

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning **2015**, and ending **20**

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

C Name of organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS (3019)
 Doing business as YMCA OF GREATER GRAND RAPIDS
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
475 LAKE MICHIGAN DRIVE NW
 City or town, state or province, country, and ZIP or foreign postal code
GRAND RAPIDS, MI 49504

D Employer identification number
38-1358058

E Telephone number
(616) 855-9600

G Gross receipts \$ 36,383,335

F Name and address of principal officer: SCOTT LEWIS
475 LAKE MICHIGAN DRIVE NW, GRAND RAPIDS, MI 49504

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.GRYMCA.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1866

M State of legal domicile: MI

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	31
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,517
	6	Total number of volunteers (estimate if necessary)	6	1,416
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>13,467,392</u>	Current Year <u>12,769,609</u>
	9	Program service revenue (Part VIII, line 2g)	<u>22,585,806</u>	<u>22,650,193</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>305,112</u>	<u>20,025</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>197,111</u>	<u>147,591</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>36,555,421</u>	<u>35,587,418</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>2,500</u>	<u>1,596,252</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>16,330,502</u>	<u>16,866,355</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>19,200</u>	<u>36,900</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>803,116</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>11,491,036</u>	<u>11,941,114</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>27,843,238</u>	<u>30,440,621</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>8,712,183</u>	<u>5,146,797</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>76,535,356</u>	End of Year <u>98,884,339</u>
	21	Total liabilities (Part X, line 26)	<u>36,278,533</u>	<u>52,446,786</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>40,256,823</u>	<u>46,437,553</u>

Part II Signature Block

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

Sign Here

Signature of officer: ROBERT L. BRANCH, CFO Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2015)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL.

(SEE STATEMENT)

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 \$ 9,579,104 including grants of \$) (Revenue \$ 15,454,209)
PHYSICAL FITNESS & WELLNESS

THE Y IS COMMITTED TO IMPROVING THE WEST MICHIGAN COMMUNITY'S HEALTH AND WELL-BEING THROUGH A STRONG FOCUS ON PHYSICAL ACTIVITY, FAMILY TIME, HEALTH AND WELLNESS PROGRAMS, RECREATION AND NUTRITION. WE WORK TO CURB OBESITY, REDUCE THE RISK OF CHRONIC DISEASES, AND KEEP INDIVIDUALS AND FAMILIES THRIVING. THE MOTIVATION, SUPPORT, AND HEALTH AND WELLNESS PROGRAMS PROVIDED BY THE Y EMPOWER PEOPLE TO LIVE HEALTHIER LIFESTYLES. THROUGH SPORTS LEAGUES, RUNNING CLUBS, GROUP AND WATER FITNESS CLASSES, AND SO MUCH MORE, THE Y KEEPS THE COMMUNITY MOTIVATED AND GROWING STRONG. FINANCIAL ASSISTANCE IS AVAILABLE, ENSURING EVERYONE HAS A PLACE TO GO TO FEEL HEALTHY AND CONNECTED.

4b (Code:) (Expenses \$ 7,273,035 including grants of \$) (Revenue \$ 4,211,007)
CHILD CARE

YMCA CHILD CARE DELIVERS INNOVATIVE LEARNING PROGRAMS AND HELPS CREATE HEALTHIER, MORE CONNECTED KIDS ACROSS OUR COMMUNITY. WE PROVIDE CHILDREN WITH A SAFE AND NURTURING ENVIRONMENT FILLED WITH OPPORTUNITIES TO GROW AND EXPLORE THE WORLD AROUND THEM WITH CARING, QUALIFIED PROFESSIONALS. TO ENSURE THE HIGHEST QUALITY LEARNING ENVIRONMENT, OUR ENGAGING CURRICULUM HELPS CHILDREN REACH DEVELOPMENTAL MILESTONES AND PREPARES THEM FOR ACADEMIC LEARNING, INCLUDING TEACHING OUR CORE VALUES OF CARING, HONESTY, RESPECT, RESPONSIBILITY AND INCLUSION. WE BELIEVE EVERY CHILD DESERVES ACCESS TO HIGH-QUALITY CARE AND WE PROVIDE FINANCIAL ASSISTANCE TO THOSE WHO QUALIFY.

4c (Code:) (Expenses \$ 5,337,771 including grants of \$ 1,593,752) (Revenue \$ 275,347)
HEALTHY LIVING

THE Y'S COMMUNITY OUTREACH PROGRAMS ARE DESIGNED TO IMPACT THE HEALTH AND WELLNESS OF THE ENTIRE GRAND RAPIDS COMMUNITY, INCLUDING VULNERABLE POPULATIONS. TO HELP CLOSE THE GAPS/BARRIERS IN OPPORTUNITIES FOR HEALTHY LIVING, THE Y IS DEDICATED TO EXPANDING OUR MISSION WORK THROUGH PROGRAMS THAT BUILD AND SUPPORT BOTH OUR COMMUNITY AND INDIVIDUAL HEALTH. 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 THROUGH 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.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 3,629,752 including grants of \$ 2,500) (Revenue \$ 2,709,630)

4e Total program service expenses ► 25,819,662

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
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>	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	✓	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
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?		✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
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>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
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>		✓
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>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
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>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
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>	✓	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>		✓
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>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and charitable trusts.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► MI
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
ROBERT L. BRANCH, 475 LAKE MICHIGAN DR. NW, GRAND RAPIDS, MI 49504, (616)855-9600, FAX: (616)855-9601

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (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			
(1) THOMAS BUSH TREASURER	1.5	✓		✓			0	0	0	
(2) JEFF LAMBERT BOARD CHAIR	1.5	✓		✓			0	0	0	
(3) JOHN MOSLEY SECRETARY	1.0	✓		✓			0	0	0	
(4) SEAN WELSH VICE CHAIR	2.5	✓		✓			0	0	0	
(5) DAVID BEEMER DIRECTOR	0.5	✓					0	0	0	
(6) STACIE BEHLER DIRECTOR	0.8	✓					0	0	0	
(7) DANIEL BEHM DIRECTOR	0.5	✓					0	0	0	
(8) CHARLES BENNETT DIRECTOR	1.5	✓					0	0	0	
(9) JOAN BUDDEN DIRECTOR	0.5	✓					0	0	0	
(10) JOHN BUTZER, MD DIRECTOR	1.5	✓					0	0	0	
(11) JEFFREY CONNOLLY DIRECTOR	0.8	✓					0	0	0	
(12) KATHY CROSBY DIRECTOR	0.5	✓					0	0	0	
(13) DR. STEVEN ENDER DIRECTOR	0.5	✓					0	0	0	
(14) LYNNE FERRELL DIRECTOR	0.5	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (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			
(15) CHARLES FRAYER DIRECTOR	0.5	<input checked="" type="checkbox"/>						0	0	0
(16) CHRISTINA FREESE-DECKER DIRECTOR	0.5	<input checked="" type="checkbox"/>						0	0	0
(17) BRIAN HARRIS DIRECTOR	1.5	<input checked="" type="checkbox"/>						0	0	0
(18) CYNTHIA HAVARD DIRECTOR	0.5	<input checked="" type="checkbox"/>						0	0	0
(19) CAROL KARR DIRECTOR	0.5	<input checked="" type="checkbox"/>						0	0	0
(20) BENJAMIN LOGAN DIRECTOR	0.5	<input checked="" type="checkbox"/>						0	0	0
(21) BILL MANNS DIRECTOR	0.5	<input checked="" type="checkbox"/>						0	0	0
(22) KHAN NEDD DIRECTOR	0.5	<input checked="" type="checkbox"/>						0	0	0
(23) ANA RAMIREZ-SAENZ DIRECTOR	0.5	<input checked="" type="checkbox"/>						0	0	0
(24) GREGORY RHODES DIRECTOR	0.5	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								774,373	0	113,102
d Total (add lines 1b and 1c)								774,373	0	113,102

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 former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>

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
ROCKFORD CONSTRUCTION CO INC, 601 FIRST STREET NW, GRAND RAPIDS, MI 49504	CONSTRUCTION	17,520,139
STEVENS ADVERTISING, 190 MONROE AVE NW, GRAND RAPIDS, MI 49503	MARKETING	402,353
PROGRESSIVE AE, 1811 4 MILE RD NE, GRAND RAPIDS, MI 49525	ENGINEERING SERVICES	325,657
WOLVERINE BUILDING, 4045 BARDEN SE, GRAND RAPIDS, MI 49512	CONSTRUCTION	309,596
IP CONSULTING, INC., 3635 29TH STREET SE, KENTWOOD, MI 49512	IT CONSULTING	201,439

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 **▶ 11**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 47,636					
	b Membership dues	1b 0					
	c Fundraising events	1c 355,962					
	d Related organizations	1d 0					
	e Government grants (contributions)	1e 3,505,847					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 8,860,164					
	g Noncash contributions included in lines 1a-1f: \$	72,087					
	h Total. Add lines 1a-1f	▶	12,769,609				
Program Service Revenue	Business Code						
	2a MEMBERSHIP REVENUE	813410	14,862,899	14,862,899			
	b CHILDCARE REVENUE -- INFANT/TODDLER/PRESCHOOL	813410	2,231,859	2,231,859			
	c CHILDCARE REVENUE -- SCHOOL AGE	813410	1,098,362	1,098,362			
	d RESIDENT CAMP REVENUE	813410	588,262	588,262			
	e DAY CAMP REVENUE	813410	524,008	524,008			
	f All other program service revenue .	813410	3,344,803	3,344,803	0	0	
g Total. Add lines 2a-2f	▶	22,650,193					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	17,252			17,252	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties	▶					
	6a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)	▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	700,359				
		(ii) Other					
		b Less: cost or other basis and sales expenses	697,586				
		c Gain or (loss)	2,773	0			
	d Net gain or (loss)	▶	2,773			2,773	
	8a Gross income from fundraising events (not including \$ 355,962 of contributions reported on line 1c). See Part IV, line 18	a 20,877					
		b Less: direct expenses	b 98,331				
		c Net income or (loss) from fundraising events . ▶		(77,454)			(77,454)
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities . . ▶							
10a Gross sales of inventory, less returns and allowances	a 61,907						
	b Less: cost of goods sold	b 0					
	c Net income or (loss) from sales of inventory . . ▶		61,907			61,907	
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS INCOME	813410	163,138			163,138		
b -----							
c -----							
d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d	▶	163,138					
12 Total revenue. See instructions.	▶	35,587,418	22,650,193	0	167,616		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,593,752	1,593,752		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,500	2,500		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	441,102		441,102	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,733,972	11,432,987	1,651,639	649,346
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	548,490	458,776	80,930	8,784
9 Other employee benefits	932,203	754,884	162,865	14,454
10 Payroll taxes	1,210,588	958,083	234,161	18,344
11 Fees for services (non-employees):				
a Management				
b Legal	14,474		14,474	
c Accounting	45,452		45,452	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	36,900			36,900
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	55,768	54,479	1,289	0
12 Advertising and promotion	623,517	165,246	449,014	9,257
13 Office expenses	2,860,071	2,696,430	152,514	11,127
14 Information technology				
15 Royalties				
16 Occupancy	1,544,814	1,524,716	17,968	2,130
17 Travel	256,043	227,272	25,470	3,301
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	250,925	163,573	69,758	17,594
20 Interest	724,585	724,585		
21 Payments to affiliates	324,292	275,221	40,863	8,208
22 Depreciation, depletion, and amortization	2,712,989	2,684,966	23,336	4,687
23 Insurance	191,663	156,689	22,777	12,197
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 <u>CONTRACTED SERVICES</u>	968,047	765,076	202,971	
b <u>REPAIR AND MAINTENANCE</u>	882,896	710,254	172,642	
c <u>EQUIPMENT EXPENSE</u>	175,646	169,928	5,405	313
d <u>OUTSIDE FACILITY RENTAL</u>	222,487	219,026	2,882	579
e All other expenses	87,445	81,219	331	5,895
25 Total functional expenses. Add lines 1 through 24e	30,440,621	25,819,662	3,817,843	803,116
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	4,154,522	1	5,382,469
	2 Savings and temporary cash investments	873,921	2	881,498
	3 Pledges and grants receivable, net	7,163,550	3	7,955,366
	4 Accounts receivable, net	643,028	4	914,641
	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
	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
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	35,909	8	50,310
	9 Prepaid expenses and deferred charges	478,721	9	383,638
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 103,453,346		
	b Less: accumulated depreciation	10b 23,963,119	59,250,494	10c 79,490,227
	11 Investments—publicly traded securities	3,359,638	11	3,134,180
	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		14	
	15 Other assets. See Part IV, line 11	575,573	15	692,010
16 Total assets. Add lines 1 through 15 (must equal line 34)	76,535,356	16	98,884,339	
Liabilities	17 Accounts payable and accrued expenses	2,340,589	17	7,268,715
	18 Grants payable		18	
	19 Deferred revenue	618,700	19	667,907
	20 Tax-exempt bond liabilities	28,830,000	20	27,715,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		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		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,965,639	23	16,408,152
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	523,605	25	387,012
	26 Total liabilities. Add lines 17 through 25	36,278,533	26	52,446,786
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	29,582,042	27	41,423,915
	28 Temporarily restricted net assets	9,484,966	28	3,878,168
	29 Permanently restricted net assets	1,189,815	29	1,135,470
	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		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	40,256,823	33	46,437,553	
34 Total liabilities and net assets/fund balances	76,535,356	34	98,884,339	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,587,418
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,440,621
3	Revenue less expenses. Subtract line 2 from line 1	3	5,146,797
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,256,823
5	Net unrealized gains (losses) on investments	5	(71,623)
6	Donated services and use of facilities	6	105,556
7	Investment expenses	7	0
8	Prior period adjustments	8	1,000,000
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	46,437,553

Part XII Financial Statements and Reporting

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

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

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) MARY ELLEN RODGERS ----- DIRECTOR	1.50 -----	✓						0	0	0
(26) CARLOS SANCHEZ ----- DIRECTOR	0.50 -----	✓						0	0	0
(27) JACQUELINE TAYLOR ----- DIRECTOR	1.00 -----	✓						0	0	0
(28) CAROLE VALADE ----- DIRECTOR	0.50 -----	✓						0	0	0
(29) CAROL VAN ANDEL ----- DIRECTOR	0.50 -----	✓						0	0	0
(30) MICHAEL WOOLDRIDGE ----- DIRECTOR	0.50 -----	✓						0	0	0
(31) PETER VARGA ----- DIRECTOR	0.50 -----	✓						0	0	0
(32) RONALD K. NELSON ----- PRESIDENT/CEO	52.00 -----			✓				257,350	0	20,317
(33) ROBERT L. BRANCH ----- CFO	50.00 -----			✓				138,257	0	25,178
(34) ANDREW PAGE ----- COO	50.00 -----					✓		141,942	0	22,886
(35) AMY SAUNDERS-FERRIELL ----- VP OF OPERATIONS	50.00 -----					✓		131,383	0	24,848
(36) BEVERLY THIEL ----- EXECUTIVE DIRECTOR	50.00 -----					✓		105,441	0	19,873

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS (3019)	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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,943,551	3,848,063	4,402,862	7,267,392	5,969,609	23,431,477
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	1,943,551	3,848,063	4,402,862	7,267,392	5,969,609	23,431,477
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)						0
6 Public support. Subtract line 5 from line 4.						23,431,477

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	1,943,551	3,848,063	4,402,862	7,267,392	5,969,609	23,431,477
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49,624	114,142	159,319	99,833	17,252	440,170
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 VI.)	117,806	266,860	204,647	257,794	184,015	1,031,122
11 Total support. Add lines 7 through 10						24,902,769
12 Gross receipts from related activities, etc. (see instructions)					12	97,901,663
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	94.09 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	93.23 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2015. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2014. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . .			
d Excess from 2014 . . .			
e Excess from 2015 . . .			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART II, LINE 1 - UNUSUAL GRANTS	UNUSUAL GRANTS NOT INCLUDED IN PART II LINE 1: \$6,800,000

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
		117,806	266,860	204,647	257,794	184,015	1,031,122
	Total	117,806	266,860	204,647	257,794	184,015	1,031,122

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS (3019)

Employer identification number

38-1358058

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS (3019)	Employer identification number 38-1358058
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 3,300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 519,360	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 265,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS (3019)	Employer identification number 38-1358058
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS (3019)	Employer identification number 38-1358058
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS (3019)
Employer identification number: 38-1358058

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total values. Rows 5-6 for Yes/No questions regarding donor advisement.

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

Questions 1-9 regarding conservation easements. Includes a table for 'Held at the End of the Tax Year' with rows 2a (1), 2b (0.71), 2c (0), 2d (0).

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

Questions 1a-2 regarding art and historical treasures. Includes revenue and asset reporting questions with dollar sign indicators.

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,189,815	1,160,825	1,109,392	1,066,105	1,134,129
b Contributions	1,398	43,162	400		
c Net investment earnings, gains, and losses	(55,743)	(14,172)	51,033	43,287	(68,024)
d Grants or scholarships					
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses					
g End of year balance	1,135,470	1,189,815	1,160,825	1,109,392	1,066,105

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

- a** Board designated or quasi-endowment ▶ 0.00 %
- b** Permanent endowment ▶ 100.00 %
- c** Temporarily restricted endowment ▶ 0.00 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	✓	
3a(ii)		✓
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	10,526,815		10,526,815
b Buildings	0	80,205,549	16,150,603	64,054,946
c Leasehold improvements	0	0	0	0
d Equipment	0	12,208,477	7,544,908	4,663,569
e Other	0	512,505	267,608	244,897
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				79,490,227

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	387,012	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	387,012	

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-column labels (2a-2d, 4a-4b), and numerical values. Total revenue is 35,587,418.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-column labels (2a-2d, 4a-4b), and numerical values. Total expenses are 30,440,621.

Part XIII Supplemental Information.

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

SEE NEXT PAGE
Dashed lines for providing supplemental information.

Part XIII

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

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART II, LINE 9 - CONSERVATION EASEMENTS FINANCIAL REPORTING</p>	<p>ACCOUNTING FOR CONSERVATION EASEMENTS</p> <p>A CONSERVATION EASEMENT EXISTS ON 0.71 ACRES OF AN 18.192 PARCEL OF LAND OWNED BY THE YMCA GRANTED BY THE DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ). THE EASEMENT WAS RECORDED WITH THE KENT COUNTY REGISTER OF DEEDS ON DECEMBER 10, 2002. THE PURPOSE OF THIS EASEMENT IS TO PROTECT THE WETLAND FUNCTIONS AND VALUES EXISTING (OR ESTABLISHED ON THE PROPERTY FOR MDEQ PERMIT 02-41-003-P) ON THE EASEMENT PREMISES. THE CONSERVATION EASEMENT DOES NOT GRANT OR CONVEY ANY RIGHT OF OWNERSHIP, POSSESSION, OR USE OF THE EASEMENT PREMISES TO THE MDEQ OR ANY MEMBER OF THE GENERAL PUBLIC, AND REPRESENTS AN IMMATERIAL PORTION OF THE LAND PURCHASED; THEREFORE NO SPECIAL ACCOUNTING FOR THIS EASEMENT WAS REQUIRED.</p>
<p>SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS</p>	<p>INTENDED USES FOR ENDOWMENT FUNDS</p> <p>ENDOWMENT FUNDS ARE USED TO PROVIDE LOW INCOME INDIVIDUALS WITH AN OPPORTUNITY TO HAVE A CAMP EXPERIENCE, TO SUPPORT INNER-CITY PROGRAMMING, AND SUPPORT OTHER PROGRAM NEEDS.</p>
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE INTERNAL REVENUE SERVICE HAS DETERMINED THE Y IS EXEMPT FROM INCOME TAXES UNDER PROVISIONS OF CODE SECTION 501(C)(3). IN ADDITION, THE Y QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2). TAX POSITIONS TAKEN ARE ASSESSED FOR UNCERTAINTY AND A PROVISION MAY BE RECORDED IF A TAX POSITION IS NOT LIKELY TO BE SUSTAINED UPON EXAMINATION.</p>

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS (3019)

Employer identification number

38-1358058

Part I

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 JEROLD PANAS, LINZY & PARTNERS 500 NORTH MICHIGAN AVENUE, SUITE 1035, CHICAGO, IL 60611	CAMPAIGN COUNSEL		✓	0	26,400	(26,400)
2 KENNARI CONSULTING 401 HALL STREET SW, SUITE 309, GRAND RAPIDS, MI 49503	CAMPAIGN COUNSEL		✓	0	10,500	(10,500)
3						
4						
5						
6						
7						
8						
9						
10						
Total				0	36,900	(36,900)

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		WWW AUCTION (event type)	WHITE ELEPHANT SALE (event type)	16 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	106,441	92,361	178,037	376,839
	2 Less: Contributions	106,441	86,069	163,452	355,962
	3 Gross income (line 1 minus line 2)	0	6,292	14,585	20,877
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	6,429	0	14,137	20,566
	6 Rent/facility costs	0	10,715	21,057	31,772
	7 Food and beverages	9,798	191	421	10,410
	8 Entertainment	0	0	0	0
	9 Other direct expenses	11,509	16,287	7,787	35,583
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				98,331
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(77,454)	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? **Yes** **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? **Yes** **No**

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

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

Return Reference	Identifier	Explanation	
SCHEDULE G, PART I, LINE 2B	DESCRIBE THE CUSTODY OR CONTROL ARRANGEMENT	Name	Description
		JEROLD PANAS, LINZY & PARTNERS	POSSESSION OF THE FUNDS OR THE AUTHORITY TO DEPOSIT, DIRECT THE USE OF, OR USE THE FUNDS, REMAINS WITH THE Y.
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES	Name	Description
		JEROLD PANAS, LINZY & PARTNERS	N/A
SCHEDULE G, PART I, LINE 2B	DESCRIBE THE CUSTODY OR CONTROL ARRANGEMENT	Name	Description
		JEROLD PANAS, LINZY & PARTNERS	POSSESSION OF THE FUNDS OR THE AUTHORITY TO DEPOSIT, DIRECT THE USE OF, OR USE THE FUNDS, REMAINS WITH THE Y.
		KENNARI CONSULTING	POSSESSION OF THE FUNDS OR THE AUTHORITY TO DEPOSIT, DIRECT THE USE OF, OR USE THE FUNDS, REMAINS WITH THE Y.
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES	Name	Description
		JEROLD PANAS, LINZY & PARTNERS	N/A
		KENNARI CONSULTING	N/A

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

38-1358058

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS (3019)

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) YMCA OF METROPOLITAN DETROIT 1401 BROADWAY, SUITE 3A, DETROIT, MI 48226	38-1358055	501(C)(3)	79,000				(SEE STATEMENT)
(2) JACKSON YMCA 127 W WESLEY, JACKSON, MI 49201	38-1381139	501(C)(3)	41,500				(SEE STATEMENT)
(3) ANN ARBOR YMCA 400 W WASHINGTON ST, ANN ARBOR, MI 48103	38-1525162	501(C)(3)	67,000				(SEE STATEMENT)
(4) SHERMAN LAKE YMCA 6225 N 39TH STREET, AUGUSTA, MI 49012	38-3167869	501(C)(3)	45,000				(SEE STATEMENT)
(5) MUSKEGON FAMILY YMCA 900 W WESTERN AVENUE, MUSKEGON, MI 49441	38-2000172	501(C)(3)	52,000				(SEE STATEMENT)
(6) STATE YMCA OF MICHIGAN 919 N EAST TORCH LAKE DR, CENTRAL LAKE, MI 49622	38-1358418	501(C)(3)	51,000				(SEE STATEMENT)
(7) YMCA OF GREATER KALAMAZOO 1001 N MAPLE STREET, KALAMAZOO, MI 49008	38-1360592	501(C)(3)	57,500				(SEE STATEMENT)
(8) TRI CITIES FAMILY YMCA 1 Y DRIVE, GRAND HAVEN, MI 49417	38-1717502	501(C)(3)	11,000				(SEE STATEMENT)
(9) BAY AREA FAMILY YMCA 225 WASHINGTON AVE, BAY CITY, MI 48708	38-1358415	501(C)(3)	23,000				(SEE STATEMENT)
(10) YMCA OF METROPOLITAN LANSING 119 N WASHINGTON SQUARE, LANSING, MI 48933	38-1359576	501(C)(3)	198,177				(SEE STATEMENT)
(11) YMCA OF GREATER FLINT 411 EAST THIRD STREET, FLINT, MI 48503	38-1358056	501(C)(3)	49,500				(SEE STATEMENT)
(12) (SEE STATEMENT)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 34
- 3** Enter total number of other organizations listed in the line 1 table ▶ 4

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

[SEE NEXT PAGE](#)

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) SHIAWASSEE FAMILY YMCA 515 W MAIN , OWOSSO, MI 48867	38-1359577	501(C)(3)	24,500				STATE ALLIANCE OF MICHIGAN YMCAS
(13) YMCA OF SAGINAW 1915 FORDNEY ST, SAGINAW, MI 48601	38-1360594	501(C)(3)	59,000				STATE ALLIANCE OF MICHIGAN YMCAS
(14) CADILLAC AREA YMCA 9845 CAMPUS DRIVE, CADILLAC, MI 49601	30-0013507	501(C)(3)	30,500				STATE ALLIANCE OF MICHIGAN YMCAS
(15) YMCA OF THE BLUE WATER AREA 1525 3RD STREET, PORT HURON, MI 48060	38-1358417	501(C)(3)	46,000				STATE ALLIANCE OF MICHIGAN YMCAS
(16) BENTON HARBOR ST JOSEPH YMCA 3665 HOLLYWOOD RD, ST JOSEPH, MI 49085	38-1358054	501(C)(3)	47,500				STATE ALLIANCE OF MICHIGAN YMCAS
(17) NILES BUCHANAN YMCA 905 N FRONT STREET, NILES, MI 49120	38-1358236	501(C)(3)	56,500				STATE ALLIANCE OF MICHIGAN YMCAS
(18) MONROE FAMILY YMCA 1111 WEST ELM AVENUE, MONROE, MI 48162	38-1508585	501(C)(3)	58,500				STATE ALLIANCE OF MICHIGAN YMCAS
(19) YMCA OF MARQUETTE COUNTY 1420 PINE STREET, MARQUETTE, MI 49855	38-3211419	501(C)(3)	66,000				STATE ALLIANCE OF MICHIGAN YMCAS
(20) YMCA OF LENAWEE COUNTY 638 W MAUMEE ST, ADRIAN, MI 49221	38-1393859	501(C)(3)	41,500				STATE ALLIANCE OF MICHIGAN YMCAS
(21) GRAND TRAVERSE BAY YMCA 3700 SILVER LAKE ROAD, TRAVERSE CITY, MI 49684	38-1709640	501(C)(3)	38,000				STATE ALLIANCE OF MICHIGAN YMCAS
(22) BATTLE CREEK FAMILY YMCA 182 CAPITAL AVENUE NE, BATTLE CREEK, MI 49017	38-1986068	501(C)(3)	12,500				STATE ALLIANCE OF MICHIGAN YMCAS
(23) CAMP KIMBALL YMCA 4502 BERLIN DR, READING, MI 49274	38-1358416	501(C)(3)	20,500				STATE ALLIANCE OF MICHIGAN YMCAS
(24) THE GREATER MARINETTE MENOMINEE YMCA 1600 WEST DRIVE, MENOMINEE, MI 49858	38-6119445	501(C)(3)	23,500				STATE ALLIANCE OF MICHIGAN YMCAS
(25) NORTHERN LIGHTS YMCA 2001 NORTH LINCOLN RD, ESCANABA, MI 49829	38-2615035	501(C)(3)	31,000				STATE ALLIANCE OF MICHIGAN YMCAS
(26) YMCA OF BARRY COUNTY 2055 IROQUIS TRAIL, HASTINGS, MI 49058	38-1358059	501(C)(3)	5,000				STATE ALLIANCE OF MICHIGAN YMCAS
(27) BETHANY CHRISTIAN SERVICES 901 EASTERN NE, GRAND RAPIDS, MI 49503	38-1405282	501(C)(3)	24,500				CORNER STORE UPGRADES
(28) NEW CITY NEIGHBORS 1226 UNION NE, GRAND RAPIDS, MI 49505	20-8058756	501(C)(3)	42,000				CORNER STORE UPGRADES
(29) LAURA CERESE PRITCHARD 848 MADISON SE, GRAND RAPIDS, MI 49507	36-5780062		4,000				CORNER STORE UPGRADES
(30) URBAN ROOTS FARM 1014 FOUNTAIN NE, GRAND RAPIDS, MI 49503	36-8113788	501(C)(3)	12,330				CORNER STORE UPGRADES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(31) PLAINFIELD MARKET, LLC 1403 PLAINFIELD AVE NE, GRAND RAPIDS, MI 49505	47-1224827		5,000				CORNER STORE UPGRADES
(32) GUATEMALA IMPORTS 188 WEALTHY STREET SW, GRAND RAPIDS, MI 49503	41-2027608		12,000				CORNER STORE UPGRADES
(33) KORPOS IMPORTS AFTRICAN MARKET 4439 EASTERN AVE SE, GRAND RAPIDS, MI 49508	37-0312051		6,201				CORNER STORE UPGRADES
(34) HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE SW, GRAND RAPIDS, MI 49503	38-1360923	501(C)(3)	25,000				CHRONIC DISEASE COORDINATING NETWORKS
(35) KENT COUNTY HEALTH DEPARTMENT 700 FULLER AVENUE NE, GRAND RAPIDS, MI 49503	38-0004862	KENT COUNTY	49,559				CHRONIC DISEASE COORDINATING NETWORKS
(36) CHERRY STREET SERVICES INC. 100 CHERRY STREET, GRAND RAPIDS, MI 49503	38-2853534	501(C)(3)	80,168				CHRONIC DISEASE COORDINATING NETWORKS
(37) SPECTRUM HEALTH 100 MICHIGAN STREET NE, GRAND RAPIDS, MI 49503	38-3382353	501(C)(3)	35,346				CHRONIC DISEASE COORDINATING NETWORKS
(38) FERRIS STATE UNIVERSITY 420 OAK STREET , PRAKKEN 255, BIG RAPIDS, MI 49307	38-6005159	MICHIGAN	62,471				CHRONIC DISEASE COORDINATING NETWORKS

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	YMCA OF METROPOLITAN DETROIT: STATE ALLIANCE OF MICHIGAN YMCAS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	JACKSON YMCA: STATE ALLIANCE OF MICHIGAN YMCAS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ANN ARBOR YMCA: STATE ALLIANCE OF MICHIGAN YMCAS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	SHERMAN LAKE YMCA: STATE ALLIANCE OF MICHIGAN YMCAS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	MUSKEGON FAMILY YMCA: STATE ALLIANCE OF MICHIGAN YMCAS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	STATE YMCA OF MICHIGAN: STATE ALLIANCE OF MICHIGAN YMCAS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	YMCA OF GREATER KALAMAZOO: STATE ALLIANCE OF MICHIGAN YMCAS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	TRI CITIES FAMILY YMCA: STATE ALLIANCE OF MICHIGAN YMCAS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BAY AREA FAMILY YMCA: STATE ALLIANCE OF MICHIGAN YMCAS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	YMCA OF METROPOLITAN LANSING: STATE ALLIANCE OF MICHIGAN YMCAS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	YMCA OF GREATER FLINT: STATE ALLIANCE OF MICHIGAN YMCAS
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	THE Y USES A COMBINATION OF FINANCIAL AND PROGRESS REPORTING TO ENSURE THAT GRANT FUNDS ARE USED FOR THE PROPER PURPOSES. THE Y PERFORMS AN INITIAL RISK ASSESSMENT ON SUB-RECIPIENTS OF FEDERAL SUB-AWARDS. THE Y MONITORS THE ACTIVITIES OF SUB-RECIPIENTS AS NECESSARY TO ENSURE THAT ANY FEDERAL SUB-AWARDS MAINTAIN COMPLIANCE WITH FEDERAL STATUES, REGULATIONS, AND THE TERMS AND CONDITIONS OF THE SUB-AWARD.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS (3019)

Employer identification number

38-1358058

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- | | | | |
|--|-----------|--------------------------|-------------------------------------|
| a Receive a severance payment or change-of-control payment? | 4a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

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

- | | | | |
|--|-----------|--------------------------|-------------------------------------|
| a The organization? | 5a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Any related organization? | 5b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

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

- | | | | |
|--|-----------|--------------------------|-------------------------------------|
| a The organization? | 6a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Any related organization? | 6b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RONALD K. NELSON PRESIDENT/CEO	(i)	246,193	5,000	6,157	19,716	601	277,667	0
	(ii)	0	0	0	0	0	0	0
2 ROBERT L. BRANCH CFO	(i)	137,080	0	1,177	11,481	13,697	163,435	0
	(ii)	0	0	0	0	0	0	0
3 ANDREW PAGE COO	(i)	141,550	0	392	11,543	11,343	164,828	0
	(ii)	0	0	0	0	0	0	0
4 AMY SAUNDERS-FERRIELL VP OF OPERATIONS	(i)	131,122	0	261	10,959	13,889	156,231	0
	(ii)	0	0	0	0	0	0	0
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS (3019)

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) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	MICHIGAN STRATEGIC FUND	52-1417332	59469C8S5	03/03/2005	5,000,000	CONSTRUCTION AND EQUIP FACILITY		✓		✓		✓
B	MICHIGAN STRATEGIC FUND	52-1417332	59469C7W7	06/30/2004	15,500,000	CONSTRUCTION AND EQUIP FACILITY		✓		✓		✓
C	MICHIGAN STRATEGIC FUND	52-1417332	594698JN3	08/12/2010	16,000,000	CONSTRUCTION AND EQUIP FACILITY		✓		✓		✓
D												

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,315,000		4,570,000		2,900,000			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	5,000,000		15,500,000		16,000,000			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	159,786		355,388		323,743			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	100,000		275,000		307,368			
8	Credit enhancement from proceeds	37,962		118,991		53,477			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	4,702,252		14,750,621		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			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		✓		✓		✓		
15	Were the bonds issued as part of an advance refunding issue?		✓		✓		✓		
16	Has the final allocation of proceeds been made?	✓		✓		✓			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓		✓			

Part III Private Business Use

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

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?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		0.00 %		0.00 %		0.00 %		%
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 . . . ▶		0.00 %		0.00 %		0.00 %		%
6 Total of lines 4 and 5		0.00 %		0.00 %		0.00 %		%
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?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS (3019)

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	✓	1	50,000	OPINIONS OF EXPERTS
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
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 ▶ (COMPUTER EQUIPMENT)	✓	1	22,087	COST
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	0
----	--	----	---

	Yes	No
30a		✓
b If "Yes," describe the arrangement in Part II.		
31	✓	
32a		✓
b If "Yes," describe in Part II.		
33		

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	ART - WORKS OF ART: NUMBER OF CONTRIBUTIONS AND ITEMS RECEIVED OTHER: NUMBER OF CONTRIBUTIONS

Supplemental Information to Form 990 or 990-EZ

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

2015

Open to Public Inspection

Name of the Organization

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS (3019)

Employer Identification Number

38-1358058

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	THE YMCA OF GREATER GRAND RAPIDS (Y) IS AN INCLUSIVE ORGANIZATION OF MEN, WOMEN AND CHILDREN JOINED TOGETHER BY A SHARED COMMITMENT TO YOUTH DEVELOPMENT, PROMOTING HEALTHY LIVING, AND FOSTERING A SENSE OF SOCIAL RESPONSIBILITY.
FORM 990, PART III, LINE 1 - OTHER PROGRAM SERVICES	<p>OUR CAUSE DEFINES US</p> <p>THE Y MAKES ACCESSIBLE THE SUPPORT AND OPPORTUNITIES THAT EMPOWER PEOPLE AND COMMUNITIES TO SUCCEED. THE Y NURTURES THE POTENTIAL OF EVERY YOUTH AND TEEN, IMPROVES OUR COMMUNITY'S HEALTH AND WELL-BEING AND PROVIDES OPPORTUNITIES TO GIVE BACK AND SUPPORT NEIGHBORS. WE KNOW THAT LASTING PERSONAL AND SOCIAL CHANGE COMES ABOUT WHEN WE ALL WORK TOGETHER.</p> <p>OUR STRENGTH IS COMMUNITY</p> <p>THERE IS NO OTHER NONPROFIT QUITE LIKE THE Y. THAT'S BECAUSE, IN NEIGHBORHOODS ACROSS OUR COMMUNITY, WE HAVE THE PRESENCE AND PARTNERSHIPS TO NOT JUST PROMISE, BUT DELIVER, POSITIVE CHANGE.</p> <ul style="list-style-type: none"> •THE Y IS COMMUNITY CENTERED. FOR NEARLY 150 YEARS, WE'VE BEEN LISTENING AND RESPONDING TO THE NEEDS OF OUR COMMUNITIES. THROUGH OUR SEVEN BRANCH LOCATIONS THROUGHOUT GREATER GRAND RAPIDS, WE IMPACT THE LIVES OF NEARLY 100,000, THROUGH OUR MEMBERSHIP AND PROGRAMS, MAKING THE Y A DESTINATION FOR HEALTHY LIVING. •THE Y BRINGS PEOPLE TOGETHER. THE Y PARTNERS WITH SCHOOLS, HEALTH CARE ORGANIZATIONS, COMMUNITY CENTERS, AND CHURCHES TO ENSURE HEALTHY CHOICES ARE ACCESSIBLE AND AFFORDABLE FOR EVERYONE IN OUR COMMUNITY. THESE INNOVATIVE OUTREACH PROGRAMS WORK TO ELIMINATE BARRIERS TO GOOD HEALTH FOR THOSE MOST VULNERABLE AND PROVIDE TOOLS AND SUPPORTS TO ENSURE SUCCESS. •THE Y NURTURES POTENTIAL. WE BELIEVE THAT EVERYONE SHOULD HAVE THE OPPORTUNITY TO THRIVE. EVERY GIFT TO THE Y, IS AN INVESTMENT IN THE HEALTH OF YOUR COMMUNITY. IN FACT, ONE IN FOUR OF THOSE WE SERVE RECEIVE SOME LEVEL OF FINANCIAL ASSISTANCE. <p>OUR IMPACT IS FELT EVERY DAY</p> <p>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.</p>
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$3,629,752 INCLUDING GRANTS OF \$2,500)(REVENUE \$2,709,630) SPORTS & RECREATION, AQUATICS, CAMPING, FAMILY, AND OLDER ADULTS PROGRAMS
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 WAS PREPARED BY Y STAFF AND REVIEWED IN DETAIL BY THE Y'S CEO (SCOTT LEWIS EFFECTIVE 1/1/2016), CFO, AND TREASURER (CHUCK FRAYER EFFECTIVE 1/1/2016). THE FORM WAS SUBSEQUENTLY PROVIDED TO THE Y'S BOARD OF DIRECTORS PRIOR TO FILING.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	FORM FILLED OUT ANNUALLY. ALL ARE REVIEWED BY THE PRESIDENT/CEO (SCOTT LEWIS EFFECTIVE 1/1/2016). PRESIDENT/CEO REVIEWS ANY ISSUES WITH THE EXECUTIVE COMMITTEE AND THEY DECIDE WHAT ACTION TO TAKE.

Return Reference - Identifier	Explanation
<p>FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL</p>	<p>COMPENSATION COMMITTEE:</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>OVERALL COMPENSATION STRATEGY:</p> <p>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:</p> <p>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;</p> <p>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;</p> <p>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;</p> <p>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;</p> <p>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:</p> <p>FOSTERING A CULTURE THAT PROMOTES THE HIGHEST LEVELS OF INTEGRITY AND THE HIGHEST ETHICAL STANDARDS;</p> <p>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;</p> <p>ACHIEVING ANY OTHER PERFORMANCE GOALS AND OBJECTIVES DEEMED RELEVANT TO THE PRESIDENT & CEO AS ESTABLISHED BY THE COMMITTEE; AND</p> <p>ACHIEVING THE PRESIDENT & CEO'S INDIVIDUAL PERFORMANCE GOALS AND OBJECTIVES.</p> <p>ADMINISTRATION OF COMPENSATION PLANS: THE COMMITTEE SHALL RECOMMEND TO THE BOARD THE ADOPTION, AMENDMENT AND TERMINATION OF THE ASSOCIATION'S INCENTIVE PLANS, BONUS PLANS, DEFERRED COMPENSATION PLANS AND SIMILAR PROGRAMS. THE COMMITTEE SHALL HAVE FULL POWER AND AUTHORITY TO ADMINISTER THESE PLANS, ESTABLISH GUIDELINES, INTERPRET PLAN DOCUMENTS, SELECT PARTICIPANTS, APPROVE GRANTS AND AWARDS, AND EXERCISE SUCH OTHER POWER AND AUTHORITY AS REQUIRED UNDER SUCH PLANS.</p>
<p>FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC</p>	<p>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.</p>

Return Reference - Identifier	Explanation
FORM 990, PART XI, LINE 8 - PRIOR PERIOD ADJUSTMENT	THE 2014 NET ASSETS HAVE BEEN RESTATED TO CORRECT AN ERROR RESULTING FROM OMISSION OF A PLEDGE RECEIVABLE UPON NOTIFICATION OF THE AWARD. THE EFFECT OF THE RESTATEMENT WAS TO INCREASE PLEDGES RECEIVABLE AND INCREASE TEMPORARILY RESTRICTED CONTRIBUTIONS AND GRANTS REVENUE BY \$1,000,000 FOR 2014.