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Form <b>990</b>	<b>Return of Organization Exempt From Income Tax</b> <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	<b>2012</b> <b>Open to Public Inspection</b>

**A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS		<b>D</b> Employer identification number  38-1358058
	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	E Telephone number  (616) 855-9600
	City or town, state or country, and ZIP + 4 Grand Rapids, MI 49504		<b>G</b> Gross receipts \$ 26,335,294
	<b>F</b> Name and address of principal officer RONALD K NELSON 475 Lake Michigan Drive NW Grand Rapids, MI 49504		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" attach a list (see instructions)




<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J Website:</b> WWW.GRYMCA.ORG			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 1866	<b>M</b> State of legal domicile MI

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	33	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	33	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	1,651	
6	Total number of volunteers (estimate if necessary)	1,226		
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0		
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,943,551	Current Year 3,848,063
	9	Program service revenue (Part VIII, line 2g)	10,305,613	20,435,483
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-28,824	171,540
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	97,298	214,769
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,317,638	24,669,855
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,406,675	13,761,221
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25)	556,361	
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,847,583	10,675,199
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,254,258	24,436,420
19		Revenue less expenses Subtract line 18 from line 12	-936,620	233,435
Net Assets or Fund Balances				Beginning of Current Year
	20	Total assets (Part X, line 16)	69,180,928	65,622,867
	21	Total liabilities (Part X, line 26)	39,120,332	35,172,117
	22	Net assets or fund balances Subtract line 21 from line 20	30,060,596	30,450,750

## 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.

<b>Sign Here</b>	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div>2013-05-14</div> <div>Date</div> </div>			
	<div> <div>ROBERT L BRANCH CFO</div> <div>Type or print name and title</div> </div>						
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name 					Firm's EIN 	
	Firm's address 					Phone no	

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

TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL THE YMCA OF GREATER GRAND RAPIDS (Y) IS AN INCLUSIVE ORGANIZATION OF MEN, WOMEN AND CHILDREN JOINED TOGETHER BY A SHARED COMMITMENT TO NURTURING THE POTENTIAL OF KIDS, PROMOTING HEALTHY LIVING, AND FOSTERING A SENSE OF SOCIAL RESPONSIBILITY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 8,341,739 including grants of \$ ) (Revenue \$ 14,435,642 )

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 \$ 5,075,254 including grants of \$ ) (Revenue \$ 3,268,656 )

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 \$ 2,576,899 including grants of \$ ) (Revenue \$ 143,680 )

HEALTHY LIVING PROGRAMS THE Y'S HEALTHY LIVING PROGRAMS ARE DESIGNED TO IMPACT THE HEALTH AND WELLNESS OF THE GRAND RAPIDS COMMUNITY PROGRAM ACTIVITIES FOCUS ON CULTURAL RELEVANCE, RELATIONSHIP BUILDING, FAMILY STRENGTHENING, STRESS REDUCTION, AND BUILDING LASTING HEALTHY LIFESTYLE BEHAVIORS THE Y'S PROGRAMS ADDRESS WEIGHT, PROPER NUTRITION AND PHYSICAL ACTIVITY THOUGH A COMBINATION OF EDUCATION, POLICY CHANGE, SYSTEMS CHANGE AND ENVIRONMENTAL CHANGE THAT WILL RESULT IN INCREASED ACCESS TO HEALTHY FOOD, OPPORTUNITIES FOR PHYSICAL ACTIVITY, AND ACCESS TO PROGRAMS FOCUSED ON WEIGHT LOSS AND CHRONIC DISEASE PREVENTION

(Code ) (Expenses \$ 4,751,395 including grants of \$ ) (Revenue \$ 2,587,505 )

SPORTS & RECREATION, AQUATICS, CAMPING, FAMILY, AND OLDER ADULTS PROGRAMS

4d

Other program services (Describe in Schedule O )

(Expenses \$ 4,751,395 including grants of \$ ) (Revenue \$ 2,587,505 )










4e

Total program service expenses

20,745,287

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		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? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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.	31	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	1,651	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?	Yes	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Yes	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	Yes	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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	33		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	33		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	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 made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	Robert L Branch 475 Lake Michigan Dr NW Grand Rapids, MI (616) 855-9600

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

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

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

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

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

[illegible]



## Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-Total . . . . .</b>										
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>										
<b>d Total (add lines 1b and 1c) . . . . .</b>								758,306	0	70,689

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

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	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? <i>If "Yes," complete Schedule J for such person</i> . . . . .	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MODERN ROOFING INC 4741 24TH ST DORR MI49323	ROOF WORK	256,267
HANON MCKENDRY 25 OTTAWA AVE SW SUITE 600 GRAND RAPIDS MI 49503	MARKETING	204,790

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

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	235,000				
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	172,710				
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e	1,318,945				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,121,408				
	g	Noncash contributions included in lines 1a-1f \$		30,000				
	h	Total. Add lines 1a-1f . . . . .						3,848,063
Program Service Revenue			Business Code					
	2a	MEMBERSHIP DUES & ASSESSMENT	624190	13,806,813	13,806,813			
	b	PROGRAM FEES	624190	2,959,297	2,959,297			
	c	CHILD CARE	624410	3,268,656	3,268,656			
	d	USE OF FACILITIES	624410	400,717	400,717			
	e			0				
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f . . . . .			20,435,483			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		114,142			114,142	
	4	Income from investment of tax-exempt bond proceeds . . . . .		0				
	5	Royalties . . . . .		0				
	6a	(i) Real						
		(ii) Personal						
	b	Less rental expenses						
	c	Rental income or (loss)		0	0			
	d	Net rental income or (loss) . . . . .			0			
	7a	(i) Securities						
		(ii) Other						
	b	Less cost or other basis and sales expenses		1,610,484	2,864			
	c	Gain or (loss)		57,811	-413			
	d	Net gain or (loss) . . . . .			57,398			57,398
	8a	Gross income from fundraising events (not including \$ 172,710 of contributions reported on line 1c) See Part IV, line 18 . . . . .			43,882			43,882
	a			95,973				
	b	Less direct expenses . . . . .		52,091				
	c	Net income or (loss) from fundraising events . . . . .						
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .			0			
a								
b	Less direct expenses . . . . .							
c	Net income or (loss) from gaming activities . . . . .							
10a	Gross sales of inventory, less returns and allowances . . . . .			0				
a								
b	Less cost of goods sold . . . . .							
c	Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue			Business Code					
11a	MISCELLANEOUS INCOME		624190	170,887			170,887	
b				0				
c				0				
d	All other revenue . . . . .			0	0	0	0	
e	Total. Add lines 11a-11d . . . . .			170,887				
12	Total revenue. See Instructions . . . . .			24,669,855	20,435,483	0	386,309	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	567,122		567,122	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	11,129,566	9,655,454	1,055,133	418,979
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	428,312	377,180	35,661	15,471
9	Other employee benefits	714,595	583,911	106,733	23,951
10	Payroll taxes	921,626	740,582	150,667	30,377
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	143,354	1,600	141,754	
c	Accounting	47,981		47,981	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	229,607	214,569	1,232	13,806
12	Advertising and promotion	437,139	23,164	406,428	7,547
13	Office expenses	2,023,474	1,901,318	108,217	13,939
14	Information technology	0			
15	Royalties	0			
16	Occupancy	1,475,329	1,474,379	950	
17	Travel	226,470	184,965	38,465	3,040
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	174,618	88,430	66,688	19,500
20	Interest	967,717	967,717		
21	Payments to affiliates	204,100	173,453	27,608	3,039
22	Depreciation, depletion, and amortization	2,770,366	2,740,506	27,274	2,586
23	Insurance	166,077	139,576	21,882	4,619
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	CONTRACTED SERVICES	686,860	458,922	227,865	73
b	REPAIR AND MAINTENANCE	823,884	743,841	79,444	599
c	BAD DEBT EXPENSE	60,514	62,232		-1,718
d	OUTSIDE FACILITY RENTAL	146,937	134,492	12,445	
e	All other expenses	90,772	78,996	11,223	553
25	Total functional expenses. Add lines 1 through 24e	24,436,420	20,745,287	3,134,772	556,361
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		2,196,237	1	4,093,129
	2	Savings and temporary cash investments		3,707,709	2	918,837
	3	Pledges and grants receivable, net		3,799,332	3	2,611,399
	4	Accounts receivable, net		583,661	4	622,721
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	
	8	Inventories for sale or use		14,229	8	10,837
	9	Prepaid expenses and deferred charges		212,301	9	365,506
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a70,181,691			
	b	Less accumulated depreciation	10b17,275,894	54,608,459	10c	52,905,797
	11	Investments—publicly traded securities		3,412,906	11	3,726,509
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	
	15	Other assets See Part IV, line 11		646,094	15	368,132
	16	Total assets. Add lines 1 through 15 (must equal line 34)		69,180,928	16	65,622,867
Liabilities	17	Accounts payable and accrued expenses		1,681,173	17	744,052
	18	Grants payable		0	18	
	19	Deferred revenue		458,390	19	505,737
	20	Tax-exempt bond liabilities		33,520,000	20	31,335,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		2,527,387	23	1,790,538
	24	Unsecured notes and loans payable to unrelated third parties		0	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		933,382	25	796,790
	26	Total liabilities. Add lines 17 through 25		39,120,332	26	35,172,117
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		26,636,780	27	27,234,694
	28	Temporarily restricted net assets		2,357,711	28	2,106,664
	29	Permanently restricted net assets		1,066,105	29	1,109,392
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		0	30	
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	
	32	Retained earnings, endowment, accumulated income, or other funds		0	32	
	33	Total net assets or fund balances		30,060,596	33	30,450,750
	34	Total liabilities and net assets/fund balances		69,180,928	34	65,622,867

Part XI Reconciliation 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	24,669,855
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,436,420
3	Revenue less expenses Subtract line 2 from line 1	3	233,435
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,060,596
5	Net unrealized gains (losses) on investments	5	120,219
6	Donated services and use of facilities	6	36,500
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	30,450,750

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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
3b	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

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
38-1358058

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches 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 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% 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 - Non-functionally integrated
- 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?  

(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 supported organization?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)
- |          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |
- | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
|                                    |          |  | Yes  | No | Yes   | No | Yes  | No |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
| Total                              |          |  |  |    |   |    |  |    |                                  |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,539,703	4,582,019	4,086,624	1,943,551	3,848,063	18,999,960
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	4,539,703	4,582,019	4,086,624	1,943,551	3,848,063	18,999,960
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)						
6 Public support. Subtract line 5 from line 4						18,999,960

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	4,539,703	4,582,019	4,086,624	1,943,551	3,848,063	18,999,960
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-56,975	63,367	117,852	49,624	114,142	288,010
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
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	117,806	266,860	915,194
11 Total support (Add lines 7 through 10)						20,203,164
12 Gross receipts from related activities, etc. (see instructions)					12	17,226,574
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 2012 (line 6, column (f) divided by line 11, column (f))	<table><tr><td>14</td><td>94 040 %</td></tr><tr><td>15</td><td>94 410 %</td></tr></table>	14	94 040 %	15	94 410 %
14	94 040 %					
15	94 410 %					
15	Public support percentage for 2011 Schedule A, Part II, line 14					
16a	<b>33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>				
b	<b>33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>				
17a	<b>10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>				
b	<b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>				
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>				

Part IIIPart 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. 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.** 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
FISCAL YEAR, SCHEDULE A, PART II, THE FORM 990 FOR YEAR 2011 WAS BASED ON A SHORT FISCAL YEAR, DUE TO A CHANGE IN YEAR END ,
OTHER INCOME, SCHEDULE A, PART II, LINE 10, <OTHERINCOME> <INCOME> <DESCRIPTION /> <COLUMNA>174080</COLUMNA> <COLUMNB>180161</COLUMNB> <COLUMNC>176287</COLUMNC> <COLUMND>117806</COLUMND> <COLUMNF>266860</COLUMNF> <COLUMNF>915194</COLUMNF> </INCOME> </OTHERINCOME> ,
OTHER INCOME, SCHEDULE A, PART II, LINE 10, DESCRIPTION - , COLUMN A - 174080, COLUMN B - 180161, COLUMN C - 176287, COLUMN D - 117806, COLUMN E - 266860, COLUMN F - 915194,,

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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 education)☐ Preservation of an historically important land area☒ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

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

3

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

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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

\$

b

Assets included in Form 990, Part X

\$

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	1,066,105	1,134,129	1,056,185	979,579
b	Contributions				
c	Net investment earnings, gains, and losses	43,287	-68,024	77,944	76,606
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance	1,109,392	1,066,105	1,134,129	1,056,185

2

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

a

Board designated or quasi-endowment

b

Permanent endowment 100 000 %

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(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 XIII the intended uses of the organization's endowment funds

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	5,763,536			5,763,536
b Buildings	55,415,137		11,526,921	43,888,216
c Leasehold improvements				0
d Equipment	8,392,665		5,562,555	2,830,110
e Other	610,353		186,418	423,935
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				52,905,797



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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

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

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

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

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

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>AUCTION</u>	<u>AUCTION</u>	<u>14</u>	(add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
1	Gross receipts	. . .	64,370	40,079	164,234	268,683	
2	Less Contributions	. .	64,370	40,079	68,261	172,710	
3	Gross income (line 1 minus line 2)	. . .	0	0	95,973	95,973	
Direct Expenses	4	Cash prizes	. . .			0	
	5	Noncash prizes	. .		13,724	13,724	
	6	Rent/facility costs	. .	6,661	15,292	21,953	
	7	Food and beverages	.	1,930	1,149	3,079	
	8	Entertainment	. . .		722	722	
	9	Other direct expenses	.	11,027	524	1,062	12,613
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					(52,091)
	11	Net income summary Combine line 3, column (d), and line 10 . . . . . ▶					43,882

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

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

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

Name  .....

Address  .....

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

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

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

Name  .....

Address  .....

16 Gaming manager information

Name  .....

Gaming manager compensation  \$ .....

Description of services provided  .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Employer identification number  
38-1358058

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div>	1b	
<div>2</div> <div>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?</div>	2	
<div>3</div> <div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div> <div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>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:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	4c	No
<div></div> <div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>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:</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>	5b	No
<div>6</div> <div>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:</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>	6b	No
<div>7</div> <div>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.</div>	7	No
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>	8	No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)RONALD K NELSON	(i)	226,835	0	3,064	18,147	707	248,753	0
	(ii)	0	0	0	0	0	0	0
(2)JAN WIERENGA	(i)	156,820	0	1,192	12,546	4,638	175,196	0
	(ii)	0	0	0	0	0	0	0

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

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	CONSTRUCTION AND EQUIP FACILITY		X		X		X
B	MICHIGAN STRATEGIC FUND	52-1417332	59469C8S5	03-03-2005	5,000,000	CONSTRUCTION AND EQUIP FACILITY		X		X		X
C	MICHIGAN STRATEGIC FUND	52-1417332	594698JN3	08-12-2010	16,000,000	CONSTRUCTION AND EQUIP FACILITY		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	2,875,000		790,000		1,500,000			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	15,500,000		5,000,000		16,000,000			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	355,388		159,786		323,743			
6	Proceeds in refunding escrows	0		0		0			
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	0		0		0			
10	Capital expenditures from proceeds	14,750,621		4,702,252		15,315,412			
11	Other spent proceeds	0		0		0			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	2006		2006		2011			
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
			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	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
			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 of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		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	0 0000%		0 0000%		0 0000%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 0000%		0 0000%		0 0000%		%	
6	Total of lines 4 and 5	0 0000%		0 0000%		0 0000%		%	
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 000000%		0 000000%		0 000000%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X			
b	Exception to rebate?	X		X			X		
c	No rebate due?	X		X			X		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge	0 0		0		0			
d	Was the hedge superintegrated?		X		X		X		
e	Was a hedge terminated?		X		X		X		

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		
b	Name of provider								
c	Term of GIC	0 0		0		0			
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Identifier	Return Reference	Explanation
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SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

2012

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 Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .	X	1	30,000	APPRAISAL
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( _____ )				
26 Other ► ( _____ )				
27 Other ► ( _____ )				
28 Other ► ( _____ )				

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

29

1

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

30a

Yes

No

31 If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

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

32a

No

33 If "Yes," describe in Part II

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

Part II

Supplemental Information.

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

Identifier	Return Reference	Explanation
Explanations of reporting method for number of contributions	Schedule M, Part I	BOATS AND PLANES NUMBER OF ITEMS CONTRIBUTED AS WELL AS NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line 7	NUMBER OF ITEMS CONTRIBUTED AS WELL AS NUMBER OF CONTRIBUTIONS



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

2012

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
OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 1	OUR CAUSE DEFINES US WE KNOW THAT LASTING PERSONAL AND SOCIAL CHANGE COMES ABOUT WHEN WE ALL WORK TOGETHER THAT'S WHY, AT THE Y, STRENGTHENING COMMUNITY IS OUR CAUSE. EVERY DAY, WE WORK SIDE-BY-SIDE WITH OUR NEIGHBORS TO ENSURE THAT EVERY ONE, REGARDLESS OF AGE, INCOME OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW AND THRIVE. OUR STRENGTH IS IN COMMUNITY. IN NEIGHBORHOODS ACROSS OUR COMMUNITY, WE HAVE THE PRESENCE AND PARTNERSHIPS TO NOT JUST PROMISE, BUT DELIVER, POSITIVE CHANGE. * THE Y IS COMMUNITY CENTERED. FOR NEARLY 145 YEARS, WE'VE BEEN LISTENING AND RESPONDING TO THE NEEDS OF OUR COMMUNITIES. WE HAVE 8 BRANCHES THAT HELP MORE THAN 183,000 INDIVIDUALS LEAD HEALTHIER LIVES. * THE Y BRINGS PEOPLE TOGETHER. WE CONNECT PEOPLE AND ORGANIZATIONS TO BRIDGE GAPS IN COMMUNITY NEEDS THROUGH VOLUNTEERS, SCHOOLS, HOSPITALS, NEIGHBORHOOD AND COMMUNITY ORGANIZATIONS, HEALTH DEPARTMENTS, CHURCHES, FUNDERS AND MORE. * THE Y NURTURES POTENTIAL. WE BELIEVE THAT EVERY ONE SHOULD HAVE THE OPPORTUNITY TO LEARN, GROW AND THRIVE. IN FACT, 25% OF THOSE WE SERVE RECEIVE SOME LEVEL OF FINANCIAL ASSISTANCE. * THE Y HAS LOCAL PRESENCE AND NATIONAL EXPOSURE. WE EMBRACE VULNERABLE COMMUNITIES TO EFFECT LASTING, MEANINGFUL CHANGE THROUGH COMMUNITY HEALTHY LIVING HUBS, PHYSICAL ACTIVITY AND NUTRITION EDUCATION, ACCESS TO FRESH PRODUCE AND OTHER HEALTH AND WELL-BEING PROGRAMS AIMED AT CHRONIC DISEASE PREVENTION WITHIN OUR COMMUNITY. ALL PROGRAMS ARE EVIDENCE BASED, CULTURALLY RELEVANT AND PHILANTHROPICALLY SUPPORTED. OUR IMPACT IS FELT EVERY DAY WITH A MISSION TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND AND BODY. FOR ALL, OUR IMPACT IS FELT WHEN AN INDIVIDUAL MAKES A HEALTHY CHOICE, WHEN A MENTOR INSPIRES A CHILD AND WHEN A COMMUNITY COMES TOGETHER FOR THE COMMON GOOD.
Significant changes to organizational documents	Form 990, Part VI, Section A, Line 4	THE EXECUTIVE COMMITTEE SHALL CONSIST OF NOT LESS THAN FIVE (5) NOR MORE THAN TEN (10) MEMBERS, CONSISTING OF THE OFFICERS OF THE CORPORATE BOARD, IMMEDIATE PAST CHAIR, STRATEGIC PLANNING COMMITTEE CHAIR, BOARD DEVELOPMENT COMMITTEE CHAIR, AND UP TO THREE (3) AT LARGE MEMBERS FROM THE BOARD AS THE CHAIRPERSON MAY APPOINT WITH THE APPROVAL OF THE CORPORATE BOARD.
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE FORM 990 WAS PREPARED BY Y STAFF AND SUBSEQUENTLY REVIEWED IN DETAIL AND REVISED AS RECOMMENDED BY THE Y'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.
Conflict of interest policy	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.
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	COMPENSATION COMMITTEE. THE PURPOSE OF THE COMPENSATION COMMITTEE (THE "COMMITTEE") OF THE BOARD OF DIRECTORS (THE "BOARD") OF THE Y SHALL BE 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. FOR PURPOSES OF THIS CHARTER, THE TERM "COMPENSATION" SHALL INCLUDE SALARY, LONG-TERM INCENTIVES, BONUSES, PERQUISITES AND SEVERANCE ARRANGEMENTS. THE POLICY OF THE COMMITTEE SHALL BE AS FOLLOWS: 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. 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. 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 COMPENSATION PRACTICES AND TRENDS TO ASSESS THE 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, 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.
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	SAME REVIEW AND APPROVAL PROCESS AS FOR CEO, EXECUTIVE DIRECTOR AND TOP MANAGEMENT.
Governing documents, conflict of interest policy and financial statements available to the public	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 MADE AVAILABLE TO THE PUBLIC THROUGH THE Y'S WEBSITE AND UPON REQUEST.

Additional Data

Software ID: 12000266

Software Version: v2012.1.0

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN T HARRIS BOARD CHAIR	2 00	X		X				0	0	0
CHARLES E BENNETT VICE CHAIR	1 50	X		X				0	0	0
JOHN B MOSLEY TREASURER	1 00	X		X				0	0	0
THOMAS R CURRAN JR SECRETARY	1 00	X		X				0	0	0
ALAN R HARTLINE DIRECTOR	50	X						0	0	0
ANA L RAMIREZ-SAENZ DIRECTOR	50	X						0	0	0
BENJAMIN H LOGAN DIRECTOR	50	X						0	0	0
CARLOS SANCHEZ DIRECTOR	50	X						0	0	0
CAROL J KARR DIRECTOR	50	X						0	0	0
CAROL VAN ANDEL DIRECTOR	50	X						0	0	0
CYNTHIA A HAVARD DIRECTOR	50	X						0	0	0
DIANE C KNIOWSKI DIRECTOR	50	X						0	0	0
DR STEVEN C ENDER DIRECTOR	50	X						0	0	0
GREGORY A RHODES DIRECTOR	50	X						0	0	0
JACQUELINE D TAYLOR DIRECTOR	50	X						0	0	0
JAMES E DUNLAP DIRECTOR	1 00	X						0	0	0
JEFF LAMBERT DIRECTOR	1 50	X						0	0	0
JEFFREY L CONNOLLY DIRECTOR	50	X						0	0	0
JOAN A BUDDEN DIRECTOR	50	X						0	0	0
JOHN F BUTZER MD DIRECTOR	2 00	X						0	0	0
JOHN S JACKOBOICE DIRECTOR	50	X						0	0	0
KAREN D MORRIS DIRECTOR	50	X						0	0	0
MARSHA RAPPLEY DIRECTOR	50	X						0	0	0
MARY ELLEN RODGERS DIRECTOR	2 00	X						0	0	0
MICHAEL G WOOLDRIDGE DIRECTOR	50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY J AYRES DIRECTOR	1 00	X						0	0	0
PETER VARGA DIRECTOR	50	X						0	0	0
ROBERT L HERR DIRECTOR	50	X						0	0	0
ROSALYNN BLISS DIRECTOR	1 00	X						0	0	0
SAMUEL A OJO DIRECTOR	50	X						0	0	0
SEAN P WELSH DIRECTOR	1 00	X						0	0	0
THOMAS BUSH DIRECTOR	50	X						0	0	0
WILLIAM SCHOONVELD DIRECTOR	50	X						0	0	0
ROBERT L BRANCH CFO	50 00			X				130,333	0	12,840
RONALD K NELSON PRESIDENT/CEO	52 00			X				229,899	0	18,854
JAN WIERENGA SENIOR VP	50 00				X			158,012	0	17,184
AMY SAUNDERS-FERRIELL VP OPERATION	50 00					X		114,622	0	18,461
ANDREW PAGE VP OPERATION	50 00					X		125,440	0	3,350