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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 06-01-2010 and ending 05-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS

Doing Business As
YMCA OF GREATER GRAND RAPIDS

Number and street (or P O box if mail is not delivered to street address) 475 LAKE MICHIGAN DRIVE NW

Room/suite

City or town, state or country, and ZIP + 4
GRAND RAPIDS, MI 49504

D Employer identification number
38-1358058

E Telephone number
(616) 855-9600

G Gross receipts $ 23,151,731

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? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

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**	36
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	36
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	1,481
6	Total number of volunteers (estimate if necessary)	**6**	7,200
7a	Total 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

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	4,582,019	5,585,799
9	Program service revenue (Part VIII, line 2g)	15,454,353	15,900,342
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-353,592	131,885
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	140,736	118,304
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,823,516	21,736,330
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,896,185	11,384,889
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶800,341		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	8,804,543	8,556,361
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,700,728	19,941,250
19	Revenue less expenses Subtract line 18 from line 12	122,788	1,795,080

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	54,200,199	74,606,675
21	Total liabilities (Part X, line 26)	25,072,810	43,346,864
22	Net assets or fund balances Subtract line 21 from line 20	29,127,389	31,259,811

Part II Signature Block

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

Sign Here

****** — Signature of officer — 2011-09-14 — Date

ROBERT L BRANCH CFO — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
MARGARET W BISHOP CPA	MARGARET W BISHOP CPA			

Firm's name ▶ BEENE GARTER LLP — Firm's EIN ▶

Firm's address ▶ 56 GRANDVILLE AVE SW SUITE 100, GRAND RAPIDS, MI 495034036 — 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**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 $ 6,950,450 including grants of $) (Revenue $ 11,273,196)

PHYSICAL/CARDIOVASCULAR CARE PHYSICAL/CARDIOVASCULAR CARE PROGRAMS ARE PART OF THE Y'S FOCUS FOR YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY PROGRAMS ARE DESIGNED TO IMPACT THE WELLNESS OF THE COMMUNITY AND INCLUDE FREE SEMINARS, BLOOD PRESSURE SCREENINGS, CHOLESTEROL TESTS, AND FITNESS EVALUATIONS THERE IS AN EMPHASIS 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 $ 2,869,567 including grants of $) (Revenue $ 2,257,064)

CHILD CARE CHILD CARE PROGRAMS PROVIDE HIGH QUALITY CHILD CARE WHILE FOCUSING ON THE Y'S FIVE CORE VALUES - CARING, HONESTY, RESPECT, RESPONSIBILITY, AND INCLUSION Y 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 Y PROVIDES A SAFE AND NURTURING PLACE AND SUPPORTS CHILD DEVELOPMENT THE Y UNDERSTANDS THE NEED FOR AFFORDABLE CHILD CARE, AND IS THERE TO ASSIST IN REDUCING THE BURDEN AND STRESS BY PROVIDING TUITION ASSISTANCE FOR CHILD CARE SERVICES ADDITIONALLY, WE AID FAMILIES WHO MIGHT NEED OTHER FORMS OF HELP DUE TO FAMILY VIOLENCE, LOSS OF JOB, AND SUBSTANCE ABUSE ETC BY COLLABORATING WITH OTHER SOCIAL SERVICE AGENCIES THE CHILD CARE PROGRAM FOCUSES ON HELPING PARENTS LEARN MORE ABOUT HOW TO RAISE HEALTHY, HAPPY CHILDREN WHO CAN GROW INTO RESPONSIBLE CARING YOUNG PEOPLE

4c (Code) (Expenses $ 1,934,678 including grants of $) (Revenue $ 658,671)

AQUATICS PROGRAM Y'S HAVE BEEN TEACHING PEOPLE TO SWIM FOR MORE THAN A CENTURY MANY PEOPLE'S FIRST MEMORIES WITH SWIMMING HAVE BEEN MADE IN A Y POOL IN THE Y AQUATICS PROGRAM PEOPLE OF ALL AGES LEARN SKILLS RANGING FROM BASIC SAFETY AND STROKES, ADVANCED TECHNIQUES, TO ARTHRITIS THERAPY EVERYONE WHO PARTICIPATES IN A Y AQUATIC CLASS WILL DEVELOP LIFELONG SKILLS THAT CAN HELP THEM STAY HEALTHY AND BUILD SELF-ESTEEM OTHER Y AQUATICS PROGRAMS INCLUDE INFANT-PARENT CLASSES, PRESCHOOL CLASSES, CLASSES FOR PEOPLE WITH DISABILITIES, AND CLASSES FOR TEENS AND ADULTS THERE IS A CLASS FOR EVERY SKILL LEVEL AND INTEREST PROVIDING LESSONS FOR PEOPLE OF ALL AGES AND SKILL SETS PROGRAMS RANGE FROM BABY AND PARENT LESSONS, TO SYNCHRONIZED SWIMMING, TO MASTER COMPETITIVE SWIMMING FOR PEOPLE OVER THE AGE OF 18, AND SEPARATE COMPETITIVE PROGRAMS FOR YOUTH MANY Y'S OFFER SPECIAL CLASSES TO HELP CHILDREN AND FAMILIES LEARN HOW TO BE SAFER IN AND AROUND WATER WATER SAFETY COMPONENTS ARE INCLUDED IN EVERY LESSON USING POOL GAMES, FAMILY EDUCATION, AND PROPER USAGE OF SAFETY EQUIPMENT

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 4,803,176 including grants of $) (Revenue $ 1,711,411)

4e **Total program service expenses** ▶ $ 16,557,871

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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*	9		No
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*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Parts I and IV*	14b		No
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, Parts II and IV*	15		No
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, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
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*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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 lines 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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**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*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	26		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,481		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e Yes	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f Yes	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8	**Sponsoring organizations maintaining donor advised funds 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.**				
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 36		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 36		
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		No
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 governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, 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
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Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN T HARRIS BOARD CHAIR	1 00	X		X				0	0	0
(2) CHARLES E BENNETT VICE CHAIR	1 00	X		X				0	0	0
(3) THOMAS R CURRAN JR SECRETARY	50	X		X				0	0	0
(4) JOHN B MOSLEY TREASURER	1 00	X		X				0	0	0
(5) NANCY J AYRES DIRECTOR	60	X						0	0	0
(6) ROSALYNN BLISS DIRECTOR	70	X						0	0	0
(7) JOAN A BUDDEN DIRECTOR	30	X						0	0	0
(8) JOHN H BULTEMA III DIRECTOR	40	X						0	0	0
(9) THOMAS BUSH DIRECTOR	30	X						0	0	0
(10) JOHN F BUTZER MD DIRECTOR	80	X						0	0	0
(11) JAMES E DUNLAP DIRECTOR	30	X						0	0	0
(12) DR STEVEN C ENDER DIRECTOR	30	X						0	0	0
(13) ALAN R HARTLINE DIRECTOR	50	X						0	0	0
(14) CYNTHIA A HAVARD DIRECTOR	30	X						0	0	0
(15) ROBERT L HERR DIRECTOR	30	X						0	0	0
(16) JOHN S JACKOBOICE DIRECTOR	30	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) CAROL J KARR DIRECTOR	40	X						0	0	0
(18) LYNN M KERBER DIRECTOR	30	X						0	0	0
(19) DIANE C KNIOWSKI DIRECTOR	40	X						0	0	0
(20) JEFF LAMBERT DIRECTOR	70	X						0	0	0
(21) BENJAMIN H LOGAN DIRECTOR	30	X						0	0	0
(22) PATRICK A MILES JR DIRECTOR	30	X						0	0	0
(23) KAREN D MORRIS DIRECTOR	30	X						0	0	0
(24) SAMUEL A OJO DIRECTOR	30	X						0	0	0
(25) ANA L RAMIREZ-SAENZ DIRECTOR	30	X						0	0	0
(26) MARSHA RAPPLEY DIRECTOR	30	X						0	0	0
(27) GREGORY A RHODES DIRECTOR	30	X						0	0	0
(28) MARY ELLEN RODGERS DIRECTOR	1 00	X						0	0	0
(29) CARLOS SANCHEZ DIRECTOR	30	X						0	0	0
(30) WILLIAM SCHOONVELD DIRECTOR	40	X						0	0	0
(31) NANCY A SKINNER DIRECTOR	40	X						0	0	0
(32) JACQUELINE D TAYLOR DIRECTOR	40	X						0	0	0
(33) CAROL VAN ANDEL DIRECTOR	30	X						0	0	0
(34) PETER VARGA DIRECTOR	30	X						0	0	0
(35) SEAN P WELSH DIRECTOR	30	X						0	0	0
(36) MICHAEL G WOOLDRIDGE DIRECTOR	40	X						0	0	0
(37) RONALD K NELSON PRESIDENT/CEO	52 00			X				229,845	0	18,388
(38) ROBERT L BRANCH CFO	50 00			X				112,733	0	12,641
(39) JAN WIERENGA SENIOR VP	50 00					X		149,809	0	14,680
(40) DEAN HERRIED VP OPERATION	50 00					X		111,985	0	15,293
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								604,372	0	61,002

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 ▶ 4

			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 or individual 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
ROCKFORD CONSTRUCTION 5540 GLENWOOD HILLS PARKWAY SE GRAND RAPIDS, MI 49512	CONSTRUCTION	8,195,673
PROGRESSIVE AE 1811 4 MILE RD NE GRAND RAPIDS, MI 49525	ARCHITECTURE/ENGINEERING	127,293
DESIGN PLUS 230 EAST FULTON GRAND RAPIDS, MI 49503	ARCHITECTURE	108,462

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 ▶ 3

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	343,258				
	b Membership dues 1b					
	c Fundraising events 1c	124,943				
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	1,365,081				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	3,752,517				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		5,585,799			
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES & ASSE	713940	10,688,518	10,688,518		
	b PROGRAM FEES	713940	2,935,714	2,935,714		
	c CHILD CARE	624410	2,062,867	2,062,867		
	d USE OF FACILITIES	624410	213,243	213,243		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		15,900,342			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		117,852			117,852
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	1,369,709	1,742			
	b Less cost or other basis and sales expenses	1,357,418				
	c Gain or (loss)	12,291	1,742			
	d Net gain or (loss) . . . . . ▶		14,033			14,033
Other Revenue	8a Gross income from fundraising events (not including $ 124,943 of contributions reported on line 1c) See Part IV, line 18 . . . a	14,900				
	b Less direct expenses . . . b	57,983				
	c Net income or (loss) from fundraising events . . ▶		-43,083			-43,083
	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	713940	161,387			161,387
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		161,387			
	12 **Total revenue.** See Instructions . . . ▶		21,736,330	15,900,342	0	250,189

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	783,989	220,940	563,049	
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	8,804,556	7,444,055	867,611	492,890
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	386,051	288,919	57,884	39,248
9 Other employee benefits	614,321	470,094	118,531	25,696
10 Payroll taxes	795,972	661,724	100,134	34,114
a Fees for services (non-employees) Management				
b Legal	16,067	1,131	5,190	9,746
c Accounting	38,406	4,800	33,606	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	380,360	252,814	108,362	19,184
12 Advertising and promotion	464,448	444,694	2,342	17,412
13 Office expenses	990,489	882,273	97,609	10,607
14 Information technology				
15 Royalties				
16 Occupancy	1,230,909	1,224,805	2,952	3,152
17 Travel	207,127	162,042	40,822	4,263
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	172,309	81,698	71,514	19,097
20 Interest	180,236	180,236		
21 Payments to affiliates	178,499	143,074	28,126	7,299
22 Depreciation, depletion, and amortization	1,989,108	1,855,824	133,284	
23 Insurance	144,530	107,741	20,827	15,962
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a SUPPLIES	1,231,169	1,070,238	74,899	86,032
b REPAIR AND MAINTENANCE	1,028,944	898,835	114,470	15,639
c BAD DEBT EXPENSE	86,209		86,209	
d BRANDING	44,356		44,356	
e				
f All other expenses	173,195	161,934	11,261	
25 **Total functional expenses.** Add lines 1 through 24f	19,941,250	16,557,871	2,583,038	800,341
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		2,396,191	1	410,326
	2	Savings and temporary cash investments		197,900	2	11,606,052
	3	Pledges and grants receivable, net		4,493,349	3	4,776,034
	4	Accounts receivable, net		789,643	4	530,314
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		13,972	8	17,271
	9	Prepaid expenses and deferred charges		119,992	9	121,178
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 66,220,667			
	b	Less accumulated depreciation	10b 13,800,847	41,946,099	10c	52,419,820
	11	Investments—publicly traded securities		3,691,483	11	4,014,315
	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		551,570	15	711,365
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		54,200,199	16	74,606,675
Liabilities	17	Accounts payable and accrued expenses		1,656,866	17	4,999,235
	18	Grants payable			18	
	19	Deferred revenue		619,213	19	638,454
	20	Tax-exempt bond liabilities		18,815,000	20	34,180,000
	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		2,985,573	23	2,533,017
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		996,158	25	996,158
	26	**Total liabilities.** Add lines 17 through 25		25,072,810	26	43,346,864
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		22,157,622	27	22,519,905
	28	Temporarily restricted net assets		5,913,582	28	7,605,777
	29	Permanently restricted net assets		1,056,185	29	1,134,129
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		29,127,389	33	31,259,811
	34	Total liabilities and net assets/fund balances		54,200,199	34	74,606,675

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	21,736,330
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,941,250
3	Revenue less expenses Subtract line 2 from line 1	3	1,795,080
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	29,127,389
5	Other changes in net assets or fund balances (explain in Schedule O)	5	337,342
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	31,259,811

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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	2c	Yes	
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 separate basis, consolidated 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?	3a	Yes	
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 . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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 described in **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 331/3% 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 331/3% 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

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

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,558,532	3,601,058	4,539,703	4,582,019	4,086,624	20,367,936
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	3,558,532	3,601,058	4,539,703	4,582,019	4,086,624	20,367,936
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)						65,413
6 **Public Support.** Subtract line 5 from line 4						20,302,523

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3,558,532	3,601,058	4,539,703	4,582,019	4,086,624	20,367,936
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	422,511	284,141	-56,975	63,367	117,852	830,896
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			174,080	180,161	176,287	530,528
11 **Total support** (Add lines 7 through 10)						21,729,360

12 Gross receipts from related activities, etc (See instructions)	12	84,231,976

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 2010 (line 6 column (f) divided by line 11 column (f))	14	93 430 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	92 810 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** 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 ▶☐

17a **10%-facts-and-circumstances test—2010.** 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 ▶☐

b **10%-facts-and-circumstances test—2009.** 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 ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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 2010 OTHER INCOME $161,387 2010 SPECIAL EVENTS GROSS REVENUE $14,900

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE 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
a	Total number of conservation easements	2a 1
b	Total acreage restricted by conservation easements	2b 71
c	Number of conservation easements on a certified historic structure included in (a)	2c 0
d	Number of conservation easements included in (c) acquired after 8/17/06	2d 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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	1,056,185	979,579	1,204,773		
b Contributions					
c Investment earnings or losses	77,944	76,606	-225,194		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,134,129	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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 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		41,070,358	8,676,657	32,393,701
c Leasehold improvements				
d Equipment		6,507,308	4,674,512	1,832,796
e Other		13,032,957	449,678	12,583,279
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				52,419,820

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED RENT	996,158
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	996,158

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	21,736,330
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,941,250
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,795,080
4	Net unrealized gains (losses) on investments	4	337,342
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	337,342
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,132,422

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	22,131,655
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	337,342		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	57,983		
e	Add lines **2a** through **2d**			2e	395,325
3	Subtract line **2e** from line **1**			3	21,736,330
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	21,736,330

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

1	Total expenses and losses per audited financial statements			1	19,999,233
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	57,983		
e	Add lines **2a** through **2d**			2e	57,983
3	Subtract line **2e** from line **1**			3	19,941,250
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	19,941,250

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
DESCRIPTION OF HOW ORGANIZATION REPORTS CONSERVATION EASEMENTS	PART II, LINE 9	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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE INTERNAL REVENUE SERVICE HAS DETERMINED THE YMCA IS EXEMPT FROM INCOME TAXES UNDER PROVISIONS OF CODE SECTION 501(C)(3) WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 509(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX THE YMCA CURRENTLY HAS NO UNRELATED BUSINESS ACTIVITY ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN ADDITION, THE YMCA QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2) TAX POSITIONS TAKEN ARE ASSESSED FOR UNCERTAINTY AND A PROVISION MAY BE RECORDED IF A TAX POSITION IS NOT LIKELY TO BE SUSTAINED UPON EXAMINATION WITH LIMITED EXCEPTIONS, THE YMCA IS NO LONGER SUBJECT TO AUDITS BY FEDERAL AUTHORITIES FOR YEARS PRIOR TO 2007
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES INCLUDED IN EXPENSES IN AUDITED FINANCIAL STMTS 57,983
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES INCLUDED IN EXPENSES IN AUDITED FINANCIAL STMTS 57,983

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

2010

Open to Public Inspection

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.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

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 services? ☐ **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 and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
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 SERVICE CLUB AUCTION (event type)	(b) Event #2 GOLF OUTING (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	57,854	34,400	47,589	139,843
	2 Less Charitable contributions	57,854	19,500	47,589	124,943
	3 Gross income (line 1 minus line 2)		14,900		14,900
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes		1,749		1,749
	6 Rent/facility costs	14,514	12,860		27,374
	7 Food and beverages	564	435	6,610	7,609
	8 Entertainment				
	9 Other direct expenses	16,376	2,084	2,791	21,251
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				57,983
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-43,083

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				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

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

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS

Employer identification number
38-1358058

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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 orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
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?	**2**		
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 ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ 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 from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	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			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RONALD K NELSON	(i)	229,845	0	0	0	18,388	248,233	0
	(ii)	0	0	0	0	0	0	0
(2) JAN WIERENGA	(i)	149,809	0	0	0	14,680	164,489	0
	(ii)	0	0	0	0	0	0	0
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ 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.

OMB No 1545-0047

2010

Open to Public Inspection

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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MICHIGAN STRATEGIC FUND	52-1417332	59469C7W7	06-30-2004	15,500,000	CONSTRUCT AND EQUIP FACILITY		X		X		X
B	MICHIGAN STRATEGIC FUND	52-1417332	59469C8S5	03-03-2005	5,000,000	CONSTRUCT AND EQUIP FACILITY		X		X		X
C	MICHIGAN STRATEGIC FUND	52-1417332	594698JN3	08-12-2010	16,000,000	CONSTRUCT AND EQUIP FACILITY		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,845,000	475,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	15,500,000	5,000,000	16,000,000	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	355,388	159,786	323,743	
6	Proceeds in refunding escrow	462,917	142,083		
7	Issuance costs from proceeds	275,000	100,000	307,368	
8	Credit enhancement from proceeds	118,991	37,962	53,477	
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	14,750,621	4,702,252	15,267,155	
11	Other spent proceeds				
12	Other unspent proceeds	7,686,842		7,686,842	
13	Year of substantial completion	2006	2006	2011	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
c	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		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 ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	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		X		
2	Is the bond issue a variable rate issue?	X		X		X			
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		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		X		
6	Did the bond issue qualify for an exception to rebate?		X		X		X		

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493263004151

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE 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 4		ON MAY 20, 2011 THE BOARD OF DIRECTORS APPROVED A RESTATEMENT OF ITS EXISTING BYLAWS THE PRINCIPLE PURPOSE OF THE RESTATEMENT WAS TO DOCUMENT AN APPROVED CHANGE IN THE ASSOCIATIONS FISCAL YEAR END FROM MAY 31 TO DECEMBER 31 EFFECTIVE FOLLOWING THE CONCLUSION OF FISCAL YEAR ENDING MAY 31, 2011

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	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 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

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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 337,342

Identifier	Return Reference	Explanation
FINANCIAL REVIEW PROCESS	FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE IN THE PROCESSES PERFORMED BY THOSE WHO HAVE OVERSIGHT OF THE AUDIT FROM THE PRIOR YEAR

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

Identifier	Return Reference	Explanation
BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL OUR FOCUS IS ON YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY THE VISION OF THE Y IS TO STRENGTHEN COMMUNITIES THROUGH HEALTHY LIVING, SOCIAL RESPONSIBILITY, AND COMMUNITY DEVELOPMENT THE Y IS A STRONG, VIBRANT, PART OF THE 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 Y IS HAVING ON NURTURING THE POTENTIAL IN OUR CHILDREN, PROMOTING HEALTHY LIVING, AND ADVOCATING SOCIAL RESPONSIBILITY OUR COMMUNITY OUTREACH PROGRAMS, INCLUDING HEALTHY U AND NUTRITION IN ACTION, CONTINUE TO PROVIDE A VALUABLE RESOURCE TO THE COMMUNITY OUR AFTERSCHOOL LOOP PROGRAM WITH GRAND RAPIDS PUBLIC SCHOOLS DOUBLED AND OUR ARTS PROGRAMS EXTENDED NEW OPPORTUNITIES FOR PEOPLE TO CONNECT WITH THE Y 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 PEOPLE OUR Y IS ABOUT MORE THAN STATISTICS - IT IS ABOUT PEOPLE OUR VOLUNTEERS, STAFF, MEMBERS, AND PROGRAM PARTICIPANTS ALL COMBINE TO MAKE OUR Y A STRONG, VIABLE, COMMUNITY BASED ORGANIZATION WITH THE SUPPORT OF OUR COMMUNITY WE HAVE GROWN TO BE AS SUCCESSFUL AS WE ARE PHILANTHROPIC GIVING TO THE Y HELPED INCREASE OUR CAPACITY TO MAKE A DIFFERENCE IN THE LIVES OF CHILDREN, FAMILIES, AND THE COMMUNITIES WE SERVE WITH STRONG PHILANTHROPIC SUPPORT APPROXIMATELY $6,000,000 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 1,500 INDIVIDUALS WERE INVOLVED IN CHILDCARE AND AFTER-SCHOOL PROGRAMS CHILD CARE IS ESSENTIAL FOR MANY FAMILIES THE Y PROVIDES A SAFE, NURTURING, AND FUN ENVIRONMENT FOR KIDS PARENTS FEEL COMFORTABLE KNOWING THAT THEY CAN GO TO WORK AND LEAVE THEIR CHILD IN AN ACCREDITED PROGRAM AND THAT THEIR CHILDREN ARE MENTALLY STIMULATED WITH A CURRICULUM THAT ENSURES THAT EACH CHILD DEVELOPS AT THEIR OWN PACE CAMP MANITOU-LIN HAD 13,000 INDIVIDUALS PARTICIPATE OVER THE PAST YEAR OUR GOAL IS TO PROMOTE TEAMWORK, SPORTSMANSHIP, AND FUN FOR EVERYONE INVOLVED IN OUR SUMMER PROGRAMS CAMP MANITOU-LIN'S THERAPEUTIC RIDING PROGRAM STRENGTHENS OUR COMMUNITY WITH PROGRAMS FOR INDIVIDUALS WITH SPECIAL NEEDS CHILDREN FIND THEMSELVES GOING ON EXCURSIONS, MAKING NEW FRIENDS, AND EXPERIENCING THINGS THEY NEVER WOULD HAVE BEEN ABLE TO, WHEN GOING TO OUR CAMP CHILDREN ARE KEPT BUSY LEARNING ABOUT NATURE, CANOEING, AND USING THE ROCK CLIMBING WALL IT IS A FUN AND MEMORABLE TIME FOR ALL PEOPLE INVOLVED 1,400 INNER CITY CHILDREN WERE ABLE TO PARTICIPATE IN THE Y'S 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 THIS PROGRAM GIVES CHILDREN AN OPPORTUNITY TO EXPERIENCE ACTIVITIES THEY MAY NEVER HAVE HAD THE CHANCE TO EXPERIENCE BEFORE 1,600 INNER CITY CHILDREN PARTICIPATED IN THE INNER CITY YOUTH BASEBALL/SOFTBALL PROGRAM THAT IS 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 Y GOES BEYOND ITS FACILITIES AND INTO EVERY CORNER OF OUR COMMUNITY TO PROMOTE HEALTHY LIVING ONE OF OUR MOST EXTENSIVE INITIATIVES IS ACTIVATE WEST MICHIGAN, A COMMUNITY-WIDE PROGRAM DEVELOPING LOCAL SOLUTIONS TO RISING RATE OF OBESITY AND CHRONIC DISEASE THIS INNOVATIVE RESPONSE IS CHANGING THE WAY WE LIVE, THINK, AND ACT A COMMUNITY WIDE BMI STUDY POSITIONED THE Y AS A LEADER IN THE COUNTRY WHEN IT COMES TO IDENTIFYING THE NEEDS OF THE COMMUNITY, THEN ACTING TO PROVIDE COLLABORATIVE SOLUTIONS IN THIS SPIRIT, THE Y COLLABORATES WITH OVER 70 PARTNER AGENCIES AND ORGANIZATIONS TO HELP MAKE THIS POSSIBLE THE HEALTHY U PROGRAM-A KEY COMPONENT OF ACTIVATE WEST MICHIGAN-SERVES 50,000 YOUTH WITH INTERACTIVE HEALTH AND WELLNESS EDUCATION, ADDRESSING THE GROWING NEEDS OF CHILDREN, YOUTH, TEENS, AND FAMILIES IN OUR COMMUNITIES THIS PROGRAM HELPS INSTILL HEALTHY EATING HABITS AND LIFESTYLES IN OUR COMMUNITY'S CHILDREN THAT THEY CAN CARRY ON WITH THEM FOR THE REST OF THEIR LIVES WITH HEALTHY U AS A FOUNDATION, THE Y HAS ALSO DEVELOPED NUTRITION IN ACTION, KIDS IN ACTION, SISTERS IN ACTION, LATINAS IN ACTION, AND CAMP HEALTHY U ALSO ADDRESSES CHALLENGES IN ACCESS TO HEALTHY FOODS BY BUILDING COMMUNITY GARDENS AND BRINGING FARMERS' MARKETS TO THE INNER CITY THIS YEAR THE Y HAS STARTED ITS FIRST WEEKLY FARMERS' MARKET NOT ONLY DOES THE Y'S FARMERS' MARKET ACCEPT DEBIT CARDS AND CASH, BUT IT ALSO ACCEPTS BRIDGE CARDS THE Y'S FARMERS MARKET IS A PART OF THE DOUBLE-UP FOOD BUCKS, WITH THE INITIATIVE TO PROMOTE THE AVAILABILITY OF HEALTHY LOCAL FOOD TO LOW INCOME FAMILIES, BUT ALSO SHOW THAT EATING HEALTHY DOES NOT MEAN SPENDING A LOT OF MONEY EVERYONE SHOULD HAVE ACCESS TO HEALTHY FOOD OUR FARMER'S MARKET PROVIDES THESE 'GOOD FOR YOU' FOODS TO OUR COMMUNITY, AND AT THE SAME TIME HELPS STIMULATE AND SUPPORT OUR LOCAL ECONOMY RESEARCH FROM THE SEARCH INSTITUTE TELLS US THAT ALL KIDS ARE AT RISK IT DOESN'T MATTER IF THEY LIVE IN THE SUBURBS OR THE INNER CITY, ALL KIDS FACE CHALLENGES AND CHOICES THE Y GIVES KIDS THE TOOLS AND EXPERIENCES NECESSARY FOR THEM TO INCREASE THEIR DEVELOPMENTAL ASSETS SUCH AS COMMON SENSE, POSITIVE EXPERIENCES, AND QUALITIES THAT HELP INFLUENCE CHOICES PEOPLE MAKE WITH THE NURTURING SUPPORT FROM THE Y COMMUNITY OUR CHILDREN ARE ABLE TO DEVELOP INTO CARING, RESPONSIBLE ADULTS Y PROGRAMS BUILD STRONG KIDS BY BUILDING ASSETS ACCORDING TO THE SEARCH INSTITUTE SURVEY OF OUR Y PARTICIPANTS, 91% OF YOUTH & TEENS INVOLVED IN Y PROGRAMS STAND UP FOR WHAT THEY BELIEVE IN, EVEN WHEN IT IS UNPOPULAR TO DO SO, A CHARACTERISTIC ADMIRED BY MANY 88% OF TEENS IN Y PROGRAMS HAVE CHOSEN NOT TO SMOKE CIGARETTES 92% OF YOUTH AND TEENS INVOLVED IN Y PROGRAMS HAVE CHOSEN TO STAY AWAY FROM DRUGS 95% OF YOUTH AND TEENS FEEL THAT Y STAFF CARE ABOUT THEM AND SERVE AS ROLE MODELS STRONG FAMILIES ARE THE CORNERSTONE OF THE Y WITH FAMILY MEMBERSHIPS, FAMILY NIGHTS, AND FAMILY FRIENDLY PROGRAMMING, THE Y OFTEN SERVES AS A REFUGE FOR FAMILIES SEEKING TO ESCAPE 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 Y THE Y BECOMES A LARGER EXTENDED FAMILY FOR MANY OF OUR MEMBERS THEY FIND SUPPORT IN ALL ASPECTS OF THEIR LIVES, A SAFE HAVEN IN TIMES THEY NEED A PLACE TO GO, AND GOOD TIMES THAT CREATE MEMORIES AND FRIENDSHIPS THAT MAY LAST THEM FOR YEARS STRONG COMMUNITIES ARE BEING BUILT BOTH GLOBALLY AND LOCALLY THROUGH A PARTNERSHIP WITH THE Y OF LEON MEXICO, AS WELL AS JC PENNY RIGHT HERE IN WEST MICHIGAN WHETHER IT'S A COMMUNITY OUTREACH PROJECT LIKE FARMERS' MARKETS OR THE AFTER-SCHOOL PROGRAMS IN PARTNERSHIPS WITH LOCAL SCHOOLS, THE Y IS COMMITTED TO BRINGING COMMUNITIES TOGETHER

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

Additional Data

Software ID:
Software Version:
EIN: 38-1358058
Name: THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS

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	Former			
BRIAN T HARRIS BOARD CHAIR	1 00	X		X				0	0	0
CHARLES E BENNETT VICE CHAIR	1 00	X		X				0	0	0
THOMAS R CURRAN JR SECRETARY	50	X		X				0	0	0
JOHN B MOSLEY TREASURER	1 00	X		X				0	0	0
NANCY J AYRES DIRECTOR	60	X						0	0	0
ROSALYNN BLISS DIRECTOR	70	X						0	0	0
JOAN A BUDDEN DIRECTOR	30	X						0	0	0
JOHN H BULTEMA III DIRECTOR	40	X						0	0	0
THOMAS BUSH DIRECTOR	30	X						0	0	0
JOHN F BUTZER MD DIRECTOR	80	X						0	0	0
JAMES E DUNLAP DIRECTOR	30	X						0	0	0
DR STEVEN C ENDER DIRECTOR	30	X						0	0	0
ALAN R HARTLINE DIRECTOR	50	X						0	0	0
CYNTHIA A HAVARD DIRECTOR	30	X						0	0	0
ROBERT L HERR DIRECTOR	30	X						0	0	0
JOHN S JACKOBOICE DIRECTOR	30	X						0	0	0
CAROL J KARR DIRECTOR	40	X						0	0	0
LYNN M KERBER DIRECTOR	30	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
PATRICK A MILES JR DIRECTOR	30	X						0	0	0
KAREN D MORRIS DIRECTOR	30	X						0	0	0
SAMUEL A OJO DIRECTOR	30	X						0	0	0
ANA L RAMIREZ-SAENZ 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARSHA RAPPLEY DIRECTOR	30	X						0	0	0
GREGORY A RHODES DIRECTOR	30	X						0	0	0
MARY ELLEN RODGERS DIRECTOR	1 00	X						0	0	0
CARLOS SANCHEZ DIRECTOR	30	X						0	0	0
WILLIAM SCHOONVELD DIRECTOR	40	X						0	0	0
NANCY A SKINNER DIRECTOR	40	X						0	0	0
JACQUELINE D TAYLOR DIRECTOR	40	X						0	0	0
CAROL VAN ANDEL DIRECTOR	30	X						0	0	0
PETER VARGA DIRECTOR	30	X						0	0	0
SEAN P WELSH DIRECTOR	30	X						0	0	0
MICHAEL G WOOLDRIDGE DIRECTOR	40	X						0	0	0
RONALD K NELSON PRESIDENT/CEO	52 00			X				229,845	0	18,388
ROBERT L BRANCH CFO	50 00			X				112,733	0	12,641
JAN WIERENGA SENIOR VP	50 00					X		149,809	0	14,680
DEAN HERRIED VP OPERATION	50 00					X		111,985	0	15,293

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

4d. Other program services

(Code) (Expenses $ 4,803,176 including grants of $) (Revenue $ 1,711,411)

SPORTS AND RECREATIONCAMPING PROGRAMFAMILYOLDER ADULTS