION COMMITTEE THE PURPOSE OF THE COMPENSATION COMMITTEE (THE 'COMMITTEE') OF THE BOARD OF DIRECTORS (THE 'BOARD') OF THE YMCA SHALL BE TO ACT ON BEHALF OF THE BOARD IN FULFILLING THE BOARD'S RESPONSIBILITIES TO OVERSEE THE PRESIDENT/CEO'S COMPENSATION POLICIES, PLANS AND PROGRAMS, AS WELL AS TO REVIEW THE CURRENT COMPENSATION TO BE PAID TO THE PRESIDENT/CEO THE TERM 'COMPENSATION' SHALL INCLUDE SALARY, LONG-TERM INCENTIVES, BONUSES, PERQUISITES AND SEVERANCE ARRANGEMENTS. THE POLICY OF THE COMMITTEE SHALL BE AS FOLLOWS</p> <p>COMPENSATION STRUCTURE THE COMMITTEE SHALL SEEK TO MAINTAIN AN OVERALL COMPENSATION STRUCTURE DESIGNED TO ATTRACT, RETAIN AND MOTIVATE BY PROVIDING APPROPRIATE LEVELS OF RISK AND REWARD, ASSESSED ON A RELATIVE BASIS AT ALL LEVELS WITHIN THE ASSOCIATION AND IN PROPORTION TO INDIVIDUAL CONTRIBUTION AND PERFORMANCE LONG TERM FOCUS THE COMMITTEE SHALL SEEK TO ESTABLISH APPROPRIATE INCENTIVES FOR THE PRESIDENT/CEO TO FURTHER THE ASSOCIATION'S LONG-TERM STRATEGIC PLAN AND AVOID UNDUE EMPHASIS ON SHORT-TERM STRATEGIES IN DETERMINING THE LONG-TERM INCENTIVE COMPONENT THE COMMITTEE WILL SEEK TO ACHIEVE AN APPROPRIATE LEVEL OF RISK AND REWARD, TAKING INTO CONSIDERATION THE ASSOCIATION'S PERFORMANCE, THE POTENTIAL BENEFITS AND THE COSTS TO THE ASSOCIATION THE MEMBERS OF THE COMMITTEE AND THE COMMITTEE CHAIRPERSON SHALL BE APPOINTED BY AND SERVE AT THE DISCRETION OF THE BOARD, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL THE COMPENSATION COMMITTEE SHALL CONSIST OF THE CURRENT BOARD CHAIR, PAST BOARD CHAIR, AND THE FUTURE BOARD CHAIR THE COMMITTEE'S CHAIRPERSON SHALL HAVE FULL ACCESS TO ALL RECORDS AND PERSONNEL OF THE ASSOCIATION AS DEEMED NECESSARY THE COMMITTEE SHALL HAVE THE AUTHORITY TO OBTAIN ADVICE AND ASSISTANCE FROM LEGAL, ACCOUNTING OR OTHER ADVISORS AND CONSULTANTS OVERALL COMPENSATION STRATEGY THE COMMITTEE SHALL BE RESPONSIBLE FOR REVIEWING, MODIFYING AND MAKING RECOMMENDATIONS TO THE FULL BOARD REGARDING THE OVERALL COMPENSATION STRATEGY AND POLICIES FOR THE PRESIDENT/CEO, INCLUDING REVIEWING AND SUGGESTING PERFORMANCE GOALS AND OBJECTIVES, WHICH SUPPORT AND REINFORCE THE ASSOCIATION'S LONG-TERM STRATEGIC GOALS, RELEVANT TO THE COMPENSATION OF THE ASSOCIATION'S PRESIDENT/CEO, EVALUATING AND RECOMMENDING TO THE BOARD THE COMPENSATION PLANS AND PROGRAMS ADVISABLE FOR THE PRESIDENT/CEO AS WELL AS THE MODIFICATION OR TERMINATION OF EXISTING PLANS AND PROGRAMS, REVIEWING REGIONAL AND INDUSTRY-WIDE DATA FOR COMPENSATION PRACTICES AND TRENDS TO ASSESS COMPARABILITY TO SIMILARLY QUALIFIED PERSONS IN FUNCTIONALITY, PROPRIETY, ADEQUACY AND COMPETITIVENESS OF THE ASSOCIATION'S EXECUTIVE COMPENSATION PROGRAMS AMONG COMPARABLE COMPANIES IN THE ASSOCIATION'S INDUSTRY HOWEVER, THE COMMITTEE SHALL EXERCISE INDEPENDENT JUDGMENT IN RECOMMENDING THE APPROPRIATE LEVELS AND TYPES OF COMPENSATION TO BE PAID, REVIEWING AND RECOMMENDING TO THE BOARD THE TERMS OF ANY EMPLOYMENT AGREEMENTS, SEPARATION ARRANGEMENTS, CHANGE-OF-CONTROL PROTECTIONS OR ANY OTHER COMPENSATORY ARRANGEMENTS FOR THE PRESIDENT/CEO, MAINTAINING CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT COMPENSATION OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER THE COMMITTEE SHALL RECOMMEND TO THE BOARD, FOR DETERMINATION AND APPROVAL, THE COMPENSATION AND OTHER TERMS OF EMPLOYMENT FOR THE PRESIDENT/CEO THE COMMITTEE SHALL ALSO EVALUATE THE PERFORMANCE IN LIGHT OF RELEVANT PERFORMANCE GOALS AND OBJECTIVES, TAKING INTO ACCOUNT, AMONG OTHER THINGS, THE POLICY OF THE COMMITTEE AND THE PRESIDENT/CEO'S PERFORMANCE IN FOSTERING A CULTURE THAT PROMOTES THE HIGHEST LEVELS OF INTEGRITY AND THE HIGHEST ETHICAL STANDARDS, DEVELOPING AND EXECUTING THE ASSOCIATION'S LONG-TERM STRATEGIC PLAN AND CONDUCTING THE BUSINESS OF THE ASSOCIATION IN A MANNER APPROPRIATE TO ENHANCE LONG-TERM ASSOCIATION VALUE, ACHIEVING ANY OTHER PERFORMANCE GOALS AND OBJECTIVES DEEMED RELEVANT TO THE PRESIDENT/CEO AS ESTABLISHED BY THE COMMITTEE, AND ACHIEVING THE PRESIDENT/CEO'S INDIVIDUAL PERFORMANCE GOALS AND OBJECTIVES COMPENSATION OF OTHER EXECUTIVE EMPLOYEES THE COMMITTEE SHALL REVIEW REGIONAL AND INDUSTRY-WIDE COMPENSATION PRACTICES AND TRENDS TO ASSESS THE PROPRIETY, ADEQUACY AND COMPETITIVENESS OF THE ASSOCIATION'S EXECUTIVE'S COMPENSATION PROGRAMS AMONG COMPARABLE COMPANIES IN THE ASSOCIATION'S INDUSTRY ADMINISTRATION OF COMPENSATION PLANS THE COMMITTEE SHALL RECOMMEND TO THE BOARD THE ADOPTION, AMENDMENT AND TERMINATION OF THE ASSOCIATION'S INCENTIVE PLANS, BONUS PLANS, DEFERRED COMPENSATION PLANS AND SIMILAR PROGRAMS THE COMMITTEE SHALL HAVE FULL POWER AND AUTHORITY TO ADMINISTER THESE PLANS, ESTABLISH GUIDELINES, INTERPRET PLAN DOCUMENTS, SELECT PARTICIPANTS, APPROVE GRANTS AND AWARDS, AND EXERCISE SUCH OTHER POWER AND AUTHORITY AS REQUIRED UNDER SUCH PLANS</p> |

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| Form 990, Part VI, Section C, line 19 | | THE BY-LAWS AND CONFLICT OF INTEREST POLICY ARE SENT TO THE BETTER BUSINESS BUREAU EVERY YEAR ALL GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC |

| Identifier | Return Reference | Explanation |
|----------------------------------|--------------------------------|---|
| FORM 990, PART XI, LINE 2C | FINANCIAL REVIEW PROCESS | THE AUDIT IS REVIEWED IN DETAIL BY THE YMCA'S FINANCE COMMITTEE, ALONG WITH CERTAIN OTHER REQUIRED COMMUNICATIONS PRESENTED BY SENIOR REPRESENTATIVES OF THE AUDIT FIRM. THE FINANCE COMMITTEE MEETS INDEPENDENTLY WITH THE AUDITORS AS PART OF THIS REVIEW. REVISIONS ARE MADE TO THE AUDIT AS RECOMMENDED BY THE YMCA'S FINANCE COMMITTEE AND ARE SUBSEQUENTLY REPORTED TO THE YMCA'S EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS BY THE ASSOCIATION'S TREASURER |

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | | SCH K - PURPOSE OF ISSUE DESCRIPTION MICHIGAN STRATEGIC FUND ACQUISITION OF LAND AND CONSTRUCTION AND EQUIPPING OF A NEW HEALTH & FITNESS CENTER LOCATED AT 475 LAKE MICHIGAN DRIVE NW, GRAND RAPIDS, MI 49504 MICHIGAN STRATEGIC FUND ACQUISITION OF LAND AND CONSTRUCTION AND EQUIPPING OF A NEW HEALTH & FITNESS CENTER LOCATED AT 6555 JUPITER AVENUE, BELMONT, MI 49306 |

| Identifier | Return Reference | Explanation |
|--------------------------|----------------------------------|--|
| FORM 990, PAGE 1, PART C | DOING BUSINESS AS (CONTINUED) | GREATER GRAND RAPIDS YMCA, GRAND RAPIDS YMCA, YMCA OF GRAND RAPIDS |

| Identifier | Return Reference | Explanation |
|----------------------------|---|--|
| FORM 990, PART III, LINE 1 | BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION | <p>THE MISSION OF THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS ('YMCA') IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL. THE VISION OF THE YMCA IS TO BE THE LEADER IN BUILDING STRONG KIDS, STRONG FAMILIES, AND STRONG COMMUNITIES. THE YMCA IS A STRONG, VIBRANT PART OF OUR COMMUNITY DESPITE TURBULENT TIMES, OUR MEMBERSHIP NUMBERS ARE SOLID, OUR ANNUAL STRONG KIDS CAMPAIGN SET A NEW RECORD RAISING OVER \$1.3 MILLION, AND OUR PROGRAMS ARE FULL OF KIDS, FAMILIES, AND ADULTS. THESE RESULTS SHOW THAT THE COMMUNITY BELIEVES IN OUR MISSION AND THE IMPACT THE YMCA IS HAVING ON BUILDING STRONG KIDS, STRONG FAMILIES, AND STRONG COMMUNITIES. WE HAD A NUMBER OF EXCITING NEW INITIATIVES THIS PAST YEAR OUR COMMUNITY OUTREACH PROGRAMS, INCLUDING HEALTHY U AND NUTRITION IN ACTION, QUADRUPLED IN SIZE OUR AFTERSCHOOL LOOP PROGRAM WITH GRAND RAPIDS PUBLIC SCHOOLS DOUBLED AND OUR ARTS PROGRAMS EXTENDED NEW OPPORTUNITIES FOR PEOPLE TO CONNECT WITH THE YMCA. OUR CORE PROGRAMS IN AQUATICS, HEALTH AND WELLNESS, CAMP, CHILD CARE, AND SPORTS CONTINUE TO THRIVE. WE HAVE CONTINUED OUR COMMITMENT TO UTILIZING THE SEARCH INSTITUTE ASSET MODEL TO HELP US MEASURE OUR PROGRAM OUTCOMES TO DETERMINE THE IMPACT WE ARE HAVING ON THE LIVES OF YOUNG PEOPLE. OUR YMCA IS ABOUT MORE THAN STATISTICS - IT IS ABOUT PEOPLE. OUR VOLUNTEERS, STAFF, MEMBERS, AND PROGRAM PARTICIPANTS ALL COMBINE TO MAKE THE YMCA OF GREATER GRAND RAPIDS A STRONG, Viable, COMMUNITY BASED ORGANIZATION. PHILANTHROPIC GIVING TO THE YMCA HELPED INCREASE OUR CAPACITY TO MAKE A DIFFERENCE IN THE LIVES OF CHILDREN, FAMILIES, AND THE COMMUNITIES WE SERVE. WITH STRONG PHILANTHROPIC SUPPORT APPROXIMATELY \$5,900,000 IN FINANCIAL ASSISTANCE WAS PROVIDED FOR MEMBERSHIP, PROGRAMS, AND CHILDCARE THROUGH UNITED WAY, OUR ANNUAL STRONG KIDS FUNDRAISING CAMPAIGN, DEPARTMENT OF HUMAN SERVICES FUNDS, GRANTS, AND DONATIONS. 1,600 INDIVIDUALS WERE INVOLVED IN CHILDCARE AND AFTER-SCHOOL PROGRAMS. CHILDCARE IS ESSENTIAL FOR MANY FAMILIES. ACCREDITED CHILDCARE IS AN IMPORTANT PART OF THE YMCA'S MISSION TO BUILD STRONG FAMILIES. PARENTS HAVE THE PEACE OF MIND KNOWING THAT THEIR CHILDREN ARE IN AN ACCREDITED, SAFE, LOVING ENVIRONMENT WITH A CURRICULUM THAT ENSURES THAT EACH CHILD DEVELOPS AT THEIR OWN PACE. 12,500 INDIVIDUALS WERE INVOLVED WITH YMCA CAMP MANITOU-LIN. TEAMWORK, SPORTSMANSHIP, AND FUN ARE THE FORMULA FOR SUCCESSFUL SUMMER PROGRAMS. CAMP MANITOU-LIN'S THERAPEUTIC RIDING PROGRAM STRENGTHENS OUR COMMUNITY WITH PROGRAMS FOR INDIVIDUALS WITH SPECIAL NEEDS. 1,500 KIDS PARTICIPATED IN MID-CITY ADVENTURE CLUB - A COMMUNITY COLLABORATION WITH MULTIPLE DONORS. MID-CITY OFFERS A DAY CAMP EXPERIENCE FOR URBAN CHILDREN WITH AN EMPHASIS ON MENTORING, HEALTHY U, AND FIELD TRIPS. 1,600 INNER CITY CHILDREN PARTICIPATE IN THE INNER CITY YOUTH BASEBALL/SOFTBALL PROGRAM IN PARTNERSHIP WITH THE WEST MICHIGAN WHITECAPS AND FIFTH THIRD BANK. THIS COLLABORATION ENSURES THAT EVERY CHILD IN THE INNER CITY HAS THE OPPORTUNITY TO PLAY BASEBALL IN HIS OR HER OWN NEIGHBORHOOD. THE WORK OF THE YMCA EXTENDS BEYOND ITS FACILITIES INTO EVERY CORNER OF OUR COMMUNITY TO PROMOTE HEALTHY LIFESTYLES. ONE OF OUR MOST EXTENSIVE INITIATIVES IS ACTIVATE WEST MICHIGAN, A COMMUNITY-WIDE PROGRAM DEVELOPING LOCAL SOLUTIONS TO RISING RATES OF OBESITY AND CHRONIC DISEASE. THIS INNOVATIVE RESPONSE IS CHANGING THE WAY WE LIVE, THINK, AND ACT. A COMMUNITY WIDE BMI STUDY POSITIONED THE YMCA AS A LEADER IN THE COUNTRY IN IDENTIFYING THE NEEDS OF THE COMMUNITY, THEN ACTING TO PROVIDE COLLABORATIVE SOLUTIONS. IN THIS SPIRIT, THE YMCA COLLABORATES WITH OVER 50 PARTNER AGENCIES AND ORGANIZATIONS TO HELP MAKE THIS POSSIBLE. THE HEALTHY U PROGRAM - A KEY COMPONENT OF ACTIVATE WEST MICHIGAN - SERVES 5,000 YOUTH WITH INTERACTIVE HEALTH AND WELLNESS EDUCATION, ADDRESSING THE GROWING NEEDS OF CHILDREN, YOUTH, TEENS, AND FAMILIES IN OUR COMMUNITIES. WITH HEALTHY U AS A FOUNDATION, THE YMCA HAS ALSO DEVELOPED NUTRITION IN ACTION, KIDS IN ACTION, SISTERS IN ACTION, LATINAS IN ACTION, AND CAMP HEALTHY U PROGRAMS. EACH IS TARGETED SPECIFICALLY AT HELPING KIDS AND FAMILIES LEAD HEALTHIER LIVES. HEALTHY U ALSO ADDRESSES CHALLENGES IN ACCESS TO HEALTHY FOODS BY BUILDING COMMUNITY GARDENS AND BRINGING FARMERS' MARKETS TO THE INNER CITY. RESEARCH FROM THE SEARCH INSTITUTE TELLS US THAT ALL KIDS ARE AT RISK. IT DOESN'T MATTER IF THEY LIVE IN SUBURBS OR THE INNER CITY, ALL KIDS FACE CHALLENGES AND CHOICES. THE YMCA GIVES KIDS THE TOOLS AND EXPERIENCES THEY NEED TO INCREASE THEIR DEVELOPMENTAL ASSETS SUCH AS COMMON SENSE, POSITIVE EXPERIENCES, AND QUALITIES THAT HELP INFLUENCE CHOICES. YOUNG PEOPLE MAKE AND HELP THEM BECOME CARING, RESPONSIBLE ADULTS. YMCA PROGRAMS BUILD STRONG KIDS BY BUILDING ASSETS. ACCORDING TO THE SEARCH INSTITUTE SURVEY OF OUR YMCA PARTICIPANTS, 91% OF YOUTH & TEENS INVOLVED IN YMCA PROGRAMS STAND UP FOR WHAT THEY BELIEVE, EVEN WHEN IT IS UNPOPULAR TO DO SO. 88% OF TEENS IN YMCA PROGRAMS HAVE CHOSEN NOT TO SMOKE CIGARETTES. 92% OF YOUTH AND TEENS INVOLVED IN YMCA PROGRAMS HAVE CHOSEN TO STAY AWAY FROM DRUGS. 95% OF YOUTH AND TEENS FEEL THAT YMCA STAFF CARE ABOUT THEM AND SERVE AS ROLE MODELS. STRONG FAMILIES ARE THE CORNERSTONE OF THE YMCA. WITH FAMILY MEMBERSHIPS, FAMILY NIGHTS, AND FAMILY FRIENDLY PROGRAMMING, THE YMCA IS OFTEN A REFUGE FOR FAMILIES SEEKING TO CONNECT IN THE HUSTLE AND BUSTLE OF TODAY'S BUSY WORLD. QUALITY, VALUES-BASED PROGRAMS GIVE FAMILIES A PLACE TO RECONNECT AND ENJOY TIME TOGETHER. AS FAMILIES SEARCH FOR BALANCE, MANY FIND IT AT THE YMCA. STRONG COMMUNITIES ARE BEING BUILT BOTH GLOBALLY AND LOCALLY THROUGH A PARTNERSHIP WITH THE YMCA OF LEON MEXICO, AS WELL AS JC PENNEY RIGHT HERE IN WEST MICHIGAN. WHETHER IT'S A COMMUNITY OUTREACH PROJECT LIKE FARMERS' MARKETS OR THE AFTER-SCHOOL PROGRAMS IN PARTNERSHIP WITH LOCAL SCHOOLS, THE YMCA IS COMMITTED TO BRINGING COMMUNITIES TOGETHER.</p> |

| Identifier | Return Reference | Explanation |
|--------------------------------|--------------------------------------|--|
| FORM 990, PART VI, LINE 15B | COMPENSATION PROCESS FOR OFFICERS | SAME REVIEW AND APPROVAL PROCESS AS FOR CEO, EXECUTIVE DIRECTOR AND TOP MANAGEMENT OFFICIAL |

Additional Data

Software ID:

Software Version:

EIN: 38-1358058

Name: THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF
GREATER GRAND RAPIDS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

| (Code | (Expenses \$ | 4,600,878 including grants of \$ |) (Revenue \$ | 984,941) |
|-----------------------|-----------------|----------------------------------|-----------------|-----------|
| SPORTS AND RECREATION | CAMPING PROGRAM | TEEN PROGRAM | MOTHER PROGRAMS | |

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

| (A) Name and Title | (B) Average hours per week | (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 | | | |
| RONALD K NELSON PRESIDENT/CEO | 52 00 | X | | X | | | 214,975 | 0 | 20,786 |
| HM SKIP BAXTER III DIRECTOR | 50 | X | | | | | 0 | 0 | 0 |
| CHARLES E BENNETT SECRETARY | 70 | X | | X | | | 0 | 0 | 0 |
| JOHN F BUTZER MD DIRECTOR | 80 | X | | | | | 0 | 0 | 0 |
| PHILIP N CATLETT DIRECTOR | 40 | X | | | | | 0 | 0 | 0 |
| THOMAS R CURRAN JR DIRECTOR | 40 | X | | | | | 0 | 0 | 0 |
| JAMES E DUNLAP DIRECTOR | 40 | X | | | | | 0 | 0 | 0 |
| BRIAN T HARRIS VICE CHAIR | 1 00 | X | | X | | | 0 | 0 | 0 |
| ROBERT L HERR DIRECTOR | 30 | X | | | | | 0 | 0 | 0 |
| JOHN S JACKOBOICE DIRECTOR | 60 | X | | | | | 0 | 0 | 0 |
| CAROL J KARR DIRECTOR | 50 | X | | | | | 0 | 0 | 0 |
| DIANE C KNIOWSKI DIRECTOR | 40 | X | | | | | 0 | 0 | 0 |
| JEFF LAMBERT DIRECTOR | 70 | X | | | | | 0 | 0 | 0 |
| BENJAMIN H LOGAN DIRECTOR | 30 | X | | | | | 0 | 0 | 0 |
| ROSALYNN BLISS DIRECTOR | 30 | X | | | | | 0 | 0 | 0 |
| JOHN H BULTEMA III DIRECTOR | 30 | X | | | | | 0 | 0 | 0 |
| CYNTHIA A HAVARD DIRECTOR | 30 | X | | | | | 0 | 0 | 0 |
| CARLOS SANCHEZ DIRECTOR | 30 | X | | | | | 0 | 0 | 0 |
| SEAN P WELSH DIRECTOR | 30 | X | | | | | 0 | 0 | 0 |
| PATRICK MILES JR DIRECTOR | 30 | X | | | | | 0 | 0 | 0 |
| KAREN D MORRIS DIRECTOR | 40 | X | | | | | 0 | 0 | 0 |
| SAMUEL A OJO DIRECTOR | 40 | X | | | | | 0 | 0 | 0 |
| DICK POSTHUMUS DIRECTOR | 30 | X | | | | | 0 | 0 | 0 |
| ANAL RAMIREZ-SAENZ DIRECTOR | 30 | X | | | | | 0 | 0 | 0 |
| MARSHA RAPPLEY DIRECTOR | 30 | X | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week | (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 |
|-----------------------------------|--|---|--------------------|-----------------------|---------|--------------|---|--|---|
| | | Or director | Individual trustee | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | |
| GREGORY A RHODES DIRECTOR | 30 | X | | | | | | 0 | 0 |
| MARY ELLEN RODGERS BOARD CHAIR | 100 | X | | X | | | | 0 | 0 |
| WILLIAM SCHOONVELD DIRECTOR | 40 | X | | | | | | 0 | 0 |
| NANCY SKINNER DIRECTOR | 50 | X | | | | | | 0 | 0 |
| JACQUELINE D TAYLOR DIRECTOR | 40 | X | | | | | | 0 | 0 |
| CAROL VAN ANDEL DIRECTOR | 30 | X | | | | | | 0 | 0 |
| PETER VARGA DIRECTOR | 30 | X | | | | | | 0 | 0 |
| JAMES C WILLIAMS DIRECTOR | 40 | X | | | | | | 0 | 0 |
| MICHAEL T WOOLRIDGE DIRECTOR | 30 | X | | | | | | 0 | 0 |
| NANCY J AYRES DIRECTOR | 60 | X | | | | | | 0 | 0 |
| KEVIN BRIGGS DIRECTOR | 100 | X | | | | | | 0 | 0 |
| DAVID SMIES DIRECTOR | 100 | X | | | | | | 0 | 0 |
| ROGER JANSEN DIRECTOR | 100 | X | | | | | | 0 | 0 |
| JOHN B MOSLEY TREASURER | 100 | X | | X | | | | 0 | 0 |
| DOUGLAS M HOOGERHYDE DIRECTOR | 100 | X | | | | | | 0 | 0 |
| ROBERT DEGROOT DIRECTOR | 100 | X | | | | | | 0 | 0 |
| JIM BOSSERD DIRECTOR | 100 | X | | | | | | 0 | 0 |
| ROBERT L BRANCH CFO | 50.00 | | | X | | | | 112,575 | 0 |
| JAN WIERENGA SENIOR VP | 50.00 | | | | X | | | 139,000 | 0 |
| DEB MINTON VP DEVELOPMENT | 50.00 | | | | X | | | 120,367 | 0 |
| DEAN HERRIED VP OPERATION | 50.00 | | | | X | | | 115,000 | 16,871 |