

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , 2022 , and ending , 20																																		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS (3019)</td> <td>D Employer identification number 38-1358058</td> </tr> <tr> <td colspan="2">Doing business as YMCA OF GREATER GRAND RAPIDS</td> <td>E Telephone number (616) 855-9600</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td></td> </tr> <tr> <td colspan="2">475 LAKE MICHIGAN DRIVE NW</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code GRAND RAPIDS, MI 49504</td> <td>G Gross receipts \$ 50,173,538</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: SCOTT LEWIS</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">SAME AS C ABOVE</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>If "No," attach a list. See instructions.</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">J Website: WWW.GRYMCA.ORG</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td>L Year of formation: 1866 M State of legal domicile: MI</td> </tr> </table>	C Name of organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS (3019)		D Employer identification number 38-1358058	Doing business as YMCA OF GREATER GRAND RAPIDS		E Telephone number (616) 855-9600	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		G Gross receipts \$ 50,173,538	F Name and address of principal officer: SCOTT LEWIS		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "No," attach a list. See instructions.	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	J Website: WWW.GRYMCA.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1866 M State of legal domicile: MI
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>GUIDED BY OUR CHRISTIAN PRINCIPLES, WE STRENGTHEN THE SPIRIT MIND AND BODY OF ALL INDIVIDUALS.</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 29
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 29
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 1,682
	6	Total number of volunteers (estimate if necessary) 6 912
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0	
Revenue	8	Contributions and grants (Part VIII, line 1h) 12,939,347 8,991,421
	9	Program service revenue (Part VIII, line 2g) 16,596,391 22,800,542
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 422,237 232,752
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 655,169 508,751
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 30,613,144 32,533,466
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 12,481,930 17,678,452
16a		Professional fundraising fees (Part IX, column (A), line 11e) 20,000 5,551
b		Total fundraising expenses (Part IX, column (D), line 25) 435,384
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 11,122,035 13,209,429
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 23,651,998 30,964,074	
19	Revenue less expenses. Subtract line 18 from line 12 6,961,146 1,569,392	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 89,631,065 85,865,722
	21	Total liabilities (Part X, line 26) 43,763,561 36,188,390
	22	Net assets or fund balances. Subtract line 21 from line 20 45,867,504 49,677,332

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 DAMODAR PERSAUD, CFO/CIO	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
GUIDED BY OUR CHRISTIAN PRINCIPLES, WE STRENGTHEN THE SPIRIT MIND AND BODY OF ALL INDIVIDUALS.

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 [X] 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 [X] 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 \$ 12,870,214 including grants of \$ 6,007) (Revenue \$ 16,804,917)
HEALTHY LIVING - IMPROVING INDIVIDUAL AND COMMUNITY WELL-BEING.
THE HEALTHY LIVING OBJECTIVE OF THE Y IS GROUNDED IN IMPROVING HEALTH OUTCOMES IN WEST MICHIGAN THROUGH SUSTAINABLE, HEALTHIER LIFESTYLE CHOICES. THE Y WALKS ALONGSIDE HEALTH LEADERS AND CONVENERS TO PROVIDE SERVICE AND SUPPORT STRUCTURES FOR OUR NEIGHBORS. CRITICAL NEEDS IDENTIFIED THROUGH NEIGHBORHOOD SURVEYS, COMMUNITY HEALTH NEEDS ASSESSMENTS, SURVEY DATA, AND FEEDBACK FROM MEMBERS AND PROGRAM PARTICIPANTS SHAPE HOW PROGRAMS ARE PROMOTED AND DELIVERED. TOGETHER, THESE EFFORTS ARE AIMED AT TRANSFORMING THE HEALTH SYSTEM FROM ONE FOCUSED ON THE TREATMENT OF ILLNESSES TO ONE ELEVATING WELL-BEING, PREVENTION, AND HEALTH MAINTENANCE. OUR PROGRAMMING REMAINS DEDICATED TO RECLAIMING HEALTH, EMPHASIZING SUPPORT STRUCTURES IN THE COMMUNITY, ACHIEVING PERSONALIZED HEALTH AND WELL-BEING GOALS, AND CREATING AN ACCESSIBLE, AFFORDABLE PATHWAY TO CHOICES THAT TRANSFORM THE INDIVIDUAL AND INFLUENCE FAMILY AND FRIENDS.
(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 11,941,830 including grants of \$ 59,635) (Revenue \$ 5,664,042)
YOUTH DEVELOPMENT - EMPOWERING YOUNG PEOPLE TO REACH THEIR FULL POTENTIAL.
THE OBJECTIVE OF THE Y'S YOUTH DEVELOPMENT PROGRAMS IS TO INCREASE OUR CAPACITY TO PREPARE CHILDREN FOR SCHOOL AND TO SUPPORT THEIR YEAR-ROUND SUCCESS AS LEARNERS AND FUTURE CITIZENS AND WORKFORCE MEMBERS. WE ARE ENHANCING EVIDENCE-BASED EARLY LEARNING, OUT-OF-SCHOOL-TIME LEARNING, AND SUMMER LEARNING LOSS PREVENTION CURRICULUM TO IMPROVE THE ACADEMIC OUTCOMES OF EVERY CHILD AND TEEN IN OUR CARE. OUR PROGRAMMING ALIGNS THE Y'S STRENGTHS WITH KEY EDUCATIONAL AND DEVELOPMENTAL MILESTONES. OUR YOUTH DEVELOPMENT LEADERS POSITION YOUTH FOR KINDERGARTEN READINESS, READING CONFIDENCE, ACADEMIC SUCCESS, ENGAGED CITIZENSHIP, AND CAREER AND COLLEGE READINESS.
AT THE Y, OUR GOAL IS TO SEE A COMMUNITY OF HEALTHY, CONNECTED, AND SUCCESSFUL YOUTH SURROUNDED BY A NETWORK OF TRUSTED ROLE MODELS. WE DO NOT JUST TEACH PROGRAMS LIKE SWIMMING OR SOCCER, AND
(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 2,675,035 including grants of \$ 5,000) (Revenue \$ 480,932)
SOCIAL RESPONSIBILITY - PROVIDING SUPPORT AND INSPIRING ACTION IN OUR COMMUNITIES.
THE SOCIAL RESPONSIBILITY OBJECTIVE OF THE Y FOSTERS CONNECTEDNESS, STRENGTHENS SUPPORT NETWORKS, AND ENCOURAGES INVESTMENTS IN OUR COMMUNITIES. THE Y ACTIVATES RESOURCES AND ENGAGES PEOPLE FROM DIVERSE POPULATIONS AND PERSPECTIVES FOR INDIVIDUAL AND COLLECTIVE ACTION. OUR PROGRAMMING ADDRESSES CRITICAL SOCIAL ISSUES AFFECTING OUR COMMUNITIES INFORMED BY THE NEIGHBORS AND COMMUNITIES WE SERVE. WE SEEK TO ENSURE UNDER-RESOURCED COMMUNITIES FEEL SUPPORTED BY THE Y, MOBILIZE VOLUNTEERS TO GIVE THEIR TIME WHERE IT IS NEEDED, AND COLLABORATE WITH OTHERS TO STRENGTHEN DELIVERY MODELS AND OUTCOMES. FURTHER, WE COLLABORATE WITH OTHER YS, OTHER ORGANIZATIONS, AND THE BUSINESS COMMUNITY TO DEVELOP LOCAL, STATE, AND NATIONAL PATHWAYS TO IMPROVED OUTCOMES FOR ALL.
CULTIVATING AND CELEBRATING THE FINANCIAL GIFTS OF OTHERS REMAINS INTEGRAL TO THE Y'S WORK AS A
(CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 27,487,079

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 Rev. Proc. 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 donor-restricted endowments or in 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"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<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"/>
14a 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 type="checkbox"/>	<input checked="" 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"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	28
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<input checked="" type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,682		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 29		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 29		
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, 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"/>
b	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:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	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 on 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"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
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"/>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
[DAMODAR PERSAUD, 475 LAKE MICHIGAN DR. NW, GRAND RAPIDS, MI 49504, \(616\) 855-9600](#)

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT LEWIS PRESIDENT/CEO	40.0			✓				274,248	0	40,614
(2) DAMODAR PERSAUD CFO/CIO	40.0			✓				202,344	0	20,317
(3) JAMIE SCAFFIDI SR. VICE PRESIDENT	40.0				✓			182,957	0	18,691
(4) NICOLE HANSEN VP OF OPERATIONS	40.0					✓		137,366	0	27,263
(5) LACEY DIXON VP OF MISSION ADVANCEMENT AND MARKETING	40.0					✓		108,530	0	24,583
(6) MARK RICHTER BOARD CHAIR	2.0	✓		✓				0	0	0
(7) MICHAEL WOOLDRIDGE SECRETARY	1.0	✓		✓				0	0	0
(8) PETER VARGA TREASURER	1.0	✓		✓				0	0	0
(9) CARLOS SANCHEZ DIRECTOR	1.0	✓						0	0	0
(10) CAROLE R VALADE DIRECTOR	1.0	✓						0	0	0
(11) CHARLES E FRAYER DIRECTOR	1.0	✓						0	0	0
(12) CHRIS BAUCHAN BRANCH BOARD CHAIR	2.0	✓						0	0	0
(13) CURT MULDER DIRECTOR	1.0	✓						0	0	0
(14) CURT WEAVER BRANCH BOARD CHAIR	2.0	✓						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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DR JESSE BERNAL DIRETOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(16) DR JOHN F BUTZER DIRETOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(17) GREGORY A RHODES DIRETOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) HAROLD BURRELL, JR. DIRETOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(19) JACQUELINE D TAYLOR, PH.D DIRETOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(20) JASON SOROKIN BRANCH BOARD CHAIR	2.0	<input checked="" type="checkbox"/>						0	0	0
(21) JEFF LAMBERT DIRETOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(22) JOANNE ROEHM DIRETOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(23) JOYCE CHAN RUSSELL DIRETOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(24) KELSEY HAYNES - BAKO BRANCH BOARD CHAIR	2.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								905,445	0	131,468
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								905,445	0	131,468

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, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<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"/>	<input 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 type="checkbox"/>	<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
ERHARDT CONSTRUCTION CO, 6060 FULTON STREET, ADA, MI 49301	BUILDING CONSTRUCTION	2,044,914
DAXKO LLC, PO BOX 162087, ATLANTA, GA 30321	SUPPORT SERVICES AND TRAINING	541,548
THE IT FIRM INC., 190 EAST 8TH STREET, PO BOX #2061, HOLLAND, MI 49423-2061	IT SUPPORT SERVICES	423,633
DJ'S LANDSCAPE MANAGEMENT, 4720 52ND STREET SE, GRAND RAPIDS, MI 49512	LANDSCAPING/SNOW REMOVAL	298,274
EXTRA CREDIT PROJECTS INC., 1250 TAYLOR AVENUE NE, GRAND RAPIDS, MI 49505	MARKETING SERVICES	152,060
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	7	

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	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	271,029				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	6,853,525				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,866,867				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 27,544				
	h	Total. Add lines 1a-1f		8,991,421				
	Program Service Revenue				Business Code			
2a		HEALTHY LIVING		813410	16,677,487	16,677,487		
b		YOUTH DEVELOPMENT		813410	5,642,215	5,642,215		
c		SOCIAL RESPONSIBILITY		813410	480,840	480,840		
d								
e								
f		All other program service revenue			0	0	0	
g	Total. Add lines 2a-2f			22,800,542				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			399,257	0	0	399,257
	4	Income from investment of tax-exempt bond proceeds			0	0	0	0
	5	Royalties			0	0	0	0
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
					391,665	0		
	b	Less: rental expenses	6b		0			
	c	Rental income or (loss)	6c		391,665	0		
	d	Net rental income or (loss)			391,665	0	0	391,665
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					17,214,507	0		
	b	Less: cost or other basis and sales expenses	7b		17,295,440	85,572		
	c	Gain or (loss)	7c		(80,933)	(85,572)		
	d	Net gain or (loss)			(166,505)	0	0	(166,505)
8a	Gross income from fundraising events (not including \$ 271,029 of contributions reported on line 1c). See Part IV, line 18	8a						
				32,968				
b	Less: direct expenses	8b		77,283				
c	Net income or (loss) from fundraising events			(44,315)		0	(44,315)	
9a	Gross income from gaming activities. See Part IV, line 19	9a						
				1,020				
b	Less: direct expenses	9b		560				
c	Net income or (loss) from gaming activities			460	0	0	460	
10a	Gross sales of inventory, less returns and allowances	10a						
				330,566				
b	Less: cost of goods sold	10b		181,217				
c	Net income or (loss) from sales of inventory			149,349	149,349	0	0	
Miscellaneous Revenue				Business Code				
	11a	MISCELLANEOUS INCOME		813410	11,592	0	0	11,592
	b							
	c							
	d	All other revenue			0	0	0	0
e	Total. Add lines 11a-11d			11,592				
12	Total revenue. See instructions			32,533,466	22,949,891	0	592,154	

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	65,642	65,642		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,000	5,000		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	739,171	0	668,282	70,889
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	14,325,639	13,054,742	988,632	282,265
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	695,100	601,545	83,064	10,491
9 Other employee benefits	715,756	651,458	51,029	13,269
10 Payroll taxes	1,202,786	1,064,273	119,899	18,614
11 Fees for services (nonemployees):				
a Management	0	0	0	0
b Legal	24,778	0	24,778	0
c Accounting	32,447	0	32,447	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	5,551			5,551
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,183,047	858,411	321,147	3,489
12 Advertising and promotion	282,756	42,689	234,280	5,787
13 Office expenses	2,003,631	1,955,694	43,169	4,768
14 Information technology	0	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	3,235,431	3,137,641	97,790	0
17 Travel	205,943	174,229	28,983	2,731
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	171,059	128,078	40,709	2,272
20 Interest	1,782,841	1,745,402	37,439	0
21 Payments to affiliates	477,754	438,176	38,385	1,193
22 Depreciation, depletion, and amortization	3,212,887	3,072,216	140,671	0
23 Insurance	238,384	189,678	31,793	16,913
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>BAD DEBT EXPENSE</u>	66,857	0	66,857	0
b <u>EQUIPMENT EXPENSE</u>	189,726	181,367	8,356	3
c	0	0	0	0
d	0	0	0	0
e All other expenses	101,888	120,838	(16,099)	(2,851)
25 Total functional expenses. Add lines 1 through 24e	30,964,074	27,487,079	3,041,611	435,384
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) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,430	1	2,470
	2 Savings and temporary cash investments	5,120,269	2	4,015,499
	3 Pledges and grants receivable, net	548,131	3	702,398
	4 Accounts receivable, net	690,456	4	729,611
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	44,066	8	83,261
	9 Prepaid expenses and deferred charges	415,091	9	181,183
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 110,566,392		
	b Less: accumulated depreciation	10b 40,643,759	68,642,072	10c 69,922,633
	11 Investments—publicly traded securities	13,975,829	11	8,017,935
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	192,721	15	2,210,732
16 Total assets. Add lines 1 through 15 (must equal line 33)	89,631,065	16	85,865,722	
Liabilities	17 Accounts payable and accrued expenses	1,681,275	17	1,813,790
	18 Grants payable	0	18	0
	19 Deferred revenue	886,208	19	3,077,659
	20 Tax-exempt bond liabilities	38,229,294	20	28,489,727
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	1,000,000	24	1,000,000
	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	1,966,784	25	1,807,214
	26 Total liabilities. Add lines 17 through 25	43,763,561	26	36,188,390
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	39,776,216	27	45,659,033
	28 Net assets with donor restrictions	6,091,288	28	4,018,299
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
32 Total net assets or fund balances	45,867,504	32	49,677,332	
33 Total liabilities and net assets/fund balances	89,631,065	33	85,865,722	

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	32,533,466
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,964,074
3	Revenue less expenses. Subtract line 2 from line 1	3	1,569,392
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45,867,504
5	Net unrealized gains (losses) on investments	5	(1,069,427)
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3,309,863
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	49,677,332

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b	Were the organization's financial statements audited by an independent accountant? 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	✓	
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 on Schedule O.	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	✓	

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) LINSEY GLEASON ----- DIRECTOR	1.0 -----	✓						0	0	0
(26) LISA BOYD ----- BRANCH BOARD CHAIR	2.0 -----	✓						0	0	0
(27) LYNNE FERRELL ----- DIRECTOR	1.0 -----	✓						0	0	0
(28) MICHAEL B VERHULST ----- DIRECTOR	1.0 -----	✓						0	0	0
(29) NOLAN GOTTSCHALK ----- DIRECTOR	1.0 -----	✓						0	0	0
(30) RACHEL MRAZ ----- DIRECTOR	1.0 -----	✓						0	0	0
(31) SEAN P WELSH ----- DIRECTOR	1.0 -----	✓						0	0	0
(32) STACIE R BEHLER ----- DIRECTOR	1.0 -----	✓						0	0	0
(33) TASHA BLACKMON ----- DIRECTOR	1.0 -----	✓						0	0	0
(34) VICTORIA SMALLEY ----- BRANCH BOARD CHAIR	2.0 -----	✓						0	0	0

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS (3019)	Employer identification number 38-1358058
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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 12, 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).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,412,643	4,990,115	6,489,949	12,939,347	8,991,421	38,823,475
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	5,412,643	4,990,115	6,489,949	12,939,347	8,991,421	38,823,475
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						38,823,475

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	5,412,643	4,990,115	6,489,949	12,939,347	8,991,421	38,823,475
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	653,987	838,705	570,407	820,190	790,922	3,674,211
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	560,888	470,759	243,598	547,506	376,146	2,198,897
11 Total support. Add lines 7 through 10						44,696,583
12 Gross receipts from related activities, etc. (see instructions)					12	108,096,241
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	86.86 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	86.51 %
16a 33 1/3% support test—2022. 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—2021. 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—2022. 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—2021. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.	Yes	No
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," 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 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

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

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; 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 10 - OTHER INCOME	OTHER INCOME CONSISTS OF GROSS PROCEEDS FROM SALE OF INVENTORY, GROSS INCOME FROM SPECIAL EVENTS, AND MISCELLANEOUS INCOME.

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	(1)	560,888	470,759	243,598	547,506	376,146	2,198,897
	Total	560,888	470,759	243,598	547,506	376,146	2,198,897

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Table with 2 columns: Name of the organization (THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS (3019)) and Employer identification number (38-1358058)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [x] 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

- [x] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization 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	----- ----- -----	\$ ----- 659,867	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 801,872	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 740,363	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 459,687	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 230,000	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 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
7	----- ----- -----	\$ 4,055,716	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input 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) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(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)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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 include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No

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

Form for Part II Conservation Easements. Includes questions 1-9 regarding conservation easements, a table for 'Held at the End of the Tax Year' with rows 2a (3), 2b (1.08), 2c (0), 2d (0), and questions 3-9 regarding monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 2a, 2b regarding reporting of art and historical treasures.

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 make 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 program
- 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	2,150,169	1,285,105	1,227,716	1,106,415	4,626,358
b Contributions	4,297	793,112	750	10,300	650
c Net investment earnings, gains, and losses	(178,982)	71,952	56,639	111,001	(110,814)
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	0	0	0	0	3,409,779
f Administrative expenses	0	0	0	0	0
g End of year balance	1,975,484	2,150,169	1,285,105	1,227,716	1,106,415

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** Term 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	11,120,037	0	11,120,037
b Buildings	0	83,745,058	29,201,984	54,543,074
c Leasehold improvements	0	0	0	0
d Equipment	0	15,184,534	11,030,853	4,153,681
e Other	0	516,763	410,922	105,841
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				69,922,633

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) FINANCE LEASES - CURRENT	215,947
(3) OPERATING LEASES - CURRENT	138,225
(4) OBLIGATION UNDER INTEREST RATE SWAP	0
(5) FINANCE LEASES - NONCURRENT	856,072
(6) OPERATING LEASES - NONCURRENT	596,970
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,807,214

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

Part XIII

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	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	INTEREST RATE SWAP	3,309,863

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>A CONSERVATION EASEMENT EXISTS ON 0.37 ACRES OF AN 35.531 PARCEL OF LAND OWNED BY THE YMCA GRANTED BY THE MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES AND ENERGY. THE EASEMENT WAS RECORDED WITH THE KENT COUNTY REGISTER OF DEEDS ON JULY 29, 2022. THE PURPOSE OF THIS EASEMENT IS TO PROTECT THE FUNCTIONS AND VALUES OF EXISTING OR ESTABLISHED WETLANDS AND ITS NATURAL RESOURCE VALUE ON THE EASEMENT PREMISES, CONSISTENT WITH THE PERMIT AND THE PROTECTION OF THE BENEFITS TO THE PUBLIC DERIVED FROM WETLANDS AND INTEGRAL HABITAT, BY REQUIRING GRANTOR TO MAINTAIN THE EASEMENT PREMISES IN ITS NATURAL AND UNDEVELOPED CONDITION. THE CONSERVATION EASEMENT DOES NOT GRANT OR CONVEY ANY RIGHT OF OWNERSHIP, POSSESSION, OR USE OF THE EASEMENT PREMISES TO THE MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES AND ENERGY 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>
<p>SCHEDULE D, PART XI, LINE 2(D) -</p>	<p>INTEREST RATE SWAP \$3,309,863</p>

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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 10 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						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 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.

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
		<u>HOUR OF IMPACT</u> (event type)	<u>GOLF OUTING</u> (event type)	<u>6</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	105,000	105,697	87,653	298,350
	2 Less: Contributions	101,484	76,245	87,653	265,382
	3 Gross income (line 1 minus line 2)	3,516	29,452	0	32,968
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	3,694	3,694
	6 Rent/facility costs	4,393	21,502	0	25,895
	7 Food and beverages	5,495	13,757	0	19,252
	8 Entertainment	0	0	0	0
	9 Other direct expenses	1,995	2,786	22,763	27,544
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					(43,417)

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: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**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 General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HOPE GARDENS 10656 WILSON AVE, BYRON CENTER, MI 49315	47-3303989	501(C) 3	6,007				GARDEN EDUCATION
(2) D.A. BLODGETT - ST. JOHNS 805 LEONARD ST NE, GRAND RAPIDS, MI 49503	38-1358163	501(C) 3	59,635				NUTRITION EDUCATION
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) 2022

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 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 GRANT AWARDS. THE Y MONITORS THE ACTIVITIES OF SUB-RECIPIENTS AS NECESSARY TO ENSURE THAT ANY SUB-AWARDS MAINTAIN COMPLIANCE WITH FUNDING EXPECTATIONS, REGULATIONS, AND THE TERMS AND CONDITIONS OF THE SUB-AWARD.
SCHEDULE I, PART II, LINE 1 - HOPE GARDENS	FARM TO SCHOOL PROGRAMMING
SCHEDULE I, PART II, LINE 1 - D. A. BLODGETT - ST. JOHNS	NUTRITION EDUCATION

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

OMB No. 1545-0047

2022

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

	Yes	No
<p>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.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>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</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <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 </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>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:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	✓
<p>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</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	SCOTT LEWIS PRESIDENT/CEO	(i) 273,006	0	1,242	27,512	13,102	314,862	0
	(ii)	0	0	0	0	0	0	0
2	DAMODAR PERSAUD CFO/CIO	(i) 188,897	9,637	3,810	19,853	464	222,661	0
	(ii)	0	0	0	0	0	0	0
3	JAMIE SCAFFIDI SR. VICE PRESIDENT	(i) 173,441	8,826	690	18,227	464	201,648	0
	(ii)	0	0	0	0	0	0	0
4	NICOLE HANSEN VP OF OPERATIONS	(i) 130,145	6,954	267	14,358	12,905	164,629	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.

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

OMB No. 1545-0047

2022

**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	000000000	11/30/2016	46,650,000	(SEE STATEMENT)		✓		✓		✓
B	MICHIGAN STRATEGIC FUND	52-1417332	000000000	06/14/2018	41,572,000	(SEE STATEMENT)		✓		✓		✓
C												
D												

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0	5,078,000						
2	Amount of bonds legally defeased	0	0						
3	Total proceeds of issue	46,650,000	41,572,000						
4	Gross proceeds in reserve funds	0	0						
5	Capitalized interest from proceeds	0	0						
6	Proceeds in refunding escrows	0	0						
7	Issuance costs from proceeds	650,000	0						
8	Credit enhancement from proceeds	0	0						
9	Working capital expenditures from proceeds	0	0						
10	Capital expenditures from proceeds	20,475,000	0						
11	Other spent proceeds	25,525,000	41,572,000						
12	Other unspent proceeds	0	0						
13	Year of substantial completion	2016	2016						
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	✓		✓					
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, 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?	✓		✓					

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

Cat. No. 50193E

Schedule K (Form 990) 2022

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?		✓		✓				
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 %					
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 %					
6 Total of lines 4 and 5	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	03/11/2022							
3 Is the bond issue a variable rate issue?	✓		✓					

Part VI

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

Return Reference - Identifier	Explanation
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: MICHIGAN STRATEGIC FUND	CONSTRUCT AND EQUIP FACILITY AND CURRENTLY REFUND PRIOR ISSUE
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: MICHIGAN STRATEGIC FUND	CONSTRUCT AND EQUIP FACILITY AND CURRENTLY REFUND PRIOR ISSUE
SCHEDULE K, PART IV, LINE 2C - COLUMN A	ISSUER NAME: MICHIGAN STRATEGIC FUND THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 03/11/2022
SCHEDULE K, PART IV, COLUMN (A) - LINE 4B	HUNTINGTON NATIONAL BANK
SCHEDULE K, PART IV, COLUMN (B) - LINE 4B	HUNTINGTON NATIONAL BANK

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS (3019)

Employer identification number
38-1358058

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25	✓	2	1,050	COST
26	✓	3	4,456	COST
27	✓	1	21,750	COST
28	✓	1	288	COST

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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	OTHER - GIFT CARDS CONTRIBUTION
	OTHER - PROGRAMMING SUPPLIES CONTRIBUTION
	OTHER - OFFICE FURNITURE CONTRIBUTION
	OTHER - TICKETS CONTRIBUTION

**SCHEDULE O
(Form 990)**

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2022

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
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION</p>	<p>HEALTHY LIVING PROGRAMS HEALTH, WELL-BEING, AND FITNESS: TO PROVIDE THE RESOURCES AND GUIDANCE TO MAINTAIN OR IMPROVE HEALTH AND WELLNESS, SO WE ALL LIVE OUR BEST LIVES AT EVERY AGE. OUTCOME: PEOPLE ACHIEVE THEIR PERSONAL HEALTH AND WELL-BEING GOALS PROGRAMS: YMCA MEMBERSHIP FOR ALL COOKING AND NUTRITION CLASSES PERSONAL TRAINING GROUP FITNESS WATER EXERCISE FITNESS FOR OLDER ADULTS STRENGTH AND CONDITIONING YOUTH/ADULT SPORTS LEAGUES RUNNING CLUBS WEIGHT LOSS PROGRAM AND WEIGHT MAINTENANCE PROGRAMMING EVIDENCE-BASED HEALTH: TO PROVIDE PROGRAMS THAT ADDRESS THE CONNECTIVITY OF PHYSICAL AND SOCIAL NEEDS INCLUDING CHILDHOOD OBESITY, FALL PREVENTION, AND CANCER SURVIVORSHIP OUTCOME: EMPHASIZE PREVENTION FOR ALL PEOPLE, INCLUDING THOSE AT-RISK OR RECLAIMING THEIR HEALTH, AND PARTNERING WITH THOSE WHO INFLUENCE HEALTH. ADAPT PROGRAMMING TO ENSURE ACCESSIBILITY AND SUCCESSFUL OUTCOMES THAT FIT EACH INDIVIDUAL. PROGRAMS: LIVESTRONG @ THE Y ADDRESSING HEALTH DISPARITIES: EMPOWERING ALL TO LIVE WELL THROUGH EDUCATION, ACCESS, AND EQUITY BY PROVIDING ACCESS TO HEALTHY FOOD AND OPPORTUNITIES TO BECOME PHYSICALLY ACTIVE. OUTCOME: THE HEALTHY CHOICE IS THE EASY, ACCESSIBLE, AND AFFORDABLE CHOICE, ESPECIALLY IN COMMUNITIES WITH GREATER HEALTH DISPARITIES. PROGRAMS: FINANCIAL ASSISTANCE, HEALTHY U, COOKING MATTERS, MICHIGAN HARVEST OF THE MONTH, HEALTHY CORNER STORES, VEGGIE VANS, COMMUNITY FITNESS CLASSES, NUTRITION IN ACTION</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION</p>	<p>FOR MORE THAN 150 YEARS, THE Y HAS BEEN LISTENING TO THE NEEDS OF THE COMMUNITY AND RESPONDING TO THOSE NEEDS THROUGH THE EXTENSION AND CREATION OF CURRICULUM THAT SEEKS LONG-TERM, SUSTAINABLE CHANGE AND STRENGTHENS THE FOUNDATIONS OF OUR COMMUNITY. THE Y WELCOMES PEOPLE OF ALL BACKGROUNDS AND BELIEFS AND FOSTERS A CULTURE OF CARING, HONESTY, RESPECT, RESPONSIBILITY, AND INCLUSION. THE Y'S MEMBERSHIP, PROGRAMS, AND NEIGHBORHOOD INITIATIVES MAKE THE ORGANIZATION A COMMUNITY CORNERSTONE FOR YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY</p> <p>YOUTH DEVELOPMENT - EMPOWERING YOUNG PEOPLE TO REACH THEIR FULL POTENTIAL THE OBJECTIVE OF THE Y'S YOUTH DEVELOPMENT PROGRAMS IS TO PREPARE CHILDREN FOR SCHOOL AND TO SUPPORT THEIR YEAR-ROUND SUCCESS AS LEARNERS AND FUTURE CITIZENS AND WORKFORCE MEMBERS. WE ARE ENHANCING EVIDENCE-BASED EARLY LEARNING, OUT-OF-SCHOOL-TIME AND SUMMER LEARNING LOSS PREVENTION CURRICULUMS TO IMPROVE THE ACADEMIC OUTCOMES OF EVERY CHILD AND TEEN IN OUR CARE. OUR PROGRAMMING ALIGNS THE Y'S STRENGTHS WITH KEY EDUCATIONAL AND DEVELOPMENTAL MILESTONES. OUR PROGRAM LEADERS POSITION YOUTH FOR KINDERGARTEN READINESS, READING CONFIDENCE, ACADEMIC SUCCESS, ENGAGED CITIZENSHIP, AND CAREER AND COLLEGE READINESS.</p> <p>AT THE Y, OUR GOAL IS TO SEE A COMMUNITY OF HEALTHY, CONNECTED, AND SUCCESSFUL YOUTH SURROUNDED BY A NETWORK OF TRUSTED ROLE MODELS. WE DO NOT JUST TEACH PROGRAMS LIKE SWIMMING OR SOCCER, AND WE DO NOT JUST FEED CHILDREN. WE HELP BUILD CONFIDENCE, INSTILL TRUST, CELEBRATE TEAMWORK, CULTIVATE HEALTHY EATING HABITS, AND PROVIDE ROLE MODELS TO STRUCTURE LEARNING ENVIRONMENTS INFUSED WITH PLAY. WE EDUCATE, STIMULATE, AND CELEBRATE YOUTH BECAUSE WE INVEST IN THE EDUCATION AND PROFESSIONAL DEVELOPMENT OF OUR CHILDCARE PROFESSIONALS. WE PARTNER WITH SCHOOLS, COMMUNITY HUBS, AND CHURCHES TO IMPROVE ACCESS TO HEALTHY CHOICES WITH ACADEMIC FOCUS IN THEIR NEIGHBORHOOD LOCATIONS AND SERVE IN PARTNERSHIP WITH LEADERS AND EDUCATORS IN THESE SPACES AND IN LEADING ORGANIZATIONS THAT GATHER EXPERTS, THOUGHT LEADERS, AND CHAMPIONS FOR THE WORK. WE CONVENE WITH COMMUNITY ORGANIZATIONS TO PROVIDE EXPERIENCES THAT EXPAND THINKING, EXPLORE INTERESTS, AND STRETCH CAPACITIES FOR THE BETTERMENT OF ALL.</p> <p>YOUTH DEVELOPMENT PROGRAMS</p> <p>EARLY LEARNING: OUR EARLY LEARNING PROGRAMS PROVIDE HIGH-QUALITY PHYSICAL, EMOTIONAL, AND COGNITIVE EXPERIENCES, WHILE PROVIDING PARENTS WITH CONFIDENCE, TOOLS, AND SUPPORT THEY NEED TO BETTER CARE FOR THEIR CHILDREN FROM BIRTH TO AGE FIVE.</p> <p>OUTCOME: MORE CHILDREN START KINDERGARTEN EQUIPPED WITH THE SKILLS FOR SUCCESS IN SCHOOL WITH A HISTORY OF SUPPORT REACHING DEVELOPMENTAL MILESTONES.</p> <p>PROGRAMS: EARLY CHILDHOOD EDUCATION GREAT START READINESS PROGRAMS EARLY HEAD START PROGRAMS</p> <p>OUT-OF-SCHOOL TIME LEARNING AND LEADERSHIP DEVELOPMENT: TO PROVIDE ACADEMIC INTERVENTION, ENRICHMENT OPPORTUNITIES, SOCIAL-EMOTIONAL LEARNING, AND HEALTH AND WELL-BEING ACTIVITIES THROUGHOUT THE SCHOOL YEAR AND DURING THE SUMMER. SPECIFIC PROGRAM ELEMENTS INCLUDE CHARACTER DEVELOPMENT EDUCATION, MATH, SCIENCE, READING, WELLNESS AND NUTRITION, FAMILY ENGAGEMENT, TUTORING, LIFE AND CAREER SKILLS, COLLEGE AND CAREER EXPLORATION, AND SERVICE LEARNING.</p> <p>OUTCOME: IMPROVE GRADES, PREVENT SUMMER LEARNING LOSS, REDUCE RISK-TAKING ACTIVITIES, ENHANCE SOFT SKILLS, AND CULTIVATE CHARACTER DEVELOPMENT</p> <p>PROGRAMS: BEFORE AND AFTER SCHOOL CARE, LOOP, IMPACT AFTER SCHOOL PROGRAM, YOUTH SPORTS, YMCA CAMP MANITOU-LIN, LEADERS/COUNSELORS IN TRAINING, SUMMER TEEN LEADERSHIP ACADEMY, TED RASBERRY YOUTH LEAGUE (BASEBALL/SOFTBALL), YOUTH IN GOVERNMENT, COOKING MATTERS, SUMMER RESIDENT CAMPS, SUMMER DAY CAMPS</p> <p>HEALTHY LIVING - IMPROVING INDIVIDUAL AND COMMUNITY WELL-BEING</p> <p>THE HEALTHY LIVING OBJECTIVE OF THE Y IS GROUNDED IN IMPROVING HEALTH OUTCOMES IN WEST MICHIGAN THROUGH SUSTAINABLE, HEALTHIER LIFESTYLE CHOICES. THE Y WALKS ALONGSIDE HEALTH LEADERS AND CONVENERS TO PROVIDE SERVICE AND SUPPORT STRUCTURES FOR OUR NEIGHBORS. CRITICAL NEEDS IDENTIFIED THROUGH NEIGHBORHOOD SURVEYS, COMMUNITY HEALTH ASSESSMENTS, SURVEY DATA, AND FEEDBACK FROM MEMBERS AND PROGRAM PARTICIPANTS SHAPE HOW PROGRAMS ARE PROMOTED AND DELIVERED. TOGETHER, THESE EFFORTS ARE AIMED AT TRANSFORMING THE HEALTH SYSTEM FROM ONE FOCUSED ON THE TREATMENT OF ILLNESSES TO ONE ELEVATING WELL-BEING, PREVENTION, AND HEALTH MAINTENANCE. OUR PROGRAMMING REMAINS DEDICATED TO RECLAIMING HEALTH, EMPHASIZING SUPPORT STRUCTURES IN THE COMMUNITY, ACHIEVING PERSONALIZED HEALTH AND WELL-BEING GOALS, AND CREATING AN ACCESSIBLE, AFFORDABLE PATHWAY TO CHOICES THAT TRANSFORM THE INDIVIDUAL AND INFLUENCE FAMILY AND FRIENDS.</p> <p>HEALTHY LIVING PROGRAMS</p> <p>HEALTH, WELL-BEING, AND FITNESS: TO PROVIDE THE RESOURCES AND GUIDANCE TO MAINTAIN OR IMPROVE HEALTH AND WELLNESS, SO WE ALL LIVE OUR BEST LIVES AT EVERY AGE.</p> <p>OUTCOME: PEOPLE ACHIEVE THEIR PERSONAL HEALTH AND WELL-BEING GOALS</p> <p>PROGRAMS: YMCA MEMBERSHIP FOR ALL, COOKING AND NUTRITION CLASSES, PERSONAL TRAINING, GROUP FITNESS, WATER EXERCISE, FITNESS FOR OLDER ADULTS, STRENGTH AND CONDITIONING, YOUTH/ADULT SPORTS LEAGUES, RUNNING CLUBS, WEIGHT LOSS OR MAINTENANCE PROGRAMMING</p> <p>EVIDENCE-BASED HEALTH: TO PROVIDE PROGRAMS THAT ADDRESS THE CONNECTIVITY OF PHYSICAL AND SOCIAL NEEDS INCLUDING CHILDHOOD OBESITY, FALL PREVENTION, AND CANCER SURVIVORSHIP</p> <p>OUTCOME: EMPHASIZE PREVENTION FOR ALL PEOPLE, INCLUDING THOSE AT-RISK OR RECLAIMING THEIR HEALTH, AND PARTNERING WITH THOSE WHO INFLUENCE HEALTH. ADAPT PROGRAMMING TO ENSURE ACCESSIBILITY AND SUCCESSFUL OUTCOMES THAT FIT EACH INDIVIDUAL.</p> <p>PROGRAMS: LIVESTRONG @ THE Y</p> <p>ADDRESSING HEALTH DISPARITIES: EMPOWERING ALL TO LIVE WELL THROUGH EDUCATION, ACCESS, AND EQUITY BY PROVIDING ACCESS TO HEALTHY FOOD AND OPPORTUNITIES TO BECOME PHYSICALLY ACTIVE.</p> <p>OUTCOME: THE HEALTHY CHOICE IS THE EASY, ACCESSIBLE, AND AFFORDABLE CHOICE, ESPECIALLY IN COMMUNITIES WITH GREATER HEALTH DISPARITIES.</p> <p>PROGRAMS: FINANCIAL ASSISTANCE, HEALTHY U. COOKING MATTERS, MICHIGAN HARVEST OF THE MONTH, HEALTHY CORNER STORES, VEGGIE VANS, COMMUNITY FITNESS CLASSES, NUTRITION IN ACTION</p>

Return Reference - Identifier	Explanation
	<p>SOCIAL RESPONSIBILITY - PROVIDING SUPPORT AND INSPIRING ACTION IN OUR COMMUNITIES. THE SOCIAL RESPONSIBILITY OBJECTIVE OF THE Y FOSTERS CONNECTEDNESS, STRENGTHENS SUPPORT NETWORKS, AND ENCOURAGES INVESTMENTS IN OUR COMMUNITIES. THE Y ACTIVATES RESOURCES AND ENGAGES PEOPLE FROM DIVERSE POPULATIONS AND PERSPECTIVES FOR INDIVIDUAL AND COLLECTIVE ACTION. OUR PROGRAMMING ADDRESSES CRITICAL SOCIAL ISSUES AFFECTING OUR COMMUNITIES INFORMED BY THE NEIGHBORS AND COMMUNITIES WE SERVE. WE SEEK TO ENSURE UNDER-RESOURCED COMMUNITIES FEEL SUPPORTED BY THE Y, MOBILIZE VOLUNTEERS TO GIVE THEIR TIME WHERE IT IS NEEDED, AND COLLABORATE WITH OTHERS TO STRENGTHEN DELIVERY MODELS AND OUTCOMES. FURTHER, WE COLLABORATE WITH OTHER YS, OTHER ORGANIZATIONS, AND THE BUSINESS COMMUNITY TO DEVELOP LOCAL, STATE, AND NATIONAL PATHWAYS TO IMPROVED OUTCOMES FOR ALL.</p> <p>CULTIVATING AND CELEBRATING THE FINANCIAL GIFTS OF OTHERS REMAINS INTEGRAL TO THE Y'S WORK AS A MISSION-DRIVEN ORGANIZATION LED BY PHILANTHROPISTS OF ALL TYPES. THROUGH THE SUPPORT OF OUR VOLUNTEERS, GRANTS, AND PUBLIC AND PRIVATE DONORS, WE CAN ESTABLISH THE COLLECTIVE RESOURCES TO CREATE IMPACTFUL CHANGE.</p> <p>SOCIAL RESPONSIBILITY EFFORTS PROVIDING CRITICAL SERVICES: TO COLLABORATE WITH LOCAL PARTNERS TO PROVIDE INNOVATIVE SOLUTIONS THAT IMPROVE THE HEALTH OF OUR COMMUNITY, WITH SPECIAL EMPHASIS ON VULNERABLE FAMILIES AND UNDERSERVED NEIGHBORHOODS. INTENTIONAL-DESIGNED PROGRAMS ELIMINATE BARRIERS TO GOOD HEALTH BY FOCUSING ON EMPOWERING ALL TO LIVE WELL.</p> <p>OUTCOME: STRONGER, MORE CONNECTED COMMUNITIES AND RESPONSIBLE, CIVIC-MINDED CITIZENS</p> <p>PROGRAMS: FLEXIBLE PRICING, FINANCIAL ASSISTANCE, FOOD SERVICE PROGRAM, COOKING MATTERS, SAFETY AROUND WATER UNIVERSAL DESIGN AND ACCESS VOLUNTEER OPPORTUNITIES ANNUAL CAMPAIGN YOUTH IN GOVERNMENT Y-USA NATIONAL ADVOCACY DAYS INVESTING TO REMOVE BARRIERS: TO SERVE AS A CATALYST FOR POSITIVE CHANGE IN COMMUNITIES, BRINGING PEOPLE TOGETHER, AND PROVIDING MULTIPLE PATHWAYS TOWARD MEANINGFUL CONNECTION, AWARENESS, AND TRANSFORMATIVE CHANGE FOR BOTH THOSE SERVING AND SEEKING A MEANINGFUL DIFFERENCE IN THEIR OWN LIVES.</p> <p>OUTCOME: INCREASED PHILANTHROPIC INVESTMENT AND VOLUNTEER ENGAGEMENT, AS WELL AS A SHARED SOCIAL CONTRACT FOR EQUITABLE ACCESS FOR ALL</p> <p>PROGRAMS: BOARD VOLUNTEER LEADERSHIP, CAMPAIGN VOLUNTEER CHAMPIONS, PROGRAM VOLUNTEERS, SAFETY AROUND WATER (SAW), FOOD ACCESS</p> <p>STRENGTHENING COMMUNITY CONNECTIVITY: TO ADVOCATE FOR STRATEGIES AND SOLUTIONS THAT ADDRESS KEY SOCIAL ISSUES AND STRENGTHEN COMMUNITIES. THE INVESTMENT IN OUR HEALTH PAYS DIVIDENDS FOR ALL. THE WORK DONE TOGETHER RESPECTS THE INTERCONNECTED COMMUNITY WE CREATE.</p> <p>OUTCOME: MORE PARTNERSHIPS AND COLLABORATIONS THAT WILL STRENGTHEN THE WELL-BEING OF COMMUNITIES.</p> <p>PROGRAMS/INITIATIVES: TED RASBERRY LEAGUE (BASEBALL/SOFTBALL), KENT COUNTY'S ESSENTIAL NEEDS TASK FORCE AND FOOD POLICY COUNCIL, HEALTHY EQUITY TASK FORCE, NEIGHBORHOOD COALITIONS</p>
<p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION</p>	<p>WE DO NOT JUST FEED CHILDREN. WE HELP BUILD CONFIDENCE, INSTILL TRUST, CELEBRATE TEAMWORK, CULTIVATE HEALTHY EATING HABITS, AND PROVIDE ROLE MODELS TO STRUCTURE LEARNING ENVIRONMENTS INFUSED WITH PLAY. WE EDUCATE, STIMULATE, AND CELEBRATE YOUTH BECAUSE WE INVEST IN THE EDUCATION AND PROFESSIONAL DEVELOPMENT OF OUR CHILDCARE PROFESSIONALS. WE PARTNER WITH SCHOOLS, COMMUNITY HUBS, AND CHURCHES TO IMPROVE ACCESS TO HEALTHY CHOICES WITH ACADEMIC ELEMENTS IN THEIR TRUSTED NEIGHBORHOOD LOCATIONS AND SERVE IN PARTNERSHIP WITH TRUSTED LEADERS AND EDUCATORS IN THESE SPACES AND IN LEADING ORGANIZATIONS THAT GATHER EXPERTS, THOUGHT LEADERS, AND CHAMPIONS FOR THE WORK. WE CONVENE WITH COMMUNITY ORGANIZATIONS TO PROVIDE EXPERIENCES THAT EXPAND THINKING, EXPLORE INTERESTS, AND STRETCH CAPACITIES FOR THE BETTERMENT OF ALL. YOUTH DEVELOPMENT PROGRAMS</p> <p>EARLY LEARNING: OUR EARLY LEARNING PROGRAMS PROVIDE HIGH-QUALITY PHYSICAL, EMOTIONAL, AND COGNITIVE EXPERIENCES, WHILE PROVIDING PARENTS WITH CONFIDENCE, TOOLS, AND SUPPORT THEY NEED TO BETTER CARE FOR THEIR CHILDREN FROM BIRTH TO AGE FIVE.</p> <p>OUTCOME: MORE CHILDREN START KINDERGARTEN EQUIPPED WITH THE SKILLS FOR SUCCESS IN SCHOOL WITH A HISTORY OF SUPPORT REACHING DEVELOPMENTAL MILESTONES.</p> <p>PROGRAMS: EARLY CHILDHOOD EDUCATION GREAT START READINESS PROGRAMS EARLY HEAD START PROGRAMS</p> <p>OUT-OF-SCHOOL TIME LEARNING AND LEADERSHIP DEVELOPMENT: TO PROVIDE ACADEMIC INTERVENTION, ENRICHMENT OPPORTUNITIES, SOCIAL-EMOTIONAL LEARNING, AND HEALTH AND WELL-BEING ACTIVITIES THROUGHOUT THE SCHOOL YEAR AND DURING THE SUMMER. SPECIFIC PROGRAM ELEMENTS INCLUDE CHARACTER DEVELOPMENT EDUCATION, MATH AND SCIENCE, READING, WELLNESS AND NUTRITION, PARENT AND FAMILY ENGAGEMENT, TUTORING, LIFE AND CAREER SKILLS, COLLEGE AND CAREER EXPLORATION, AND SERVICE LEARNING.</p> <p>OUTCOME: IMPROVE GRADES, PREVENT SUMMER LEARNING LOSS, REDUCE RISK-TAKING ACTIVITIES, ENHANCE SOFT SKILLS, AND CULTIVATE CHARACTER DEVELOPMENT</p> <p>PROGRAMS: BEFORE AND AFTER SCHOOL CARE LOOP IMPACT AFTER SCHOOL PROGRAM YOUTH SPORTS YMCA CAMP MANITOU-LIN LEADERS/COUNSELORS IN TRAINING (LIT/CIT) SUMMER TEEN LEADERSHIP ACADEMY TED RASBERRY YOUTH LEAGUE (BASEBALL/SOFTBALL) YOUTH IN GOVERNMENT COOKING MATTERS SUMMER RESIDENT CAMPS SUMMER DAY CAMPS</p>

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FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>MISSION-DRIVEN ORGANIZATION LED BY PHILANTHROPISTS OF ALL TYPES. THROUGH THE SUPPORT OF OUR VOLUNTEERS, GRANTS, AND PUBLIC AND PRIVATE DONORS, WE CAN ESTABLISH THE COLLECTIVE RESOURCES TO CREATE IMPACTFUL CHANGE.</p> <p>SOCIAL RESPONSIBILITY EFFORTS PROVIDING CRITICAL SERVICES: TO COLLABORATE WITH LOCAL PARTNERS TO PROVIDE INNOVATIVE SOLUTIONS THAT IMPROVE THE HEALTH OF OUR COMMUNITY, WITH SPECIAL EMPHASIS ON VULNERABLE FAMILIES AND UNDERSERVED NEIGHBORHOODS. INTENTIONAL-DESIGNED PROGRAMS ELIMINATE BARRIERS TO GOOD HEALTH BY FOCUSING ON EMPOWERING ALL TO LIVE WELL.</p> <p>OUTCOME: STRONGER, MORE CONNECTED COMMUNITIES AND RESPONSIBLE, CIVIC-MINDED CITIZENS</p> <p>PROGRAMS: FLEXIBLE PRICING / FINANCIAL ASSISTANCE FOOD SERVICE PROGRAM COOKING MATTERS SAFETY AROUND WATER UNIVERSAL DESIGN AND ACCESS VOLUNTEER OPPORTUNITIES ANNUAL CAMPAIGN YOUTH IN GOVERNMENT Y-USA NATIONAL ADVOCACY DAYS INVESTING TO REMOVE BARRIERS: TO SERVE AS A CATALYST FOR POSITIVE CHANGE IN COMMUNITIES, BRINGING PEOPLE TOGETHER, AND PROVIDING MULTIPLE PATHWAYS TOWARD MEANINGFUL CONNECTION, AWARENESS, AND TRANSFORMATIVE CHANGE FOR BOTH THOSE SERVING AND THOSE SEEKING A MEANINGFUL DIFFERENCE IN THEIR OWN LIVES.</p> <p>OUTCOME: INCREASED PHILANTHROPIC INVESTMENT AND VOLUNTEER ENGAGEMENT, AS WELL AS A SHARED SOCIAL CONTRACT FOR EQUITABLE ACCESS FOR ALL</p> <p>PROGRAMS: ASSOCIATION BOARD VOLUNTEER LEADERSHIP BRANCH BOARD VOLUNTEER LEADERSHIP CAMPAIGN VOLUNTEER CHAMPIONS PROGRAM VOLUNTEERS SAFETY AROUND WATER (SAW) FOOD ACCESS</p> <p>STRENGTHENING COMMUNITY CONNECTIVITY: TO ADVOCATE FOR STRATEGIES AND SOLUTIONS THAT ADDRESS KEY SOCIAL ISSUES AND STRENGTHEN COMMUNITIES. THE INVESTMENT IN OUR KIDS, OUR HEALTH, AND OUR NEIGHBORS PAYS DIVIDENDS FOR ALL. THE WORK DONE TOGETHER RESPECTS THE INTERCONNECTED COMMUNITY WE CREATE.</p> <p>OUTCOME: MORE PARTNERSHIPS AND COLLABORATIONS THAT WILL STRENGTHEN THE WELL-BEING OF COMMUNITIES.</p> <p>PROGRAMS/INITIATIVES: TED RASBERRY LEAGUE (BASEBALL/SOFTBALL) CAMP MANITOU-LIN CAMP PREP DAYS PARTICIPATION IN THE KENT COUNTY'S ESSENTIAL NEEDS TASK FORCE AND FOOD POLICY COUNCIL HEALTHY EQUITY TASK FORCE NEIGHBORHOOD COALITIONS</p>					
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 WAS REVIEWED IN DETAIL BY THE Y'S CEO, CFO/CIO AND TREASURER. THE FORM WAS PROVIDED TO THE Y'S BOARD OF DIRECTORS FOR APPROVAL PRIOR TO FILING.					
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>FORM FILLED OUT ANNUALLY. ALL ARE REVIEWED BY THE PRESIDENT/CEO.</p> <p>PRESIDENT/CEO REVIEWS ANY ISSUES WITH THE EXECUTIVE COMMITTEE AND THEY DECIDE WHAT ACTION TO TAKE.</p>					
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>COMPENSATION COMMITTEE</p> <p>THE EXECUTIVE COMPENSATION COMMITTEE IS COMMISSIONED BY THE YMCA BOARD OF DIRECTORS TO DETERMINE THE APPROPRIATE TOTAL COMPENSATION OF THE YMCA'S PRESIDENT/CEO AND OTHER "DISQUALIFIED PERSONS," AS DEFINED BY THE INTERNAL REVENUE SERVICE. THE COMMITTEE MAY RECEIVE, EVALUATE, ACCEPT OR MODIFY RECOMMENDATIONS FROM THE PRESIDENT/CEO FOR SENIOR LEVEL EXECUTIVES AND OTHER DISQUALIFIED PERSONS IN ADDITION TO THE PRESIDENT/CEO.</p>					
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	FOR SENIOR LEVEL EXECUTIVES AND OTHER DISQUALIFIED PERSONS IN ADDITION TO THE PRESIDENT/CEO.					
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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 UPON REQUEST.					
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" data-bbox="467 1465 1513 1530"> <thead> <tr> <th data-bbox="467 1465 1304 1499">(a) Description</th> <th data-bbox="1312 1465 1513 1499">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1499 1304 1530">INTEREST RATE SWAP ADJUSTMENT</td> <td data-bbox="1312 1499 1513 1530">3,309,863</td> </tr> </tbody> </table>		(a) Description	(b) Amount	INTEREST RATE SWAP ADJUSTMENT	3,309,863
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