

## PUBLIC DISCLOSURE COPY

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department 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](http://www.irs.gov/Form990) for instructions and the latest information.**2024**Open to Public  
Inspection

<b>A For the 2024 calendar year, or tax year beginning</b>		<b>, 2024, and ending</b>	
<b>B Check if applicable:</b> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> YMCA OF METROPOLITAN DETROIT Doing business as Number and street (or P.O. box if mail is not delivered to street address) <b>1401 BROADWAY</b> Room/suite <b>SUITE 3A</b> City or town, state or province, country, and ZIP or foreign postal code <b>DETROIT, MI 48226</b> <b>D Employer identification number</b> <b>38-1358055</b>	
		<b>E Telephone number</b> <b>(313) 267-5300</b>	
		<b>F Name and address of principal officer:</b> PARRISH UNDERWOOD <b>SAME AS C ABOVE</b>	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
<b>J Website:</b> <a href="http://WWW.YMCADETROIT.ORG">WWW.YMCADETROIT.ORG</a>		<b>H(c) Group exemption number</b> <b>1852</b>	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> <b>1852</b>	
<b>M State of legal domicile:</b> <b>MI</b>			

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b> <b>41</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b> <b>40</b>	
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a) . . . . .	<b>5</b> <b>1,225</b>	
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b> <b>1,507</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b> <b>0</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . .	<b>7b</b> <b>0</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b> <b>7,461,404</b>	<b>Current Year</b> <b>7,513,321</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	<b>17,008,889</b>	<b>17,512,937</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	<b>2,859,954</b>	<b>162,605</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	<b>179,462</b>	<b>157,881</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>27,509,709</b>	<b>25,346,744</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	<b>1,317,300</b>	<b>58,063</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	<b>0</b>	<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>15,076,658</b>	<b>15,048,696</b>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	<b>60,571</b>	<b>5,979</b>	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>844,934</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	<b>14,223,813</b>	<b>14,057,652</b>	
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	<b>30,678,342</b>	<b>29,170,390</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	<b>(3,168,633)</b>	<b>(3,823,646)</b>	
<b>Expenses</b>	<b>20</b> Total assets (Part X, line 16) . . . . .	<b>Beginning of Current Year</b> <b>40,691,390</b>	<b>End of Year</b> <b>34,933,612</b>
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	<b>15,425,332</b>	<b>14,411,099</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	<b>25,266,058</b>	<b>20,522,513</b>
<b>Part II Signature Block</b>			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
<b>Sign Here</b>	Signature of officer		Date
	<b>MICHELLE KOTAS KOTAS, CHIEF FINANCIAL OFFICER</b>		
Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>AMY CIMINELLO</b>		Check <input type="checkbox"/> if self-employed
	Firm's name <b>PLANTE &amp; MORAN, PLLC</b>	Firm's EIN <b>38-1357951</b>	PTIN <b>P00769388</b>
Firm's address <b>P.O. BOX 307, SOUTHFIELD, MI 48037-0307</b>	Phone no. <b>(248) 352-2500</b>		

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 

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 reported.

4a (Code: ) (Expenses \$ 9,261,105 including grants of \$ 0 ) (Revenue \$ 6,786,084 )

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 2024, OVER 2,000 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 \$ 4,363,279 including grants of \$ 0 ) (Revenue \$ 1,169,964 )

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 8,500 PROGRAM PARTICIPANTS IN 2024 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 \$ 2,696,861 including grants of \$ 0 ) (Revenue \$ 8,208,783 )

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 \$ 4,985,999 including grants of \$ 58,063 ) (Revenue \$ 1,348,106 )

4e Total program service expenses 21,307,244

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3 ✓	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	4 ✓	
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 . . . . .	5 ✓	
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 . . . . .	6 ✓	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	7 ✓	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8 ✓	
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 . . . . .	9 ✓	
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 . . . . .	10 ✓	
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 . . . . .	11a ✓	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	11b ✓	
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	11c ✓	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	11d ✓	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e ✓	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	11f ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	12a ✓	
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 . . . . .	12b ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13 ✓	
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a ✓	
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 . . . . .	14b ✓	
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 . . . . .	15 ✓	
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 . . . . .	16 ✓	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions . . . . .	17 ✓	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18 ✓	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19 ✓	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a ✓	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b ✓	
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 . . . . .	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	✓	
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	✓	
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	✓	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	✓	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
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		
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		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		
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	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	✓	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	✓	
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	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	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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
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	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O		

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 43	
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
<b>2a</b>	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	<b>2a</b>	1,225
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>	✓
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .	<b>3b</b>	
<b>4a</b>	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)? . . . . .	<b>4a</b>	✓
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	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? . . . . .	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>7a</b>	✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	✓
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<b>9a</b>	
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9b</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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 . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.	<b>17</b>	

**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

1a Enter the number of voting members of the governing body at the end of the tax year. . . . . **1a** 41

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.

1b Enter the number of voting members included on line 1a, above, who are independent . . . . . **1b** 40

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**  **8b**

a The governing body? . . . . . **9**

b Each committee with authority to act on behalf of the governing body? . . . . .

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.)

10a Did the organization have local chapters, branches, or affiliates? . . . . . **10a**

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . **10b**

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . **11a**

b Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . **12a**

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . **12b**

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. . . . . **12c**

13 Did the organization have a written whistleblower policy? . . . . . **13**

14 Did the organization have a written document retention and destruction policy? . . . . . **14**

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . . **15a**  **15b**

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? . . . . . **16a**

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . **16b**

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MI**

18 Section 6104 requires an organization to make its 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	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee				
(1) PARRISH UNDERWOOD	50.0									
PRESIDENT & CEO	5.0	✓		✓			246,746	0	7,795	
(2) MICHELLE KOTAS	50.0									
EXECUTIVE VP OF FINANCE AND OPERATIONS	5.0			✓			171,134	0	32,845	
(3) LATITIA MCCREE	50.0									
SENIOR VP OF COMMUNICATIONS & MARKETING	0.0						147,250	0	21,331	
(4) LISA MULLIN	50.0									
SENIOR VP OF CORPORATE SERVICES/ CHIEF PEOPLE OFFICER	5.0			✓			139,836	0	14,701	
(5) LYNETTE WATSON-SIMMONS	50.0									
SENIOR VP OF COMMUNITY INITIATIVES	0.0						128,477	0	24,941	
(6) KYLE ANDERSON	50.0									
VP OF OPERATIONS	0.0						102,112	0	23,220	
(7) LORIE URANGA	50.0									
SVP PROPERTIES & FACILITIES	0.0						111,425	0	11,246	
(8) ARTHUR KUBERT	3.0									
TREASURER	0.0	✓		✓			0	0	0	
(9) ERIC HUFFMAN	4.0									
CHAIR OF THE BOARD	0.0	✓		✓			0	0	0	
(10) GAIL VON STADEN	2.0									
VICE CHAIR	0.0	✓		✓			0	0	0	
(11) ALLYSON PARKER	1.0									
BOARD MEMBER	0.0	✓					0	0	0	
(12) AMANDA STUBBE	1.0									
BOARD MEMBER	0.0	✓					0	0	0	
(13) ANTHONY CATALINA	1.0									
BOARD MEMBER	0.0	✓					0	0	0	
(14) ANTHONY CRACCHIOLO	2.0									
BOARD MEMBER	2.0	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) BENJAMIN SMITH	1.0								
BOARD MEMBER	0.0	✓					0	0	0
(16) DARREN CAMERON	1.0								
BOARD MEMBER	0.0	✓					0	0	0
(17) DAVID ALLEN	2.0								
BOARD MEMBER	0.0	✓					0	0	0
(18) DONNA STALLINGS	1.0								
BOARD MEMBER	0.0	✓					0	0	0
(19) DURANT CRUM	1.0								
BOARD MEMBER	0.0	✓					0	0	0
(20) GARY FORHAN	1.0								
BOARD MEMBER	0.0	✓					0	0	0
(21) GINO RONCELLI	1.0								
BOARD MEMBER	0.0	✓					0	0	0
(22) IAN COLE	1.0								
BOARD MEMBER	0.0	✓					0	0	0
(23) JAMES M. NICHOLSON	2.0								
BOARD MEMBER	0.0	✓					0	0	0
(24) JAY FARNER	1.0								
BOARD MEMBER	0.0	✓					0	0	0
(25) (SEE STATEMENT)									
<b>1b Subtotal</b>							<b>1,046,980</b>	<b>0</b>	<b>136,079</b>
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>0</b>	<b>0</b>	<b>0</b>
<b>d Total (add lines 1b and 1c)</b>							<b>1,046,980</b>	<b>0</b>	<b>136,079</b>

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 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	✓

**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
JOHNSON CONTROLS, INC, PO BOX 905240, CHARLOTTE, NC 28290	MECHANICAL ENGINEERING	474,298
24/7/365 INCORPORATED, 803 E. 9 MILE, HAZEL PARK, MI 48030	PROFESSIONAL CLEANING SERVICES	434,235
AUDACY, INC, PO BOX 77093, CLEVELAND, MI 44194-0015	MARKETING/ADVERTISING	259,477
GREAT LAKES POWER, 30 W LANTZ, DETROIT, MI 48203	REPAIRS & MAINTENANCE	232,033
CROOK ELECTRIC CO., 6145 MILLETT, STERLING HEIGHTS, MI 48312	ELECTRICAL CONTRACTOR	219,820
<b>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</b>	<b>8</b>	

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>						
1a	Federated campaigns . . . . .	1a	0			
b	Membership dues . . . . .	1b	0			
c	Fundraising events . . . . .	1c	494,239			
d	Related organizations . . . . .	1d	366,368			
e	Government grants (contributions)	1e	4,079,360			
f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,573,354			
g	Noncash contributions included in lines 1a-1f . . . . .	1g	\$ 29,341			
h	<b>Total.</b> Add lines 1a-1f . . . . .		7,513,321			
<b>Program Service Revenue</b>		Business Code				
2a	<b>MEMBERSHIP REVENUE</b>	713940	8,208,783	8,208,783		
b	<b>DAY CAMP REVENUE</b>	624410	3,600,670	3,600,670		
c	<b>CHILDCARE REVENUE -- SCHOOL AGE</b>	624410	2,219,167	2,219,167		
d	<b>RESIDENT CAMP REVENUE</b>	624410	715,774	715,774		
e	CHILDCARE REVENUE -- INFANT/TODDLER/PRESCHOOL	624410	250,473	250,473		
f	All other program service revenue . .	611710	2,518,070	2,518,070	0	0
g	<b>Total.</b> Add lines 2a-2f . . . . .		17,512,937			
<b>Other Revenue</b>						
3	Investment income (including dividends, interest, and other similar amounts) . . . . .		143,062			143,062
4	Income from investment of tax-exempt bond proceeds					
5	Royalties . . . . .					
6a	Gross rents . .	(i) Real	(ii) Personal			
b	Less: rental expenses	6a				
c	Rental income or (loss)	6b				
d	Net rental income or (loss) . . . . .	6c	0	0		
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b	Less: cost or other basis and sales expenses . .	7a	30,901	27,301		
c	Gain or (loss) . .	7b	11,971	26,688		
d	Net gain or (loss) . . . . .	7c	18,930	613		
8a	Gross income from fundraising events (not including \$ 494,239 of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a	397,087			19,543
b	Less: direct expenses . . . . .	8b	342,561			
c	Net income or (loss) from fundraising events . . . . .		54,526			54,526
9a	Gross income from gaming activities. See Part IV, line 19 . .	9a				
b	Less: direct expenses . . . . .	9b				
c	Net income or (loss) from gaming activities . . . . .					
10a	Gross sales of inventory, less returns and allowances . . . . .	10a				
b	Less: cost of goods sold . . . . .	10b				
c	Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>		Business Code				
11a	<b>SITE ASSESSMENT REIMBURSEMENT</b>	541900	25,000			25,000
b	<b>CONVENIENCE ITEMS</b>	101043	59,651			59,651
c	<b>REBATE</b>	541900	12,000			12,000
d	All other revenue . . . . .	541900	6,704	0	0	6,704
e	<b>Total.</b> Add lines 11a-11d . . . . .		103,355			
12	<b>Total revenue.</b> See instructions . . . . .		25,346,744	17,512,937	0	320,486

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0	0		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	36,063	36,063		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	22,000	22,000		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	935,056	97,107	620,825	217,124
<b>6</b> 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
<b>7</b> Other salaries and wages . . . . .	11,602,123	9,744,630	1,731,939	125,554
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	631,664	447,967	153,371	30,326
<b>9</b> Other employee benefits . . . . .	799,881	539,543	217,148	43,190
<b>10</b> Payroll taxes . . . . .	1,079,972	821,592	221,305	37,075
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	271,367	0	263,558	7,809
<b>b</b> Legal . . . . .	39,409	0	38,275	1,134
<b>c</b> Accounting . . . . .	113,000	0	109,748	3,252
<b>d</b> Lobbying . . . . .	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	5,979			5,979
<b>f</b> Investment management fees . . . . .	0	0	0	0
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	0	0	0	0
<b>12</b> Advertising and promotion . . . . .	863,476	119,348	743,805	323
<b>13</b> Office expenses . . . . .	447,640	344,545	89,832	13,263
<b>14</b> Information technology . . . . .	0	0	0	0
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	3,203,777	2,491,140	622,504	90,133
<b>17</b> Travel . . . . .	270,941	153,297	110,337	7,307
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	262,929	129,883	124,647	8,399
<b>20</b> Interest . . . . .	554,957	429,653	108,589	16,715
<b>21</b> Payments to affiliates . . . . .	302,263	0	302,263	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	2,322,952	1,798,450	454,534	69,968
<b>23</b> Insurance . . . . .	0	0	0	0
<b>24</b> 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.) . . . . .				
<b>a</b> REPAIRS AND MAINTENANCE	1,399,142	1,114,712	246,541	37,889
<b>b</b> PROGRAM AND OTHER SUPPLIES	1,321,885	1,218,567	54,912	48,406
<b>c</b> PROGRAM INSTRUCTION AND OTHER FEES	1,548,355	1,062,350	419,082	66,923
<b>d</b> EQUIPMENT RENTAL AND MA	119,388	92,641	24,746	2,001
<b>e</b> All other expenses	1,016,171	643,756	360,251	12,164
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	29,170,390	21,307,244	7,018,212	844,934
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0	0	0	0

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing	2,210,827	1	1,982,273
	2 Savings and temporary cash investments	173,045	2	107,261
	3 Pledges and grants receivable, net	1,093,957	3	383,729
	4 Accounts receivable, net	847,818	4	260,255
	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	0
	8 Inventories for sale or use		0	0
	9 Prepaid expenses and deferred charges	2,526,843	9	1,906,692
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	85,945,366		
	b Less: accumulated depreciation	58,325,337	29,696,657	10c 27,620,029
	11 Investments—publicly traded securities		3,075,915	11 1,269,383
	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		1,066,328	15 1,403,990
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	40,691,390	16	34,933,612
<b>Liabilities</b>	17 Accounts payable and accrued expenses	2,015,443	17	2,099,718
	18 Grants payable	0	18	0
	19 Deferred revenue	954,132	19	989,635
	20 Tax-exempt bond liabilities	11,037,067	20	9,873,311
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		0	21 0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22 0
	23 Secured mortgages and notes payable to unrelated third parties	302,444	23	9,036
	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	1,116,246	25	1,439,399
	<b>26 Total liabilities.</b> Add lines 17 through 25	15,425,332	26	14,411,099
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input type="checkbox"/></b> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	21,153,769	27	17,508,935
	28 Net assets with donor restrictions	4,112,289	28	3,013,578
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/></b> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
	32 Total net assets or fund balances	25,266,058	32	20,522,513
	<b>33 Total liabilities and net assets/fund balances</b>	40,691,390	33	34,933,612

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	25,346,744
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	29,170,390
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	(3,823,646)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	4	25,266,058
5	Net unrealized gains (losses) on investments . . . . .	5	(16,484)
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	(903,415)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	10	20,522,513

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	✓
b	Were the organization's financial statements audited by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	✓
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.	2c	✓
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?	3a	✓
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 .	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) JEFF TERRILL	2.0	<input checked="" type="checkbox"/>					0	0
BOARD MEMBER	0.0						0	0
(26) JEFFREY SOLIS	2.0	<input checked="" type="checkbox"/>					0	0
BOARD MEMBER	0.0						0	0
(27) JENNY HALL	1.0	<input checked="" type="checkbox"/>					0	0
BOARD MEMBER	0.0						0	0
(28) JILL WILMOT	1.0	<input checked="" type="checkbox"/>					0	0
BOARD MEMBER	0.0						0	0
(29) JIM SPANGLER	1.0	<input checked="" type="checkbox"/>					0	0
BOARD MEMBER	0.0						0	0
(30) JOHN CARTER	2.0	<input checked="" type="checkbox"/>					0	0
BOARD MEMBER	2.0						0	0
(31) JOHN TAFELSKI	1.0	<input checked="" type="checkbox"/>					0	0
BOARD MEMBER	0.0						0	0
(32) JOSEPH VALENTINE	1.0	<input checked="" type="checkbox"/>					0	0
BOARD MEMBER	0.0						0	0
(33) KIM WALDMAN	1.0	<input checked="" type="checkbox"/>					0	0
BOARD MEMBER	0.0						0	0
(34) LISA REPICKY	1.0	<input checked="" type="checkbox"/>					0	0
BOARD MEMBER	0.0						0	0
(35) MARIA MARTINEZ	1.0	<input checked="" type="checkbox"/>					0	0
BOARD MEMBER	0.0						0	0
(36) MARITA GROBBEL	2.0	<input checked="" type="checkbox"/>					0	0
BOARD MEMBER	2.0						0	0
(37) MICHAEL MCINERNEY	2.0	<input checked="" type="checkbox"/>					0	0
BOARD MEMBER	1.0						0	0
(38) NICOLAS CUCINELLA	1.0	<input checked="" type="checkbox"/>					0	0
BOARD MEMBER	0.0						0	0
(39) PATRICE HAROLD	1.0	<input checked="" type="checkbox"/>					0	0
BOARD MEMBER	0.0						0	0
(40) PAUL BALAS	2.0	<input checked="" type="checkbox"/>					0	0
BOARD MEMBER	0.0						0	0
(41) RAY FINOCCHIO	2.0	<input checked="" type="checkbox"/>					0	0
BOARD MEMBER	0.0						0	0
(42) ROBERT KRUSE	2.0	<input checked="" type="checkbox"/>					0	0
BOARD MEMBER	0.0						0	0
(43) RONALD DENEWETH	2.0	<input checked="" type="checkbox"/>					0	0
BOARD MEMBER	0.0						0	0
(44) RONALD GANTNER	1.0	<input checked="" type="checkbox"/>					0	0
BOARD MEMBER	0.0						0	0



**SCHEDULE A**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024****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 must generally 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)						
<b>Total</b>						

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	15,043,071	13,348,019	11,977,335	7,461,404	7,513,321	55,343,150
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
<b>4 Total.</b> Add lines 1 through 3 . . . . .	<b>15,043,071</b>	<b>13,348,019</b>	<b>11,977,335</b>	<b>7,461,404</b>	<b>7,513,321</b>	<b>55,343,150</b>
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) . . . . .						11,371,410
<b>6 Public support.</b> Subtract line 5 from line 4						43,971,740

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4 . . . . .	15,043,071	13,348,019	11,977,335	7,461,404	7,513,321	55,343,150
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	5,940	38,249	177,285	221,388	143,062	585,924
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). . . . .	89,167	309,573	507,265	497,116	500,442	1,903,563
<b>11 Total support.</b> Add lines 7 through 10						57,832,637
12 Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	<b>70,406,211</b>
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	<b>76.03 %</b>
15 Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	<b>71.23 %</b>
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part 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)**

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.) . . . . .

	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

**Section B. Total Support****Calendar year (or fiscal year beginning in)**

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** . . . . .

	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9						
10a						
b						
c						
11						
12						
13						
14						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . . . **15** %

16 Public support percentage from 2023 Schedule A, Part III, line 15 . . . . . **16** %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f)) . . . . . **17** %

18 Investment income percentage from **2023** Schedule A, Part III, line 17 . . . . . **18** %

19a **33 1/3% support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

b **33 1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1		
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** 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?

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

**c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

Yes	No
11a	
11b	
11c	

**Section B. Type I Supporting Organizations**

**1** Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

**2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Yes	No
1	
2	

**Section C. Type II Supporting Organizations**

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

Yes	No
1	

**Section D. All Type III Supporting Organizations**

**1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

**2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

**3** By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Yes	No
1	
2	
3	

**Section E. Type III Functionally Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

**a**  The organization satisfied the Activities Test. Complete **line 2** below.

**b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.

**c**  The organization supported a governmental supported organization. Describe in **Part VI** how you supported a governmental supported organization (see instructions).

**2** Activities Test. **Answer lines 2a and 2b below.**

**a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

**b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

**3** Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**

**a** Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in **Part VI**.

**b** Did the organization direct 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.

**c** Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.

Yes	No
2a	
2b	
3a	
3b	
3c	

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

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.

<b>Section A—Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B—Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C—Distributable Amount</b>			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	<b>Distributable Amount.</b> 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)**

<b>Section D—Distributions</b>			<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b>	<b>Total annual distributions.</b> Add lines 1 through 5.	<b>6</b>	
<b>7</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>7</b>	
<b>8</b>	Distributable amount for 2024 from Section C, line 6	<b>8</b>	
<b>9</b>	Line 7 amount divided by line 8 amount	<b>9</b>	
<b>Section E—Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>
<b>1</b>	Distributable amount for 2024 from Section C, line 6		
<b>2</b>	Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.		
<b>3</b>	Excess distributions carryover, if any, to 2024		
<b>a</b>	From 2019 . . . . .		
<b>b</b>	From 2020 . . . . .		
<b>c</b>	From 2021 . . . . .		
<b>d</b>	From 2022 . . . . .		
<b>e</b>	From 2023 . . . . .		
<b>f</b>	<b>Total</b> of lines 3a through 3e		
<b>g</b>	Applied to underdistributions of prior years		
<b>h</b>	Applied to 2024 distributable amount		
<b>i</b>	Carryover from 2019 not applied (see instructions)		
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
<b>4</b>	Distributions for 2024 from Section D, line 7: \$		
<b>a</b>	Applied to underdistributions of prior years		
<b>b</b>	Applied to 2024 distributable amount		
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.		
<b>5</b>	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
<b>6</b>	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
<b>7</b>	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
<b>8</b>	Breakdown of line 7:		
<b>a</b>	Excess from 2020 . . .		
<b>b</b>	Excess from 2021 . . .		
<b>c</b>	Excess from 2022 . . .		
<b>d</b>	Excess from 2023 . . .		
<b>e</b>	Excess from 2024 . . .		

## 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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 7; 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						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) OTHER INCOME	45,403	(1,393)	82,529	129,860	103,355	359,754
	(2) FUNDRAISING	43,764	310,966	424,736	367,256	397,087	1,543,809
	Total	89,167	309,573	507,265	497,116	500,442	1,903,563

**Schedule B  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

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 foundationCheck 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 $\frac{1}{3}$ % 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 I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b>1</b>		\$ 383,333	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>2</b>		\$ 155,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>3</b>		\$ 195,236	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>4</b>		\$ 296,171	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>5</b>		\$ 3,164,202	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>6</b>		\$ 169,838	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

YMCA OF METROPOLITAN DETROIT

Employer identification number

38-1358055

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 354,899	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 366,368	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 173,517	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
		\$ _____	_____

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
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	

**SCHEDULE C  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities****For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024****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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 <b>YMCA OF METROPOLITAN DETROIT</b>	Employer identification number (EIN) <b>38-1358055</b>
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**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 EINs 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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>										
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .												
<b>d</b>	Other exempt purpose expenditures . . . . .												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.												
<b>IF the amount on line 1e, column (a) or (b) is:</b> <b>THEN the lobbying nontaxable amount is:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>		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.		
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.												
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .												
<b>j</b>	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.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2021</b>	<b>(b) 2022</b>	<b>(c) 2023</b>	<b>(d) 2024</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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).	
a Current year . . . . .	2a
b Carryover from last year . . . . .	2b
c Total . . . . .	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . . .	3
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)**

(Rev. January 2025)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open 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 . . . . .	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements . . . . .	2a
c Number of conservation easements on a certified historic structure included on line 2a . . . . .	2b
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 . . . . .	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year . . . . .	2d
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	

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 . . . . .	7,480,131	5,621,183	6,609,769	7,333,978	7,330,475
b Contributions . . . . .	0	1,246,000	26,000	0	
c Net investment earnings, gains, and losses . . . . .	694,641	648,745	(983,245)	810,794	735,265
d Grants or scholarships . . . . .	0	0	0	0	
e Other expenditures for facilities and programs . . . . .	366,368	0	0	1,500,000	700,000
f Administrative expenses . . . . .	39,035	35,797	31,341	35,003	31,762
g End of year balance . . . . .	7,769,369	7,480,131	5,621,183	6,609,769	7,333,978

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

a Board designated or quasi-endowment 55.00 %  
 b Permanent endowment 45.00 %  
 c Term endowment 0.00 %

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

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

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	
3a(ii)	<input checked="" type="checkbox"/>	
3b	<input checked="" type="checkbox"/>	

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

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

**Part VI Land, Buildings, and Equipment**

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		0	63,183		63,183
b Buildings . . . . .		0	63,064,684	42,376,191	20,688,493
c Leasehold improvements . . . . .		0	0	0	0
d Equipment . . . . .		0	4,488,680	4,141,139	347,541
e Other . . . . .		0	18,328,819	11,808,007	6,520,812

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) . . . . . 27,620,029

**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) . . . . .		
<b>Total.</b> (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) . . . . .		
<b>Total.</b> (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) . . . . .	
<b>Total.</b> (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) <b>OBLIGATIONS UNDER LIFE INCOME CONTRACTS</b>	53,154
(3) <b>LEASE LIABILITIES - OPERATING</b>	591,237
(4) <b>LEASE LIABILITIES - FINANCE</b>	795,008
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	1,439,399

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 . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
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 . . . . .	4c	
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 . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
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 . . . . .	4c	
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**

## Part XIII

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

Return Reference - Identifier	Explanation
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, 2024, 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, 2024, 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, 2021.

**SCHEDULE F  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

Complete 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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		12,000
(2) SOUTH AMERICA	0	0	GRANTMAKING		10,000
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Subtotal . . . . .</b>	<b>0</b>	<b>0</b>			<b>22,000</b>
<b>b Total from continuation sheets to Part I . . . . .</b>	<b>0</b>	<b>0</b>			<b>0</b>
<b>c Totals (add lines 3a and 3b)</b>	<b>0</b>	<b>0</b>			<b>22,000</b>

**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	12,000	CHECK PAYABLE TO THE 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 THE 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**

3 Enter total number of other organizations or entities . . . . . **0**

**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**

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**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

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**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)**

(Rev. January 2025)

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

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**Open to Public  
Inspection**

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.

<b>a</b> <input type="checkbox"/> Mail solicitations	<b>e</b> <input type="checkbox"/> Solicitation of nongovernment grants
<b>b</b> <input type="checkbox"/> Internet and email solicitations	<b>f</b> <input type="checkbox"/> Solicitation of government grants
<b>c</b> <input type="checkbox"/> Phone solicitations	<b>g</b> <input type="checkbox"/> Special fundraising events
<b>d</b> <input 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

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

.....

.....

.....

.....

.....

.....

.....

.....

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

		(a) Event #1 <b>GOLF OUTINGS</b> (event type)	(b) Event #2 <b>RUNNING EVENTS</b> (event type)	(c) Other events <b>13</b> (total number)	(d) Total events (add col. (a) through col. (c))
		772,932	40,323	78,071	891,326
Revenue	<b>1</b> Gross receipts . . . . .	485,160	0	9,079	494,239
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	287,772	40,323	68,992	397,087
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .				0
	<b>6</b> Rent/facility costs . . . . .				0
	<b>7</b> Food and beverages . . . . .				0
	<b>8</b> Entertainment . . . . .				0
	<b>9</b> Other direct expenses . . . . .	321,782	2,260	18,519	342,561
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				342,561
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				54,526

**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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	<b>8</b> 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:

<b>a</b> The organization's facility . . . . .	<b>13a</b>	%
<b>b</b> An outside facility . . . . .	<b>13b</b>	%

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

**16** Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

Director/officer  Employee  Independent contractor

**17** Mandatory distributions:

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE I**  
**(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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?  Yes  No

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

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

<b>(1)</b>	<b>(b) EIN</b>	<b>(c) IRC section (if applicable)</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of noncash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of noncash assistance</b>	<b>(h) Purpose of grant or assistance</b>
(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						
3	Enter total number of other organizations listed in the line 1 table						

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

Cat. No. 50055P

Schedule I (Form 990) (Rev. 12-2024)

**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	36,063			
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)

**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 III, COLUMN A - TYPE OF GRANT	DIRECT CASH ASSISTANCE TO SUPPORT COMMUNITY FAMILY IN MEMORY OF Y STAFF

**SCHEDULE J**  
**(Form 990)**

(Rev. January 2025)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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)

**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)? . . . . .

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

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

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

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

		(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	PARRISH UNDERWOOD PRESIDENT & CEO	(i) 245,336	(ii) 0	(iii) 1,410	6,500	1,295	254,541	0
		(ii) 0	(ii) 0	(ii) 0	(ii) 0	(ii) 0	(ii) 0	(ii) 0
2	MICHELLE KOTAS EXECUTIVE VP OF FINANCE AND OPERATIONS	(i) 152,783	(ii) 0	(iii) 18,351	17,254	15,591	203,979	0
		(ii) 0	(ii) 0	(ii) 0	(ii) 0	(ii) 0	(ii) 0	(ii) 0
3	LATITIA MCCREE SENIOR VP OF COMMUNICATIONS & MARKETING	(i) 140,142	(ii) 0	(iii) 7,108	14,825	6,506	168,581	0
		(ii) 0	(ii) 0	(ii) 0	(ii) 0	(ii) 0	(ii) 0	(ii) 0
4	LISA MULLIN SENIOR VP OF CORPORATE SERVICES/ CHIEF PEOPLE OFFICER	(i) 128,397	(ii) 0	(iii) 11,439	13,939	762	154,537	0
		(ii) 0	(ii) 0	(ii) 0	(ii) 0	(ii) 0	(ii) 0	(ii) 0
5	LYNETTE WATSON-SIMMONS SENIOR VP OF COMMUNITY INITIATIVES	(i) 107,008	(ii) 0	(iii) 21,469	12,817	12,124	153,418	0
		(ii) 0	(ii) 0	(ii) 0	(ii) 0	(ii) 0	(ii) 0	(ii) 0
6		(i)						
7		(ii)						
8		(i)						
9		(ii)						
10		(i)						
11		(ii)						
12		(i)						
13		(ii)						
14		(i)						
15		(ii)						
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 K  
(Form 990)**

(Rev. January 2025)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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
<b>MICHIGAN STRATEGIC FUND</b>									
<b>A</b>		52-1417332	NONEAVAIL	06/27/2014	28,135,000	(SEE STATEMENT)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>B</b>									
<b>C</b>									
<b>D</b>									

**Part II Proceeds**

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

	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	<input checked="" type="checkbox"/>							
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		<input checked="" type="checkbox"/>						
<b>16</b> Has the final allocation of proceeds been made?	<input checked="" type="checkbox"/>							
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	<input checked="" type="checkbox"/>							

**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
		✓							
<b>4a</b>	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .								
<b>b</b>	Name of provider . . . . .	(SEE STATEMENT)							
<b>c</b>	Term of hedge . . . . .	7.0							
<b>d</b>	Was the hedge superintegrated? . . . . .		✓						
<b>e</b>	Was the hedge terminated? . . . . .		✓						
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)? .		✓						
<b>b</b>	Name of provider . . . . .								
<b>c</b>	Term of GIC . . . . .								
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b>	Were any gross proceeds invested beyond an available temporary period? .		✓						
<b>7</b>	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, line 29 or 30.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**

**Open to Public  
Inspection**

Name of the organization

**YMCA OF METROPOLITAN DETROIT**

Employer identification number

**38-1358055**

**Part I Types of Property**

	<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	5	29,341	<b>SELLING COST</b>
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( _____ ) . . . . .				
26 Other ( _____ ) . . . . .				
27 Other ( _____ ) . . . . .				
28 Other ( _____ ) . . . . .				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . .			29	0

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

**Part II**

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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 2024, NEARLY 1,700 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	<p>(EXPENSES \$4,985,999 INCLUDING GRANTS OF \$58,063)(REVENUE \$1,348,106)</p> <p>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.</p>						
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>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.</p>						
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>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.</p>						
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE EXECUTIVE COMMITTEE OF THE BOARD DETERMINES THE COMPENSATION OF THE ORGANIZATION'S CEO/PRESIDENT. THE CEO/PRESIDENT IS NOT INVOLVED IN THE REVIEW OR APPROVAL OF HIS OR HER OWN COMPENSATION. THE EXECUTIVE COMMITTEE MET AFTER THE END OF THE YEAR TO COMPLETE A PERFORMANCE EVALUATION AND DETERMINE COMPENSATION. DATA FOR COMPARABLE COMPENSATION FOR CEO'S 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 COMMITTEE PROVIDES THE ORGANIZATION WITH WRITTEN INSTRUCTIONS REGARDING THE COMPENSATION AND BONUS TO BE PAID TO THE CEO/PRESIDENT.</p>						
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>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 YMCAS WAS OBTAINED FROM Y-USA. FOLLOWING THE COMPLETION OF THIS PROCESS, THE CEO/PRESIDENT VERBALLY UPDATES THE CHAIRMAN OF THE BOARD 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.</p>						
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>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.</p>						
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" data-bbox="453 1797 1532 1924"> <thead> <tr> <th data-bbox="453 1797 1305 1831">(a) Description</th><th data-bbox="1305 1797 1532 1831">(b) Amount</th></tr> </thead> <tbody> <tr> <td data-bbox="453 1831 1305 1864">CHANGE IN VALUE OF LIFE INCOME CONTRACTS</td><td data-bbox="1305 1831 1532 1864">- 3,415</td></tr> <tr> <td data-bbox="453 1864 1305 1900">IMPAIRMENT LOSS ON ASSETS LISTED AS HELD FOR SALE</td><td data-bbox="1305 1864 1532 1900">- 900,000</td></tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN VALUE OF LIFE INCOME CONTRACTS	- 3,415	IMPAIRMENT LOSS ON ASSETS LISTED AS HELD FOR SALE	- 900,000
(a) Description	(b) Amount						
CHANGE IN VALUE OF LIFE INCOME CONTRACTS	- 3,415						
IMPAIRMENT LOSS ON ASSETS LISTED AS HELD FOR SALE	- 900,000						
FORM 990, PART XII, LINE 2C - AUDIT COMMITTEE	<p>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.</p>						

**SCHEDULE R**  
**(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.**Open to Public  
Inspection**

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)						

**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			
(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) . . . . .

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)  <i>(SEE STATEMENT)</i>				
(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		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												
(8) _____												
(9) _____												
(10) _____												
(11) _____												
(12) _____												
(13) _____												
(14) _____												
(15) _____												
(16) _____												

**Part V****Transactions with Related Organizations (continued)**

<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
(6) YMCA FOUNDATION	C	366,368	FUND GRANTED TO THE YMCA OF METROPOLITAN DETROIT REPRESENT THE ACTUAL AMOUNT THE YMCA FOUNDATION BOARD APPROVES AS THE ANNUAL ALLOCATION TO SUPPORT GENERAL OPERATIONS IN 2024.

**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 ServiceFor calendar year 2024, or tax year beginning \_\_\_\_\_, 2024, 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](http://www.irs.gov/Form8453TE) for the latest information.

2024

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	25,346,744
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 2024 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 Kotsos* CEO

16-13-25

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	Preparer's signature	Date	Check if self- employed <input type="checkbox"/>	PTIN
	AMY CIMINELLO		06/13/2025	<input type="checkbox"/>	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

## PUBLIC DISCLOSURE COPY

Form **990-T****Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

OMB No. 1545-0047

**2024**

For calendar year 2024 or other tax year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20\_\_\_\_

Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

A <input type="checkbox"/> Check box if address changed.	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>YMCA OF METROPOLITAN DETROIT</b>		D Employer identification number <b>38-1358055</b>
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1401 BROADWAY, SUITE 3A</b>		E Group exemption number (see instructions)
	City or town, state or province, country, and ZIP or foreign postal code <b>DETROIT, MI 48226</b>		F <input type="checkbox"/> Check box if an amended return.
	C Book value of all assets at end of year <b>34,933,612</b>		

G Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust  State college/university  
 6417(d)(1)(A) Applicable entity

H Check if filing only to claim  Credit from Form 8941  Refund shown on Form 2439  Elective payment amount from Form 3800I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation \_\_\_\_\_ J Enter the number of attached Schedules A (Form 990-T) \_\_\_\_\_ **1**K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of (SEE STATEMENT) Telephone number (313) 267-5300

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>1</b>	<b>0</b>
2 Reserved	<b>2</b>	
3 Add lines 1 and 2	<b>3</b>	<b>0</b>
4 Charitable contributions (see instructions for limitation rules)	<b>4</b>	<b>0</b>
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	<b>5</b>	<b>0</b>
6 Deduction for net operating loss. See instructions	<b>6</b>	<b>0</b>
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	<b>7</b>	<b>0</b>
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	<b>8</b>	<b>0</b>
9 <b>Trusts.</b> Section 199A deduction. See instructions	<b>9</b>	<b>0</b>
10 <b>Total deductions.</b> Add lines 8 and 9	<b>10</b>	<b>0</b>
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	<b>11</b>	<b>0</b>

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11, by 21% (0.21)	<b>1</b>	<b>0</b>
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>2</b>	
3 <b>Proxy tax.</b> See instructions	<b>3</b>	<b>0</b>
4a Chapter 1 tax from Form 4255, line 3, column (q)	<b>4a</b>	<b>0</b>
b Other tax amounts. See instructions	<b>4b</b>	<b>0</b>
5 Alternative minimum tax	<b>5</b>	<b>0</b>
6 <b>Tax on noncompliant facility income.</b> See instructions	<b>6</b>	<b>0</b>
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies	<b>7</b>	<b>0</b>

**Part III Tax and Payments**

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	<b>0</b>
b Other credits (see instructions)	<b>1b</b>	<b>0</b>
c General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	<b>0</b>
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	<b>1d</b>	
e <b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>	<b>0</b>
2 Subtract line 1e from Part II, line 7	<b>2</b>	<b>0</b>
3a Addition to tax from Form 4255 (see instructions)	<b>3a</b>	
b Amount due from Form 8611	<b>3b</b>	
c Amount due from Form 8697	<b>3c</b>	
d Amount due from Form 8866	<b>3d</b>	
e Other amounts due (see instructions)	<b>3e</b>	<b>0</b>
f Total amounts due. Add lines 3a through 3e	<b>3f</b>	<b>0</b>
4 <b>Total tax.</b> Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	<b>0</b>

**Part III Tax and Payments (continued)**

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k) . . . . .	5	0
6a	Payments: Preceding year's overpayment credited to the current year . . . . .	6a	0
b	Current year's estimated tax payments. Check if section 643(g) election applies . . . . .	6b	0
c	Tax deposited with Form 8868 . . . . .	6c	0
d	Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	6d	0
e	Backup withholding (see instructions) . . . . .	6e	0
f	Credit for small employer health insurance premiums (attach Form 8941) . . . . .	6f	0
g	Elective payment election amount from Form 3800 . . . . .	6g	0
h	Payment from Form 2439 . . . . .	6h	0
i	Credit from Form 4136 . . . . .	6i	0
j	Other (see instructions) . . . . .	6j	0
7	<b>Total payments.</b> Add lines 6a through 6j . . . . .	7	0
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . .	8	0
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . .	9	0
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid . . . . .	10	0
11	Enter the amount of line 10 you want: <b>Credited to 2025 estimated tax</b>	0 Refunded	11 0

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

1 At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.

3 Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . \$ \_\_\_\_\_

4 Enter available pre-2018 NOL carryovers here \$ \_\_\_\_\_. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.

5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.

Business Activity Code	Available post-2017 NOL carryover
	\$ _____
	\$ _____
	\$ _____
	\$ _____

6a Reserved for future use . . . . .

b Reserved for future use . . . . .

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.				
	CHIEF FINANCIAL OFFICER			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name <b>AMY CIMINELLO</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00769388</b>
	Firm's name <b>PLANTE &amp; MORAN, PLLC</b>			Firm's EIN <b>38-1357951</b>	
	Firm's address <b>P.O. BOX 307, SOUTHFIELD, MI 48037-0307</b>			Phone no. <b>(248) 352-2500</b>	

**SCHEDULE A**  
(Form 990-T)

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2024**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>YMCA OF METROPOLITAN DETROIT</b>	<b>B</b> Employer identification number <b>38-1358055</b>
<b>C</b> Unrelated business activity code (see instructions) . . . . .	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business

<b>Part I</b> <b>Unrelated Trade or Business Income</b>		<b>(A) Income</b>	<b>(B) Expenses</b>	<b>(C) Net</b>
<b>1a</b>	Gross receipts or sales	<b>0</b>		
<b>b</b>	Less returns and allowances	<b>0</b>	<b>c</b> Balance	
<b>2</b>	Cost of goods sold (Part III, line 8)	<b>0</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>0</b>		<b>0</b>
<b>4a</b>	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<b>0</b>		
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>0</b>		
<b>c</b>	Capital loss deduction for trusts	<b>0</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	<b>0</b>		<b>0</b>
<b>6</b>	Rent income (Part IV)	<b>0</b>		
<b>7</b>	Unrelated debt-financed income (Part V)	<b>0</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>0</b>		
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>0</b>		
<b>10</b>	Exploited exempt activity income (Part VIII)	<b>0</b>		
<b>11</b>	Advertising income (Part IX)	<b>0</b>		
<b>12</b>	Other income (see instructions; attach statement)	<b>0</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>0</b>		<b>0</b>

**Part II** **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

<b>1</b>	Compensation of officers, directors, and trustees (Part X)	<b>0</b>	<b>1</b>	<b>0</b>
<b>2</b>	Salaries and wages	<b>0</b>	<b>2</b>	<b>0</b>
<b>3</b>	Repairs and maintenance	<b>0</b>	<b>3</b>	<b>0</b>
<b>4</b>	Bad debts	<b>0</b>	<b>4</b>	<b>0</b>
<b>5</b>	Interest (attach statement). See instructions	<b>0</b>	<b>5</b>	<b>0</b>
<b>6</b>	Taxes and licenses	<b>0</b>	<b>6</b>	<b>0</b>
<b>7</b>	Depreciation (attach Form 4562). See instructions	<b>0</b>	<b>7</b>	<b>0</b>
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return	<b>0</b>	<b>8a</b>	<b>0</b>
<b>9</b>	Depletion	<b>0</b>	<b>8b</b>	<b>0</b>
<b>10</b>	Contributions to deferred compensation plans	<b>0</b>	<b>9</b>	<b>0</b>
<b>11</b>	Employee benefit programs	<b>0</b>	<b>10</b>	<b>0</b>
<b>12</b>	Excess exempt expenses (Part VIII)	<b>0</b>	<b>11</b>	<b>0</b>
<b>13</b>	Excess readership costs (Part IX)	<b>0</b>	<b>12</b>	<b>0</b>
<b>14</b>	Other deductions (attach statement)	<b>0</b>	<b>13</b>	<b>0</b>
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14	<b>0</b>	<b>14</b>	<b>0</b>
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>0</b>	<b>15</b>	<b>0</b>
<b>17</b>	Deduction for net operating loss. See instructions	<b>0</b>	<b>16</b>	<b>0</b>
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>0</b>	<b>17</b>	<b>0</b>
			<b>18</b>	<b>0</b>

<b>Part III Cost of Goods Sold</b>		Enter method of inventory valuation
1	Inventory at beginning of year	1 0
2	Purchases	2 0
3	Cost of labor	3 0
4	Additional section 263A costs (attach statement)	4 0
5	Other costs (attach statement)	5 0
6	<b>Total.</b> Add lines 1 through 5	6 0
7	Inventory at end of year	7 0
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8 0
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
2	Rent received or accrued
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)
5	<b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0

**Part V Unrelated Debt-Financed Income (see instructions)**

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
2	Gross income from or allocable to debt-financed property
3	Deductions directly connected with or allocable to debt-financed property
a	Straight line depreciation (attach statement)
b	Other deductions (attach statement)
c	Total deductions (add lines 3a and 3b, columns A through D)
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)
5	Average adjusted basis of or allocable to debt-financed property (attach statement)
6	Divide line 4 by line 5 %
7	Gross income reportable. Multiply line 2 by line 6 %
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0
9	Allocable deductions. Multiply line 3c by line 6 %
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0
11	<b>Total dividends — received deductions</b> included in line 10 . . . . . 0

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
		7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income
					11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
<b>Totals</b>				0	0

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0		0

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1 Description of exploited activity:	2
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	3
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	4
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	5
5 Gross income from activity that is not unrelated business income	6
6 Expenses attributable to income entered on line 5	7
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income . . . . .				
a Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .				0
3 Direct advertising costs by periodical . . . . .				
a Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .				0
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 . . . . .				
5 Readership costs . . . . .				
6 Circulation income . . . . .				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- . . . . .				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 . . . . .				0

**Part X Compensation of Officers, Directors, and Trustees (see instructions)**

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

**Total.** Enter here and on Part II, line 1 . . . . . 0

**Part XI Supplemental Information (see instructions)**

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	MICHELLE KOTAS, 1401 BROADWAY STE 3A, DETROIT, MI 48226

## Schedule A - Part II, Line 14

## Other Deductions

Description	Amount
(1) AMORTIZATION (FORM 4562, PART VI, LINE 44)	0
(2) EXTRATERRITORIAL INCOME EXCLUSION (FORM 8873, LINE 52)	0
<b>Total</b>	<b>0</b>