

Return of Organization Exempt From Income Tax

2023

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

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

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

A For the 2023 calendar year, or tax year beginning		, 2023, and ending	
B Check if applicable	C Name of organization YMCA OF METROPOLITAN DETROIT		D Employer identification number
<input type="checkbox"/> Address change	Doing business as		38-1358055
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Initial return	1401 BROADWAY		SUITE 3A
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 28,436,596
<input type="checkbox"/> Amended return	DETROIT, MI 48226		
<input type="checkbox"/> Application pending	F Name and address of principal officer PARRISH UNDERWOOD SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
J Website	WWW YMCADETROIT.ORG		H(c) Group exemption number
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 1852	M State of legal domicile MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3	40
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	4	38
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	1,267
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	6	1,155
	6 Total number of volunteers (estimate if necessary)	7a	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11		
		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	11,977,335	7,461,404	
9 Program service revenue (Part VIII, line 2g)	14,402,915	17,008,889	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	220,819	2,859,954	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,443	179,462	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,639,512	27,509,709	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	107,090	1,317,300
	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)	14,326,030	15,076,658
	16a Professional fundraising fees (Part IX, column (A), line 11e)	184,276	60,571
	b Total fundraising expenses (Part IX, column (D), line 25)	886,131	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	12,795,174	14,223,813
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	27,412,570	30,678,342
19 Revenue less expenses. Subtract line 18 from line 12	(773,058)	(3,168,633)	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	48,280,122	40,691,390
	21 Total liabilities (Part X, line 26)	18,459,404	15,425,332
	22 Net assets or fund balances. Subtract line 21 from line 20	29,820,718	25,266,058

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	<i>Michelele Kotas</i>	CFO	<i>10-14-24</i>
	Signature of officer	Date	
MICHELLE KOTAS KOTAS, CHIEF FINANCIAL OFFICER			
Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name AMY CIMINELLO	Preparer's signature <i>AMY CIMINELLO</i>	Date 06/21/2024	Check <input type="checkbox"/> if self-employed	PTIN P00769388
	Firm's name PLANTE & MORAN, PLLC		Firm's EIN 38-1357951		
	Firm's address P O BOX 307, SOUTHFIELD, MI 48037-0307		Phone no (248) 352-2500		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2023)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission

THE YMCA OF METROPOLITAN DETROIT IS A VOLUNTEER LED PUBLIC CHARITY THAT INCLUDES MEN, WOMEN, AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES AND RELIGIONS OUR MISSION IS TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported4a (Code.) (Expenses \$ 10,408,573 including grants of \$) (Revenue \$ 6,946,398)

CHILD CARE AND DAY CAMP

THE YMCA OFFERS CHILDREN AND PARENTS A SAFE AND CARING PLACE TO GROW, SUPPORTING PARENTS' EFFORTS TO NURTURE THEIR CHILDREN'S HEALTHY DEVELOPMENT TRAINED AND CERTIFIED STAFF PROVIDE AFFORDABLE, HIGH-QUALITY CARE FOR PEACE OF MIND AND FAMILY SUCCESS IN 2023, OVER 1,500 CHILDREN PARTICIPATED IN AGE-APPROPRIATE ENJOYABLE CHILD CARE EXPERIENCES YMCA CHILD CARE, INCLUDING AFTER-SCHOOL CARE, IS OFFERED IN LICENSED LOCATIONS THROUGHOUT SOUTHEAST MICHIGAN AND INCLUDES YOUTH FITNESS TO ENSURE A HEALTHY LIFESTYLE AT THE EARLIEST AGE

ONE OF THE BEST WAYS TO GIVE CHILDREN A HEAD START IN LIFE IS THROUGH THE QUALITY CHILD CARE PROGRAMS AT THE YMCA BUT ANYONE WITH CHILDREN KNOWS EVEN THE MOST AFFORDABLE CHILD CARE PROGRAM IS A CONSIDERABLE FINANCIAL RESPONSIBILITY FOR SOME, WITHOUT THE HELP OF THE YMCA ANNUAL (CONTINUED ON SCHEDULE O)

4b (Code) (Expenses \$ 3,974,129 including grants of \$) (Revenue \$ 1,140,500)

AQUATICS

SWIMMING LESSONS, AS WE KNOW THEM TODAY, WERE INVENTED AT THE DETROIT YMCA IN 1910 BEFORE SPREADING THROUGHOUT THE YMCA NATIONAL MOVEMENT LEARNING TO SWIM AT THE YMCA IS MORE THAN STROKE DEVELOPMENT TRAINED, CERTIFIED AND SENSITIVE STAFF GAVE PERSONAL ATTENTION TO OVER 8,200 PROGRAM PARTICIPANTS IN 2023 TO ENSURE QUALITY AND SAFETY YMCA AQUATICS PROGRAMS ARE AVAILABLE TO ALL AGES AND SKILL LEVELS THROUGH GUIDED DISCOVERY ACTIVITIES AND CREATIVE TEACHING METHODS, EACH LEVEL OF THE YMCA SWIM LESSON PROGRAM TEACHES AGE-APPROPRIATE SKILLS PARTICIPANTS ARE TAUGHT IN SMALL GROUPS WITH OTHERS OF THEIR OWN AGE AND SKILL LEVEL THE Y'S APPROACH TO SWIM LESSONS PROVIDES FOR MORE ACTIVE INVOLVEMENT AND A BETTER FUNDAMENTAL UNDERSTANDING OF SWIMMING YMCA OF METROPOLITAN DETROIT SWIM TEAMS ALSO PLAY AN IMPORTANT ROLE IN BUILDING SELF-ESTEEM, CONFIDENCE AND TEAM SPIRIT SEVERAL YMCA BRANCHES SUPPORT SWIM TEAMS INCLUDING THE BIRMINGHAM YMCA TEAM OF NATIONAL REPUTATION

4c (Code) (Expenses \$ 2,476,454 including grants of \$) (Revenue \$ 7,530,294)

HEALTH AND WELL-BEING FOR ALL

YMCA MEMBERS ARE FULL PARTNERS IN PURSUING THE MISSION OF THE YMCA AND PARTICIPATING IN A VARIETY OF PROGRAMS THAT DEVELOP A HEALTHY BODY, MIND AND SPIRIT MEMBERSHIP BENEFITS INCLUDE ACCESS TO CERTAIN CLASSES, PREFERRED RATES FOR PROGRAMS, ACCESS TO FACILITIES, ACCESS TO YMCA RESIDENT CAMPS, YMCA CHILDWATCH, AND OPPORTUNITIES TO VOLUNTEER AND CONTRIBUTE TO COMMUNITY BETTERMENT ACTIVITIES ALMOST 40,000 PEOPLE OF ALL AGES, ETHNICITIES AND ABILITIES ARE MEMBERS OF THE YMCA THE MEMBERSHIP IS EQUALLY DIVIDED BETWEEN MALE AND FEMALE AND NUMEROUS MEMBERS ALSO SERVE IN A VARIETY OF VOLUNTEER ROLES GIVING BACK TO THEIR RESPECTIVE COMMUNITIES LIKE ALL OUR PROGRAMS, SCHOLARSHIP ASSISTANCE FOR MEMBERS THAT REQUIRE FINANCIAL ASSISTANCE IS AVAILABLE THROUGH OUR ANNUAL CAMPAIGN MORE THAN 10 PERCENT OF YMCA MEMBERS RECEIVE SCHOLARSHIP OR SUBSIDY SUPPORT IN SOME FORM

4d Other program services (Describe on Schedule O)

(Expenses \$ 6,326,833 including grants of \$ 1,317,300) (Revenue \$ 1,391,697)

4e Total program service expenses 23,185,989

Part IV Checklist of Required Schedules

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

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

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

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? If "Yes," complete Schedule C, Part III

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

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

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

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

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

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

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

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

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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? If "Yes," complete Schedule F, Parts II and IV

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? If "Yes," complete Schedule F, Parts III and IV

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

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

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

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

	Yes	No
1	✓	
2	✓	
3		✓
4	✓	
5		✓
6		✓
7		✓
8		✓
9		✓
10	✓	
11a	✓	
11b		✓
11c		✓
11d		✓
11e	✓	
11f	✓	
12a		✓
12b	✓	
13		✓
14a		✓
14b	✓	
15	✓	
16		✓
17	✓	
18	✓	
19		✓
20a		✓
20b		
21	✓	

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? If "Yes," complete Schedule I, Parts I and III	22	✓
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? If "Yes," complete Schedule J	23	✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	✓
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	✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	✓
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? If "Yes," complete Schedule L, Part I	25a	✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	✓
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? If "Yes," complete Schedule L, Part II	26	✓
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? If "Yes," complete Schedule L, Part III	27	✓
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)	28a	✓
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28b	✓
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28c	✓
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	29	✓
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	30	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	34	✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a	✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	✓
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)? If "Yes," complete Schedule R, Part V, line 2	36	✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	✓
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		

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	49
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	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			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	1,267	
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? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓	
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?			
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?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
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?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
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?			
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.				
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? If "No," provide an explanation on Schedule O	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?	15	✓	
If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	✓	
If "Yes," complete Form 4720, Schedule O.				
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?	17		
If "Yes," complete Form 6069.				

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	40
1b	Enter the number of voting members included on line 1a, above, who are independent	1b	38
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	✓
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?	3	✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	✓
6	Did the organization have members or stockholders?	6	✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	✓
a	The governing body?	8b	✓
b	Each committee with authority to act on behalf of the governing body?	9	✓
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		

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?		
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?		
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? <i>If "No," go to line 13</i>		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done.</i>		
13	Did the organization have a written whistleblower policy?		
14	Did the organization have a written document retention and destruction policy?		
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		
b	Other officers or key employees of the organization		
	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?		
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
MICHELLE KOTAS, 1401 BROADWAY STE 3A, DETROIT, MI 48226, (313) 267-5300

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) HELENE WEIR	50 0									
PRESIDENT & CEO	5 0	✓	✓					299,746	0	30,083
(2) MICHELLE KOTAS	50 0			✓				150,476	0	30,885
CFO	5 0			✓						
(3) LORIE URANGA	50 0					✓		145,191	0	29,940
SVP PROPERTIES & FACILITIES	0 0					✓		143,325	0	19,860
(4) LATITIA MCCREE	50 0					✓		116,980	0	27,458
SVP COMMUNICATIONS AND MARKETING	0 0					✓		117,536	0	23,983
(5) KYLE ANDERSON	50 0					✓		121,936	0	12,917
VP OF OPERATIONS	0 0					✓				
(6) LYNETTE WATSON-SIMMONS	50 0					✓		97,529	0	14,143
VP OF OPERATIONS-COMMUNITY INITIATIVES	0.0					✓		43,582	0	1,923
(7) LISA MULLIN	50 0					✓				
VP FINANCE & RISK MANAGEMENT / CONTROLLER	5 0					✓				
(8) DARCI WEST	50 0					✓				
CHRO	0 0		✓							
(9) PARRISH UNDERWOOD	50 0	✓	✓							
SECRETARY	5 0	✓	✓							
(10) ARTHUR KUBERT	3 0									
TREASURER	0 0	✓	✓					0	0	0
(11) ERIC HUFFMAN	4 0									
CHAIR OF THE BOARD	0 0	✓	✓					0	0	0
(12) GAIL VON STADEN	2 0									
VICE CHAIR	0 0	✓	✓					0	0	0
(13) MARYANN KANARY	2 0							0	0	0
VICE CHAIR	0 0	✓	✓					0	0	0
(14) AMANDA STUBBE	1 0							0	0	0
BOARD MEMBER	0 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			
(15) AMY SCHADEN	2 0								
BOARD MEMBER	0 0	✓					0	0	0
(16) ANTHONY CATALINA	1 0								
BOARD MEMBER	0 0	✓					0	0	0
(17) ANTHONY CRACCHIOLI	2 0								
BOARD MEMBER	2 0	✓					0	0	0
(18) BENJAMIN SMITH	1 0								
BOARD MEMBER	0 0	✓					0	0	0
(19) DARREN CAMERON	1 0								
BOARD MEMBER	0 0	✓					0	0	0
(20) DAVID ALLEN	2 0								
BOARD MEMBER	0 0	✓					0	0	0
(21) DR KENNETH BOLLIN	1 0								
BOARD MEMBER	0 0	✓					0	0	0
(22) DURANT CRUM	1 0								
BOARD MEMBER	0 0	✓					0	0	0
(23) EVELYN CAISE	1 0								
BOARD MEMBER	0 0	✓					0	0	0
(24) GARY FORHAN	1 0								
BOARD MEMBER	0 0	✓					0	0	0
(25) (SEE STATEMENT)									
1b Subtotal							1,236,301	0	191,192
c Total from continuation sheets to Part VII, Section A							0	0	0
d Total (add lines 1b and 1c)							1,236,301	0	191,192

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 7

	Yes	No
3		✓
4	✓	
5	✓	

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
24/7/365 INCORPORATED, 803 E 9 MILE, HAZEL PARK, MI 48030	PROFESSIONAL CLEANING SERVICES	405,899
JOHNSON CONTROLS, INC, PO BOX 905240, CHARLOTTE, NC 28290	MECHANICAL ENGINEERING	374,560
AUDACY, INC, PO BOX 77093, CLEVELAND, MI 44194-0015	MARKETING/ADVERTISING	242,105
ROAD RUNR MAINTENANCE, PO BOX 5935, TROY, MI 48007	PROFESSIONAL CLEANING SERVICES	156,867
SERVICE PRO, 44300 GRAND RIVER, NOVI, MI 48375	PLUMBING REPAIR SERVICES	112,763

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 RevenueCheck 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	467,153			
	d Related organizations . . .	1d	0			
	e Government grants (contributions)	1e	4,423,450			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,570,801			
	g Noncash contributions included in lines 1a-1f	1g	\$ 46,817			
	h Total. Add lines 1a-1f		7,461,404			
Program Service Revenue		Business Code				
	2a MEMBERSHIP REVENUE		7,530,294	7,530,294		
	b DAY CAMP REVENUE		3,486,063	3,486,063		
	c CHILDCARE REVENUE -- SCHOOL AGE		2,296,700	2,296,700		
	d RESIDENT CAMP REVENUE		718,295	718,295		
	e CHILDCARE REVENUE - INFANT/TODDLER/PRESCHOOL		445,340	445,340		
	f All other program service revenue .		2,532,197	2,532,197	0	0
	g Total. Add lines 2a-2f		17,008,889			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		221,388			221,388
	4 Income from investment of tax-exempt bond proceeds		0			0
	5 Royalties		0			0
	6a Gross rents . . .	(i) Real	(ii) Personal			
	6a	0	0			
	6b	0	0			
	6c	0	0			
	d Net rental income or (loss)		0	0	0	0
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	7a	67,868	3,179,931			
	b Less: cost or other basis and sales expenses .	7b	64,009	545,224		
	c Gain or (loss) . . .	7c	3,859	2,634,707		
	d Net gain or (loss)		2,638,566	0	0	2,638,566
	8a Gross income from fundraising events (not including \$ 467,153 of contributions reported on line 1c). See Part IV, line 18 . . .	8a	367,256			
	b Less: direct expenses . . .	8b	317,654			
	c Net income or (loss) from fundraising events . . .		49,602		0	49,602
	9a Gross income from gaming activities. See Part IV, line 19 . .	9a	0			
	b Less: direct expenses . . .	9b	0			
	c Net income or (loss) from gaming activities . . .		0	0	0	0
	10a Gross sales of inventory, less returns and allowances . . .	10a	0			
	b Less: cost of goods sold . . .	10b	0			
	c Net income or (loss) from sales of inventory . . .		0	0	0	0
Miscellaneous Revenue		Business Code				
	11a OTHER REVENUE	541900	16,574	0	0	16,574
	b CONVENIENCE ITEMS	101043	59,552	0	0	59,552
	c ERC INTEREST PAYMENT	541900	42,636	0	0	42,636
	d All other revenue	541900	11,098	0	0	11,098
	e Total. Add lines 11a-11d		129,860			
	12 Total revenue. See Instructions		27,509,709	17,008,889	0	3,039,416

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,246,000	1,246,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	44,300	44,300		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	27,000	27,000		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	668,368	0	443,167	225,201
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	11,771,170	9,892,947	1,766,448	111,775
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	603,753	440,211	144,073	19,469
9 Other employee benefits	905,126	618,558	234,020	52,548
10 Payroll taxes	1,128,241	849,353	237,299	41,589
11 Fees for services (nonemployees).				
a Management	65,462	0	52,226	13,236
b Legal	84,274	0	67,234	17,040
c Accounting	105,000	0	80,888	24,112
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	60,571			60,571
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.)	0	0	0	0
12 Advertising and promotion	843,039	144,692	697,778	569
13 Office expenses	426,385	311,534	106,990	7,861
14 Information technology	0	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	2,836,930	2,268,182	495,580	73,168
17 Travel	292,776	181,703	105,357	5,716
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	263,354	134,289	105,881	23,184
20 Interest	655,504	513,088	122,826	19,590
21 Payments to affiliates	310,713	0	310,713	0
22 Depreciation, depletion, and amortization	2,378,631	1,861,844	445,699	71,088
23 Insurance	0	0	0	0
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 REPAIRS AND MAINTENANCE	1,486,799	1,095,232	351,787	39,780
b PROGRAM AND OTHER SUPPLIES	1,692,103	1,605,681	59,145	27,277
c PROGRAM INSTRUCTION AND OTHER FEES	1,906,446	1,447,890	396,163	62,393
d EQUIPMENT RENTAL AND MA	89,616	69,626	18,367	1,623
e All other expenses	786,781	433,859	364,581	(11,659)
25 Total functional expenses. Add lines 1 through 24e	30,678,342	23,185,989	6,606,222	886,131
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 SheetCheck 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	3,745,785	1 2,210,827
	2 Savings and temporary cash investments	2,147,276	2 173,045
	3 Pledges and grants receivable, net	2,328,065	3 1,093,957
	4 Accounts receivable, net	2,161,296	4 847,818
	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	0	8 0
	9 Prepaid expenses and deferred charges	1,118,868	9 2,526,843
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 86,445,070	10b 33,453,352
	b Less, accumulated depreciation	10b 56,748,413	10c 29,696,657
	11 Investments—publicly traded securities	3,096,586	11 3,075,915
	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	228,894	15 1,066,328
	16 Total assets. Add lines 1 through 15 (must equal line 33)	48,280,122	16 40,691,390
Liabilities	17 Accounts payable and accrued expenses	2,017,792	17 2,015,443
	18 Grants payable	0	18 0
	19 Deferred revenue	1,906,037	19 954,132
	20 Tax-exempt bond liabilities	13,549,190	20 11,037,067
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	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	692,942	23 302,444
	24 Unsecured notes and loans payable to unrelated third parties	0	24 0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	293,443	25 1,116,246
	26 Total liabilities. Add lines 17 through 25	18,459,404	26 15,425,332
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions	24,640,702	27 21,153,769
	28 Net assets with donor restrictions	5,180,016	28 4,112,289
	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	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	30	
	31 Retained earnings, endowment, accumulated income, or other funds	31	
	32 Total net assets or fund balances	29,820,718	32 25,266,058
	33 Total liabilities and net assets/fund balances	48,280,122	33 40,691,390

Part XI Reconciliation of Net AssetsCheck 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	27,509,709
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,678,342
3	Revenue less expenses. Subtract line 2 from line 1	3	(3,168,633)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,820,718
5	Net unrealized gains (losses) on investments	5	95,000
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	(1,481,027)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	25,266,058

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990. Cash Accrual Other
If the organization changed its method of accounting from a prior year or checked "Other," explain 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
 Separate basis Consolidated basis 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
 Separate basis Consolidated basis 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 .

	Yes	No
2a	✓	
2b	✓	
2c	✓	
3a	✓	
3b		

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			
(25) GINO RONCELLI	1 0	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	0 0								
(26) JAMES M NICHOLSON	2 0	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	0 0								
(27) JAY FARNER	1 0	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	0 0								
(28) JEFF TERRILL	2 0	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	0 0								
(29) JEFFREY SOLIS	2.0	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	0 0								
(30) JIM SPANGLER	1 0	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	0 0								
(31) JOE VALENTINE	1 0	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	0 0								
(32) JOHN CARTER	2.0	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	2.0								
(33) JOSEPH MUSALLAM	1 0	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	0 0								
(34) KELLI ROGGE	1 0	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	0 0								
(35) KIM WALDMAN	1 0	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	0 0								
(36) MARIA MARTINEZ	1 0	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	0 0								
(37) MARITA GROBBEL	2 0	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	2 0								
(38) MICHAEL MCINERNEY	2 0	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	1 0								
(39) NINA PAYNE	1.0	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	0 0								
(40) PATRICE HAROLD	1 0	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	0 0								
(41) PAUL BALAS	2 0	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	0 0								
(42) RAY FINOCCHIO	2 0	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	0 0								
(43) ROBERT KRUSE	2 0	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	0 0								
(44) RONALD DENEWETH	2.0	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	0 0								

(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
		Former	Officer	Key employee	Highest compensated employee	Former			
Individual trustee or director	Institutional trustee								
(45) RONALD GANTNER	10	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	00								
(46) RONALD HINRICHES	10	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	00								
(47) TANJI GRANT	10	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	00								
(48) TRACEY KENTY	10	<input checked="" type="checkbox"/>					0	0	0
BOARD MEMBER	00								

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

2023**Open to Public
Inspection**

Name of the organization

YMCA OF METROPOLITAN DETROIT

Employer identification number

38-1358055

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)** (Complete Part III.)
- 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,361,238	15,043,071	13,348,019	11,977,335	7,461,404	56,191,067
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	8,361,238	15,043,071	13,348,019	11,977,335	7,461,404	56,191,067
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)						14,412,947
6 Public support. Subtract line 5 from line 4						41,778,120

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	8,361,238	15,043,071	13,348,019	11,977,335	7,461,404	56,191,067
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,738	5,940	38,249	177,285	221,388	455,600
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	605,943	89,167	309,573	507,265	497,116	2,009,064
11 Total support. Add lines 7 through 10						58,655,731
12 Gross receipts from related activities, etc. (see instructions)					12	81,120,863
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 2023 (line 6, column (f), divided by line 11, column (f))	14	71 23 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	67 63 %
16a 33^{1/3}% support test—2023. 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—2022. 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—2023. 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—2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV Supporting Organizations

(Complete only if you checked a box 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

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

b 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)? If "Yes," describe in **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.

c 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)? 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.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).

b **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?

c **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? If "Yes," provide detail in **Part VI**.

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? If "Yes," complete Part I of Schedule L (Form 990).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).

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))? If "Yes," provide detail in **Part VI**.

b 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? If "Yes," provide detail in **Part VI**.

c 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? If "Yes," provide detail in **Part VI**.

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)? If "Yes," answer line 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- 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?
- A family member of a person described on line 11a above?
- 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**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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).
- 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.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete line 2 below.
 - The organization is the parent of each of its supported organizations. Complete line 3 below.
 - The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- Activities Test. Answer lines 2a and 2b below.
 - 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
 - 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
 - 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**.
 - 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.

	Yes	No
2a		
2b		
3a		
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 V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (describe in <i>Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10
Section E—Distribution Allocations (see instructions)		(i) Excess Distributions
		(ii) Underdistributions Pre-2023
		(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6	
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i>). See instructions.	
3	Excess distributions carryover, if any, to 2023	
a	From 2018 . . .	
b	From 2019 . . .	
c	From 2020 . . .	
d	From 2021 . . .	
e	From 2022 . . .	
f	Total of lines 3a through 3e	
g	Applied to underdistributions of prior years	
h	Applied to 2023 distributable amount	
i	Carryover from 2018 not applied (see instructions)	
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
4	Distributions for 2023 from Section D, line 7: \$	
a	Applied to underdistributions of prior years	
b	Applied to 2023 distributable amount	
c	Remainder. Subtract lines 4a and 4b from line 4.	
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.	
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.	
7	Excess distributions carryover to 2024. Add lines 3 and 4c.	
8	Breakdown of line 7	
a	Excess from 2019 .	
b	Excess from 2020 .	
c	Excess from 2021 .	
d	Excess from 2022 .	
e	Excess from 2023 .	

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.)

Part VI

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						
	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	(1) OTHER INCOME	106,534	45,403	(1,393)	82,529	129,860	362,933
	(2) FUNDRAISING	499,409	43,764	310,966	424,736	367,256	1,646,131
	Total	605,943	89,167	309,573	507,265	497,116	2,009,064

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.**2023**

Name of the organization

YMCA OF METROPOLITAN DETROIT

Employer identification number

38-1358055

Organization type (check one).**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation**Check if your organization is covered by the General Rule or a Special Rule****Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 YMCA OF METROPOLITAN DETROIT	Employer identification number 38-1358055
------------------------------------------------------	----------------------------------------------

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

YMCA OF METROPOLITAN DETROIT

Employer identification number

38-1358055

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

SCHEDULE C
(Form 990)Department of the Treasury
Internal Revenue Service**Political Campaign and Lobbying Activities**

OMB No 1545-0047

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.**2023****Open to Public
Inspection****If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations. Complete Part III

Name of organization YMCA OF METROPOLITAN DETROIT	Employer identification number 38-1358055
------------------------------------------------------	----------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$
- 3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .														
b	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left; padding: 2px;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">not over \$500,000,</td> <td style="padding: 2px;">20% of the amount on line 1e</td> </tr> <tr> <td style="padding: 2px;">over \$500,000 but not over \$1,000,000,</td> <td style="padding: 2px;">\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td style="padding: 2px;">over \$1,000,000 but not over \$1,500,000,</td> <td style="padding: 2px;">\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td style="padding: 2px;">over \$1,500,000 but not over \$17,000,000,</td> <td style="padding: 2px;">\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td style="padding: 2px;">over \$17,000,000,</td> <td style="padding: 2px;">\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a Volunteers?	✓			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓			
c Media advertisements?		✓		
d Mailings to members, legislators, or the public?	✓		100	
e Publications, or published or broadcast statements?		✓		
f Grants to other organizations for lobbying purposes?		✓		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓		
i Other activities?		✓		
j Total Add lines 1c through 1i			100	
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-B, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE NEXT PAGE

Part IV

Supplemental Information. Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE ORGANIZATION PERIODICALLY ASKS BOARD MEMBERS, STAFF, AND VOLUNTEERS TO REACH OUT TO THEIR LOCAL LEGISLATORS TO SUPPORT FEDERAL AND STATE FUNDING OPPORTUNITIES TO CONTINUE TO PROVIDE IMPORTANT MISSION DRIVEN SERVICES IN THE COMMUNITY

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2023Open to Public
Inspection

Name of the organization

YMCA OF METROPOLITAN DETROIT

Employer identification number

38-1358055

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.

	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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

3 Using the organization's 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 d Loan or exchange program
 b Scholarly research e Other _____
 c Preservation for future generations

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	
1d	
1e	
1f	

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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 in 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 . . .	5,621,183	6,609,769	7,333,978	7,330,475	7,012,135
b Contributions	1,246,000	26,000	0		0
c Net investment earnings, gains, and losses	648,745	(983,245)	810,794	735,265	1,236,368
d Grants or scholarships	0	0	0		0
e Other expenditures for facilities and programs	0	0	1,500,000	700,000	882,291
f Administrative expenses	35,797	31,341	35,003	31,762	35,737
g End of year balance	7,480,131	5,621,183	6,609,769	7,333,978	7,330,475

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

a Board designated or quasi-endowment 53.30 %
 b Permanent endowment 46.70 %
 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.

	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			963,180		963,180
b Buildings			62,969,183	40,949,835	22,019,348
c Leasehold improvements			0	0	0
d Equipment			4,532,590	4,137,341	395,249
e Other			17,980,117	11,661,237	6,318,880

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 29,696,657

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, line 12, col (B))		

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, line 13, col (B))		

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, line 15, col (B))	

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) OBLIGATIONS UNDER LIFE INCOME CONTRACTS		49,739
(3) LEASE LIABILITIES - OPERATING		955,703
(4) LEASE LIABILITIES - FINANCE		110,804
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col (B))		1,116,246

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

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

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

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

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

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

Part XIII Supplemental Information

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

SEE STATEMENT

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE ENDOWMENT FUND OF THE YMCA OF METROPOLITAN DETROIT SUPPORTS A MYRIAD OF YMCA BRANCH PRIORITIES FROM CAMPING SCHOLARSHIPS AT CAMP OHIYESA AND NISSOKONE, TO DAY CAMP SCHOLARSHIPS AT MULTIPLE BRANCHES ACROSS SOUTHEAST MICHIGAN TO THE Y-ACHIEVERS PROGRAMMING SERVING THE CITY OF DETROIT AND OTHER COMMUNITIES. DESIGNATED GIFTS TO SEVERAL YMCA BRANCHES SUPPORT SPECIFIC PROGRAMS SUCH AS YMCA SWIM TEAMS AND LITERACY INITIATIVES IN ACCORDANCE WITH THE WISHES OF THE ORIGINAL DONORS. THE ENDOWMENT IS HELD BY THE YMCA FOUNDATION, A RELATED ENTITY
SCHEDULE D, PART VI - ASSETS HELD FOR SALE	DURING THE YEAR ENDED DECEMBER 31, 2020, THE ASSOCIATION ELECTED TO CLOSE THREE BRANCH LOCATIONS. AT YEAR ENDED DECEMBER 31, 2023, THE BUILDING AND EQUIPMENT ASSOCIATED WITH ONE OF THE CLOSED BRANCHES ARE CLASSIFIED AS HELD FOR SALE AND ARE INCLUDED IN THE VALUES REPORTED IN SCHEDULE D, PART VI, LAND, BUILDINGS AND EQUIPMENT
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	EXPLANATION: THE ASSOCIATION IS AN ORGANIZATION DESCRIBED IN INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) AND, AS SUCH, IS EXEMPT FROM TAXATION UNDER IRC SECTION 501(A). ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ASSOCIATION AND RECOGNIZE A TAX LIABILITY IF THE ASSOCIATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ASSOCIATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2023, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ASSOCIATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO DECEMBER 31, 2020.

**SCHEDULE F
(Form 990)****Statement of Activities Outside the United States**

OMB No 1545-0047

2023**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceComplete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

YMCA OF METROPOLITAN DETROIT

Employer identification number
38-1358055**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		17,000
(2) SOUTH AMERICA	0	0	GRANTMAKING		10,000
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			27,000
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			27,000

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

Cat No 50082W

Schedule F (Form 990) 2023

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		EUROPE (INCLUDING ICELAND AND GREENLAND)	TO SUPPORT YMCA OF THE USA WORLD SERVICES FOR UKRAINE	17,000	CHECK PAYABLE TO YMCA OF THE USA WORLD SERVICES				0
(2)		SOUTH AMERICA	TO SUPPORT YMCA OF THE USA WORLD SERVICES FOR BOGOTA	10,000	CHECK PAYABLE TO YMCA OF THE USA WORLD SERVICES				0
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

2

0

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, *Return by a U.S. Transferor of Property to a Foreign Corporation* (see Instructions for Form 926) Yes No

2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, *Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts*, and/or Form 3520-A, *Annual Information Return of Foreign Trust With a U.S. Owner* (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) Yes No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, *Information Return of U.S. Persons With Respect to Certain Foreign Corporations* (see Instructions for Form 5471) Yes No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, *Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund* (see Instructions for Form 8621) Yes No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, *Return of U.S. Persons With Respect to Certain Foreign Partnerships* (see Instructions for Form 8865) Yes No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, *International Boycott Report* (see Instructions for Form 5713; don't file with Form 990) Yes No

Part V

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions)

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE YMCA OF METROPOLITAN DETROIT MADE THESE GRANTS THROUGH THE YMCA OF THE USA WORLD SERVICES, AND THEREFORE RELIED ON YMCA-USA TO ENSURE THAT THE FUNDS ARE USED APPROPRIATELY
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL SOUTH AMERICA -ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL SOUTH AMERICA -ACCRUAL

**SCHEDULE G
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No 1545-0047

2023Open to Public
Inspection

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

YMCA OF METROPOLITAN DETROIT

Employer identification number

38-1358055

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

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

2b 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
1 DONOR BY DESIGN, PO BOX 7106, CAROL STREAM, IL 60197-7106	(SEE STATEMENT)	Yes	No	60,571		
			✓			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				0	60,571	0

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

MI

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 GOLF OUTINGS (event type)	(b) Event #2 RUNNING EVENTS (event type)	(c) Other events 13 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . .	720,813	50,074	63,522	834,409
	2 Less. Contributions . . .	456,135	0	11,018	467,153
	3 Gross income (line 1 minus line 2)	264,678	50,074	52,504	367,256
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages				0
	8 Entertainment				0
	9 Other direct expenses	309,511	4,669	3,474	317,654
	10 Direct expense summary. Add lines 4 through 9 in column (d)				317,654
	11 Net income summary. Subtract line 10 from line 3, column (d)				49,602

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

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

13 Indicate the percentage of gaming activity conducted in.

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

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

Name _____

Address _____

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

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

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

17 Mandatory distributions.

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

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

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

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 1	DEVELOP AND IMPLEMENT STRATEGIES TO GROW ANNUAL CAMPAIGN AND FACILITATE CAPITAL CAMPAIGN

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

2023**Open to Public
Inspection**

Name of the organization

YMCA OF METROPOLITAN DETROIT

Employer identification number

38-1358055

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?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

 Yes No**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) YMCA FOUNDATION 1401 BROADWAY, SUITE 3A, DETROIT, MI 48226	30-0187652	501(C)(3)	1,246,000				(SEE STATEMENT)
(2)							
(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 1

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) 2023

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 (SEE STATEMENT)	1	44,300			
2					
3					
4					
5					
6					
7					

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

(SEE STATEMENT)

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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 YMCA ACTIVELY ENGAGES IN VARIOUS MONITORING PROCEDURES THROUGHOUT THE YEAR, INCLUDING FORMAL MEETINGS, INFORMAL MEETINGS AND PERIODIC CHECK-INS WITH THE GRANTEES
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	YMCA FOUNDATION FROM TIME TO TIME THE YMCA RECEIVED BEQUESTS, PLANNED GIFTS, OR OTHER GIFTS. IN SOME CASES THESE GIFTS ARE RESTRICTED BY THE DONOR FOR ENDOWMENT PURPOSES AND IN OTHER CASES THESE GIFTS ARE DESIGNATED FOR ENDOWMENT BY MANAGEMENT AND THE BOARD OF DIRECTORS. THESE DONOR RESTRICTED GIFTS AND BOARD DESIGNATED GIFTS ARE TRANSFERRED TO THE YMCA FOUNDATION, A SEPARATE SUPPORT NON-PROFIT ORGANIZATION WHICH WAS ESTABLISHED TO PROVIDE INVESTMENT COUNSEL AND DIRECTION TO THE YMCA'S ENDOWMENT FUND
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	DIRECT CASH ASSISTANCE TO SUPPORT COMMUNITY FAMILY IN MEMORY OF Y STAFF

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

Complete if the organization answered "Yes" 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

2023

Open to Public
Inspection

Name of the organization

YMCA OF METROPOLITAN DETROIT

Employer identification number

38-1358055

Part I Questions Regarding Compensation

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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" 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)

	Yes	No
1a		
1b	✓	
2	✓	
3		
4a	✓	
4b	✓	
4c	✓	
5a	✓	
5b	✓	
6a	✓	
6b	✓	
7	✓	
8	✓	
9		

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

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

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.

<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 type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?
b Participate in or receive payment from a supplemental nonqualified retirement plan?
c Participate in or receive payment from an equity-based compensation arrangement?

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

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

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

a The organization?
b Any related organization?

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

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

a The organization?
b Any related organization?

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

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

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

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

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	(i)	(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 HELENE WEIR 1 PRESIDENT & CEO	(i)	260,286	0	39,460	28,842	1,241	329,829	0
	(ii)	0	0	0	0	0	0	0
2 MICHELLE KOTAS 2 CFO	(i)	129,753	5,000	15,723	15,195	15,690	181,361	0
	(ii)	0	0	0	0	0	0	0
3 LORIE URANGA 3 SVP PROPERTIES & FACILITIES	(i)	130,641	5,000	9,550	14,228	15,712	175,131	0
	(ii)	0	0	0	0	0	0	0
4 LATITIA MCCREE 4 SVP COMMUNICATIONS AND MARKETING	(i)	137,163	5,000	1,162	14,442	5,418	163,185	0
	(ii)	0	0	0	0	0	0	0
5	(i)							
6	(i)							
7	(i)							
8	(i)							
9	(i)							
10	(i)							
11	(i)							
12	(i)							
13	(i)							
14	(i)							
15	(i)							
16	(i)							
	(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE DETROIT ATHLETIC CLUB ON BEHALF OF THE PRESIDENT/CEO FOR BUSINESS PURPOSES IN PROMOTING THE YMCA. THE MEMBERSHIP IS USED EXCLUSIVELY FOR BUSINESS PURPOSES AND IS TREATED AS NONTAXABLE
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	THE CEO IS ELIGIBLE FOR AN ANNUAL BONUS INCENTIVE UP TO \$25,000 BASED ON PERFORMANCE GOALS AS PART OF THE CEO'S ANNUAL PERFORMANCE REVIEW. THE CEO COMPENSATION COMMITTEE DETERMINES THE AMOUNT OF THE ANNUAL BONUS INCENTIVE. THE CEO ALSO HAS DISCRETION TO PROVIDE MODEST BONUS INCENTIVE PAYMENTS TO SENIOR DIRECT REPORTS BASED ON PERFORMANCE GOALS

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

2023

Open to Public
Inspection

Name of the organization

YMCA OF METROPOLITAN DETROIT

Employer identification number

38-1358055

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
A	MICHIGAN STRATEGIC FUND	52-1417332	NONEAVAIL	06/27/2014	28,135,000	(SEE STATEMENT)	✓	✓	✓
B									
C									
D									

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	300,000			
2 Amount of bonds legally defeased	0			
3 Total proceeds of issue	28,135,000			
4 Gross proceeds in reserve funds	0			
5 Capitalized interest from proceeds	0			
6 Proceeds in refunding escrows	0			
7 Issuance costs from proceeds	441,323			
8 Credit enhancement from proceeds	0			
9 Working capital expenditures from proceeds	0			
10 Capital expenditures from proceeds	0			
11 Other spent proceeds	27,685,000			
12 Other unspent proceeds	8,677			
13 Year of substantial completion	2005			

	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) 2023

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 %		%		%		%	
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 %		%		%		%	
6 Total of lines 4 and 5	0 00 %		%		%		%	
7 Does the bond issue meet the private security or payment test?		✓						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		✓						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	✓							
b Exception to rebate?		✓						
c No rebate due?		✓						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	✓							

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	✓							
b Name of provider	(SEE STATEMENT)							
c Term of hedge	70							
d Was the hedge superintegrated?		✓						
e Was the hedge terminated?		✓						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		✓						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		✓						
7 Has the organization established written procedures to monitor the requirements of section 148?		✓						

Part V Procedures To Undertake Corrective Action

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

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

(SEE STATEMENT)

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	PROVIDE FUNDS TO REFUND TWO PRIOR ISSUES DATED 11/13/03 AND 5/1/2001
SCHEDULE K, PART IV, COLUMN (A) - LINE 4B	HUNTINGTON NATIONAL BANK

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

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.

2023

Open to Public
Inspection

Name of the organization

YMCA OF METROPOLITAN DETROIT

Employer identification number

38-1358055

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	✓	1	25,000	MARKET VALUE
7 Boats and planes				
8 Intellectual property	✓	3	21,817	SELLING COST
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (_____)				
26 Other (_____)				
27 Other (_____)				
28 Other (_____)			0	

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

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?

	Yes	No
30a		✓

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?

31		✓
----	--	---

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

32a		✓
-----	--	---

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	SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS CARS AND OTHER VEHICLES - NUMBER OF ITEMS RECEIVED

SCHEDULE O (Form 990) Department of Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ <small>Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information</small> <ul style="list-style-type: none"> ▶ Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information 	OMB No 1545-0047 2023 Open to Public Inspection
Name of the Organization YMCA OF METROPOLITAN DETROIT		Employer Identification Number 38-1358055

Return Reference - Identifier	Explanation						
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>CAMPAIGN, IT WOULDN'T EVEN BE A POSSIBILITY THAT IS WHY THE ANNUAL CAMPAIGN HELPS BUILD STRONG FAMILIES OF ALL SIZES BY OFFERING MUCH NEEDED FINANCIAL ASSISTANCE FOR CHILD CARE</p> <p>SUMMER DAY CAMP IS ALSO OFFERED AT EVERY YMCA OF METROPOLITAN DETROIT BRANCH, AND ENROLLMENT OFTEN FILLS UP QUICKLY BUT THE YMCA PROVIDES SEVERAL DIFFERENT SUMMER CAMP EXPERIENCES - CAMP OHIYESA IN HOLLY, CAMP NISSOKONE IN OSCODA OR MULTIPLE DAY CAMP LOCATIONS THROUGHOUT SOUTHEAST MICHIGAN. IN 2023, OVER 1,500 CHILDREN ATTENDED CAMP IN THE SUMMER. FOUR OF EVERY TEN CHILDREN IN YMCA DAY CAMP ARE PROVIDED SUBSIDY ASSISTANCE FROM OUR ANNUAL CAMPAIGN. LAST YEAR, THE ASSOCIATION RAISED OVER \$1 MILLION TO SUPPORT FAMILIES AND CHILDREN TO ENABLE THEIR FULL PARTICIPATION IN NURTURING PROGRAMS.</p>						
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$6,326,833 INCLUDING GRANTS OF \$1,317,300)(REVENUE \$1,391,697) THE YMCA OFFERS AFFORDABLE PROGRAMS AND SERVICES IN HEALTHY LIVING, YOUTH DEVELOPMENT AND SOCIAL RESPONSIBILITY DESIGNED TO BENEFIT FAMILIES OF ALL INCOMES AND BACKGROUNDS. FEES ARE BASED ON THE ACTUAL COST TO PROVIDE EACH PROGRAM. CANDIDATES QUALIFY TO RECEIVE SCHOLARSHIPS FOR MEMBERSHIP AND PROGRAMS IF THEY ARE LOW INCOME. THE AMOUNT THEY PAY IS BASED ON A SLIDING FEE SCALE WITH THE REMAINDER SUBSIDIZED BY THE YMCA THROUGH EITHER GRANT FUNDING AND/OR THE YMCA ANNUAL CAMPAIGN.						
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS FIRST REVIEWED BY THE AUDIT COMMITTEE. A DRAFT VERSION IS THEN EMAILED TO THE ENTIRE BOARD FOR REVIEW, WITH ANY COMMENTS OR QUESTIONS TO BE MADE WITHIN A CERTAIN NUMBER OF DAYS. THE FINAL VERSION OF THE FORM 990 IS FILED AFTER THE REVIEW OF THE AUDIT COMMITTEE AND THE BOARD.						
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	BOARD MEMBERS ARE REQUIRED TO COMPLETE THE CONFLICT OF INTEREST POLICY AND QUESTIONNAIRE ANNUALLY. THE AUDIT COMMITTEE REVIEWS RESPONSES TO THE QUESTIONNAIRE, DOCUMENTS POTENTIAL CONFLICTS AND THE STEPS TAKEN TO RESOLVE THE CONFLICTS. A SUMMARY REPORT IS PROVIDED TO THE EXECUTIVE COMMITTEE. ALSO, THE CHAIRMAN OF THE AUDIT COMMITTEE PERIODICALLY ADDRESSES THE ENTIRE BOARD TO REMIND THEM THAT SHOULD A POTENTIAL CONFLICT ARISE DURING THE YEAR, SINCE THE SUBMISSION OF THE LAST CONFLICT OF INTEREST POLICY AND QUESTIONNAIRE, EITHER THE AUDIT COMMITTEE OR THE CHAIRMAN OF THE BOARD SHOULD BE NOTIFIED IMMEDIATELY.						
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE EXECUTIVE COMPENSATION COMMITTEE DETERMINES THE COMPENSATION OF THE ORGANIZATION'S CEO/PRESIDENT. THE COMMITTEE IS COMPRISED OF THE IMMEDIATE PAST BOARD CHAIRMAN, THE CURRENT BOARD CHAIRMAN, AND THE FUTURE BOARD CHAIRMAN. THE CEO/PRESIDENT IS NOT INVOLVED IN THE REVIEW OR APPROVAL OF HIS OR HER OWN COMPENSATION. THE EXECUTIVE COMPENSATION COMMITTEE MET AT THE END OF THE YEAR TO COMPLETE A PERFORMANCE EVALUATION AND DETERMINE COMPENSATION DATA FOR COMPARABLE COMPENSATION FOR CEOs OF SIMILAR SIZED YMCA'S. WAS OBTAINED DURING THE REVIEW PROCESS FROM Y-USA. LEGAL COUNSEL IS ALSO CONSULTED, IF NECESSARY, PRIOR TO AND/OR DURING THE MEETING. THE EXECUTIVE COMPENSATION COMMITTEE PROVIDES THE ORGANIZATION WITH WRITTEN INSTRUCTIONS REGARDING THE COMPENSATION AND BONUS TO BE PAID TO THE CEO/PRESIDENT.						
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	PURSUANT TO THE REBUTTABLE PRESUMPTION REGULATIONS, THE BOARD HAS DELEGATED TO THE CEO/PRESIDENT THE AUTHORITY TO REVIEW AND DETERMINE THE COMPENSATION OF THE ORGANIZATION'S OFFICERS IN ACCORDANCE WITH THE COMPENSATION POLICY FOR THE SENIOR DIRECT REPORTS. ACCORDINGLY, THE CEO/PRESIDENT REVIEWS AND DETERMINES THE COMPENSATION OF SENIOR DIRECT REPORTS. THE CEO/PRESIDENT MEETS INDIVIDUALLY WITH EACH DIRECT REPORT IN A REVIEW SESSION TO REVIEW PROGRESS ON PRE-AGREED-UPON PERFORMANCE GOALS AND DETERMINE COMPENSATION DATA FOR COMPARABLE COMPENSATION FOR SIMILAR POSITIONS AT OTHER YMCA'S. WAS OBTAINED FROM Y-USA. FOLLOWING THE COMPLETION OF THIS PROCESS, THE CEO/PRESIDENT VERBALLY UPDATES THE CHAIRMAN OF THE BOARD AND THE CEO COMPENSATION COMMITTEE ON THE PERFORMANCE AND COMPENSATION OF SENIOR DIRECT REPORTS. IF THE CEO/PRESIDENT DETERMINES THAT REASONABLE COMPENSATION IS HIGHER THAN THE RANGE OF COMPARABILITY DATA, HE OR SHE SETS FORTH THE REASONS FOR MAKING THIS DETERMINATION.						
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE.						
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 75%;">(a) Description</th> <th style="width: 25%;">(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGE IN VALUE OF LIFE INCOME CONTRACTS</td> <td style="text-align: right;">18,973</td> </tr> <tr> <td>IMPAIRMENT LOSS ON ASSETS LISTED AS HELD FOR SALE</td> <td style="text-align: right;">- 1,500,000</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN VALUE OF LIFE INCOME CONTRACTS	18,973	IMPAIRMENT LOSS ON ASSETS LISTED AS HELD FOR SALE	- 1,500,000
(a) Description	(b) Amount						
CHANGE IN VALUE OF LIFE INCOME CONTRACTS	18,973						
IMPAIRMENT LOSS ON ASSETS LISTED AS HELD FOR SALE	- 1,500,000						

Return Reference - Identifier	Explanation
FORM 990, PART XII, LINE 2C - AUDIT COMMITTEE	EXPLANATION THE YMCA OF METROPOLITAN DETROIT'S AUDIT COMMITTEE OVERSEES THE AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANTS THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

2023**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Name of the organization

YMCA OF METROPOLITAN DETROIT

Employer identification number

38-1358055

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Y-EDUCATION SERVICES, L3C (27-2440308) 1401 BROADWAY, SUITE 3A, DETROIT, MI 48226	PROVIDE MGMT, SUPERVISION, AND ADMIN OVERSIGHT OF MI PUBLIC SCHOOL ACADEMIES	MI	0	699,067	YMCA OF METROPOLITAN DETROIT
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) YMCA FOUNDATION (30-0187652) 1401 BROADWAY BLVD, DETROIT, MI 48226	MANAGE ENDOWMENT FUNDS OF YMCA OF METROPOLITAN DETROIT	MI	501(C)(3)	12	YMCA OF METROPOLITAN DETROIT	✓	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat No 50135Y

Schedule R (Form 990) 2023

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a	✓	
1b	✓	
1c	✓	
1d	✓	
1e	✓	
1f	✓	
1g	✓	
1h	✓	
1i	✓	
1j	✓	
1k	✓	
1l	✓	
1m	✓	
1n	✓	
1o	✓	
1p	✓	
1q	✓	
1r	✓	
1s	✓	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	YMCA FOUNDATION	B	1,246,000	
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V–UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
									Yes	No	
(1) _____											
(2) _____											
(3) _____											
(4) _____											
(5) _____											
(6) _____											
(7) _____											
(8) _____											
(9) _____											
(10) _____											
(11) _____											
(12) _____											
(13) _____											
(14) _____											
(15) _____											
(16) _____											

Part VII

Supplemental Information. Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference - Identifier	Explanation
SCHEDULE R, PART V, LINE 2(D) - GIFTS AND GRANTS	SCHEDULE R, PART V, LINE 2 (1) COLUMN D AMOUNTS GRANTED TO THE YMCA FOUNDATION ARE DONOR RESTRICTED GIFTS AND BOARD DESIGNATED GIFTS GIVEN TO THE YMCA FOUNDATION TO INVEST ON THE YMCA OF METROPOLITAN DETROIT'S BEHALF

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or tax year beginning _____, 2023, and ending _____, 20_____

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
Go to www.irs.gov/Form8453TE for the latest information.

2023

Name of filer

YMCA OF METROPOLITAN DETROIT

EIN or SSN

38-1358055

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	27,509,709
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

11a I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

b If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) _____, (EIN) _____,

and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here *Michele Phatay* **CFO** *16-14-24* **CHIEF FINANCIAL OFFICER**
Signature of officer or person subject to tax Date Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-File Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name AMY CIMINELLO	Preparer's signature <i>Amelia C. Minello</i>	Date 06/13/2024	Check if self-employed <input type="checkbox"/>	PTIN P00769388
	Firm's name PLANTE & MORAN, PLLC				Firm's EIN 38-1357951
	Firm's address P.O. BOX 307, SOUTHFIELD, MI 48037-0307				Phone no. (248) 352-2500