** PUBLI	DISCLOSURE	COPY	**
----------	------------	------	----

Return of Organization Exempt From Income Tax

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

Form **990**

I

Do not enter Social Security numbers on this form as it may be made public.

OMB No, 1545-0047 2013 Open to Public Inspection

		of the Treasury enue Service		Form 990 and its instructions	-	-	Open to Public Inspection
			ndar year, or tax year beginning		d ending	s.govnorniaao.	Пареской
B	Check if	r C Name	of organization	SAE I	a ontaing	D Employer ident	ification number
ł	applicat	ole;					
	Addr chan	ess ge YMC	A OF METROPOLITAN	DETROIT			
[Nam	e .	Business As	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		38-	1358055
	Initia		er and street (or P.O. box if mail is not	delivered to street address)	Room/suite	E Telephone num	ber
	 ated	ⁱⁿ⁻ 140	1 BROADWAY		3A		-267-5300
	Amer	nded City o	r town, state or province, country, ar	nd ZIP or foreign postal code		G Gross receipts \$	39,480,217.
	Appli tion	H(a) Is this a group	return				
	pend	F Name	and address of principal officer:MI	CHELLE KOTAS		for subordinat	es? Yes 🔀 No
			AS C ABOVE			H(b) Are all subordinate	s included? Yes No
			X 501(c)(3) 501(c) () 📕 (insert no.) 🛄 4947(a)(1) or 527	If "No," attach	a list. (see instructions)
			.YMCADETROIT.ORG			H(c) Group exempt	
				Association 🔄 Other 🕨	L Year	of formation: 1852	M State of legal domicile: MI
Pa	art I						
90	1	•	ribe the organization's mission or mo				
นอก			PLES INTO PRACTICE				
veri	2		box if the organization disc voting members of the governing boo			1	
ĝ	4		ndependent voting members of the			······	1
ళ ల	5		er of individuals employed in calenda				
itie	6		er of volunteers (estimate if necessar				
Activities & Governance	7 a		ted business revenue from Part VIII,				
<			d business taxable income from For				b. 0.
						Prior Year	Current Year
ē	8	Contribution	is and grants (Part VIII, line 1h)			5,430,167	
ent	9	•				30,207,501	
Revenue	10		income (Part VIII, column (A), lines 3,			7,458	
	11		ue (Part VIII, column (A), lines 5, 6d, a			401,305	
	12		ie · add lines 8 through 11 (must equ			36,046,431	. 39,052,096.
	13		similar amounts paid (Part IX, columi			240,955	
	14		d to or for members (Part IX, column			0	
Expenses	15		er compensation, employee benefits			<u>20,227,475</u> 0	
ueo.	4		l fundraising fees (Part IX, column (A) ising expenses (Part IX, column (D), I			U. Let bestjer på av trönn	• • • • • • •
Ä			ises (Part IX, column (A), lines 11a-11			16,354,595	. 17,437,037.
			ses. Add lines 13-17 (must equal Par		·····	36,823,025	
	10		s expenses. Subtract line 18 from lin	• • • • • • • • • • • • • • • • • • • •		-776,594	
Ses					Bec	ginning of Current Year	
sets	20	Total assets	(Part X, line 16)			58,428,546	
tAs	21	Total liabiliti	es (Part X, line 26)			33,182,062	. 32,578,145.
Net Assets or Fund Balances	22		r fund balances. Subtract line 21 fro	m line 20		25,246,484	. 24,157,161.
<u> </u>	nrt ll		re Block				····
			r, I declare that I have examined this retur				my knowledge and belief, it is
true,	correc	ct, and comple	te. Declaration of preparer (other than off	cer) is based on all information of w	which preparer	has any knowledge.	·
		Signat	ire of officer		!	Date	
Sigr		1			100	Date	
Her	e		HELLE KOTAS, CHIEF print name and title	FINANCIAL OFFIC	ER		· · · · · · · · · · · · · · · · · · ·
		1	eparer's name	Prengrar's cignoture	D	ate Check	PTIN
Paid		PAUL B	•	Preparer's signature		8/13/14 If self-empte	
Prep			▶ PLANTE & MORAN,	PLLC	I	Firm's EIN	38-1357951
Use			\sim P.O. BOX 307		······································		<u> </u>
	•			48037-0307		Phone no.24	<u>18-352-2500</u>
May	the II	t seuse h	is return with the preparer shown at				X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 10-29-13

Form 990 (2013)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	990 (2013) YMCA OF METROPOLITAN DETROIT	38-1358055	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE YMCA OF METROPOLITAN DETROIT IS A VOLUNTEER LED		
	THAT INCLUDES MEN, WOMEN, AND CHILDREN OF ALL AGES,	ABILITIES,	
	INCOMES, RACES AND RELIGIONS. OUR MISSION IS TO PU		
	PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUIL	D HEALTHY SPIRIT	1 7
2	Did the organization undertake any significant program services during the year which were not listed	on	
	the prior Form 990 or 990-EZ?		XN
	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 s	services? Yes	
-	If "Yes," describe these changes on Schedule O.		
ł	Describe the organization's program service accomplishments for each of its three largest program ser	rvices, as measured by expenses	3.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ns to others, the total expenses,	and
	revenue, if any, for each program service reported.		
la	(Code:) (Expenses \$8,705,354. including grants of \$) (Bevenue \$ 6,177,	513.
FC	CHILD CARE AND DAY CAMP		
	CHILD CARE AND DAT CAM		
	THE YMCA OFFERS CHILDREN AND PARENTS A SAFE AND CAR	TNG PLACE TO GRO	W
	SUPPORTING PARENT'S EFFORTS TO NURTURE THEIR CHILDREN	FN'S HEALTHY	
		AFFORDART.F	
			0.0
	HIGH-QUALITY CARE FOR PEACE OF MIND AND FAMILY SUCC		00
	CHILDREN PARTICIPATED IN AGE-APPROPRIATE ENJOYABLE		חידמי
	EXPERIENCES. YMCA CHILD CARE, INCLUDING AFTER-SCHO		
	IN LICENSED LOCATIONS THROUGHOUT SOUTHEAST MICHIGAN	AND INCLUDES YO	UTH
	FITNESS TO ENSURE A HEALTHY LIFESTYLE AT THE EARLIE	ST AGE.	
			att
	ONE OF THE BEST WAYS TO GIVE CHILDREN A HEAD START		
łb	(Code:) (Expenses \$5, 253, 639. including grants of \$) (Revenue \$ <u>1,790</u> ,	895.
	AQUATICS	····	
	SWIMMING LESSONS, AS WE KNOW THEM TODAY, WERE INVEN		
	YMCA IN 1910 BEFORE SPREADING THROUGHOUT THE YMCA N	NATIONAL MOVEMENT	
	LEARNING TO SWIM AT THE YMCA IS MORE THAN STROKE DE		NED,
	CERTIFIED AND SENSITIVE STAFF GIVES PERSONAL ATTENT	TION TO THE 9,000	
	PROGRAM PARTICIPANTS TO ENSURE QUALITY AND SAFETY.	YMCA AQUATICS	
	PROGRAMS ARE AVAILABLE TO ALL AGES AND SKILL LEVELS	S. THROUGH GUIDE	D
	DISCOVERY ACTIVITIES AND CREATIVE TEACHING METHODS,	EACH LEVEL OF T	HE
	YMCA SWIM LESSON PROGRAM TEACHES AGE-APPROPRIATE SK	ILLS. PARTICIPA	
	ARE TAUGHT IN SMALL GROUPS WITH OTHERS OF THEIR OWN		
	LEVEL. THE Y'S APPROACH TO SWIM LESSONS PROVIDES F		
	(Code:) (Expenses \$ 5,903,886. including grants of \$) (Revenue \$ 5,552,	573.
+6	EDUCATIONAL SERVICES		
	EDUCATIONAL DERVICED		
	YMCA EDUCATIONAL SERVICES, (Y-ES), IS A WHOLLY-OWNE	TO AND OPERATED	
	SUBSIDIARY OF THE YMCA OF METROPOLITAN DETROIT DEDI	CATED TO CHILDRE	N
	AND BUILDING ON THE 100-YEAR EDUCATIONAL MISSION OF	THE YMCA. YMCA	
	AND BUILDING ON THE 100-YEAR EDUCATIONAL MISSION OF	N THE NEEDS AND	•
	EDUCATIONAL SERVICES IS SOLELY AND WHOLLY FOCUSED C	N THE NEEDS AND	TNT
	UNIQUE LEARNING STYLES OF MICHIGAN'S MOST PROMISING	YOUTH WHO LIVE	1.11
	THE REGION'S MOST CHALLENGED COMMUNITIES.		
	FROM THE ESTABLISHMENT OF THE DETROIT COLLEGE OF LA	<u>W IN 1891 TO</u>	
	FOUNDING OF THE YMCA'S HUDSON SCHOOL FOR BOYS IN 19	<u>16, THE YMCA'S R</u>	00TS
	IN EDUCATION TODAY GIVE SEED TO THE THIRD YMCA CREA	ATED CHARTER PRIM	IARY
td.	Other program services (Describe in Schedule O.)		
	(Expenses \$ 16,464,044. including grants of \$ 431,606.) (Revenue \$	19,924,242.)	
10	Total program service expenses ► 36,326,923.		
-C		Form 9	990 (201
2002	SEE SCHEDULE O FOR CONTINUAT		•
-29-			
۱n	812 099782 19919 2013.04010 YMCA OF METROPO	LTTAN DETROT 199	19 2
τU	014 032/04 13313 2013.04010 IMCK OF MEINORO.		

Form 990 (2013)			METROPOLITAN	DETROIT
Part IV Checklist	of Required	Sch	edules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
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		<u> </u>
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	ŀ		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			77
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	v	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
L.	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110	- 43	
α	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
G	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ч	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			•••••
	Schedule D, Parts XI and XII	12a		Х
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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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	X	
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	X	
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		<u>X</u>
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	17		<u> </u>
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_	х	
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		<u>X</u>
	•	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013)

YMCA OF METROPOLITAN DETROIT Form 990 (2013) YMCA OF METROPOLIT Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
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			77
	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			37
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		Х
	of any of these persons? If "Yes," complete Schedule L, Part III	27	10.00	<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	28a		x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	A ramity member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	x	
00	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
01	Schedule N, Part II	32		Х
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	33	Х	
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	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2013)

	990 (2013) YMCA OF METROPOLITAN DETROIT		38-1358	055	P	age 5
Pa						
	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	57			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	able gaming	1.112	문제품	
	(gambling) winnings to prize winners?			<u>1c</u>	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	2253			- stada
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	irns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			1995	공연
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0.		Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	ints.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transport	action	?	5b		<u>X</u>
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions c	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			122.0	- 1 ^{- 1}	din day
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	/as rec	luired			
	to file Form 8282?	1	1	<u>7c</u>		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		11	1	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		_ ,
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	1				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1			
11	Section 501(c)(12) organizations. Enter:	1	ı			
а	Gross income from members or shareholders	<u>11a</u>				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b			÷ .	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	<u>12a</u>	- 11	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			<u>13a</u>		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1			
	organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c	<u> </u>			37
14a	• • • • • • •			14a		<u>x</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	еО		14b		

Form **990** (2013)

Form	990	(201)	З

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

38-1358055 Page 6

X

 Form 990 (2013)
 YMCA OF METROPOLITAN DETROIT
 38-1358055
 Page

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

If the b Ent 2 Did 3 Did 3 Did 3 Did 3 Did 3 Did 5 Did 6 Did 7a Did 6 Did 7a Did b Are per 8 Did a The b Eac 9 Is t org ection 0a Did b If "" and 1a Haa b Des 2a Did	there the number of voting members of the governing body at the end of the tax year		X	X X X X X X
bod b Ent 2 Did 3 Did 3 Did 3 Did 3 Did 4 Did 5 Did 6 Did 7a Did 7a Did b Are per B b Eac 9 Ist org ection b Ist 0a Did b If "" and The 1a Ha: b Des 2a Did	dy delegated broad authority to an executive committee or similar committee, explain in Schedule 0. 1b 68 there the number of voting members included in line 1a, above, who are independent 1b 68 d any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 68 ficer, director, trustee, or key employee? 68 d the organization delegate control over management duties customarily performed by or under the direct supervision officers, directors, or trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form 990 was filed? d the organization become aware during the year of a significant diversion of the organization's assets? d the organization have members or stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or rsons other than the governing body? the reganization contemporaneously document the meetings held or written actions undertaken during the year by the following: te governing body?	2 3 4 5 6 7a 7b 8a 8b	×	2 2 2 2 2 2
b Ent 2 Did 3 Did 3 Did 3 Did 4 Did 5 Did 6 Did 7a Did 6 Did 7a Did b Are b Eac 9 Is t 0a Did b Eac 9 Is t 0a Did 0a Did 0a Did 1a Ha: b De: 2a Did	Ite rite number of voting members included in line 1a, above, who are independent Ite day officer, director, trustee, or key employee have a family relationship or a business relationship with any other icer, director, trustee, or key employee? different director, trustee, or key employee? id the organization delegate control over management duties customarily performed by or under the direct supervision officers, directors, or trustees, or key employees to a management company or other person? id the organization make any significant changes to its governing documents since the prior Form 990 was filed? different directors is assets? id the organization become aware during the year of a significant diversion of the organization's assets? different diversion of the organization's assets? id the organization have members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or or subject to approval by) members, stockholders, or e governing body?	2 3 4 5 6 7a 7b 8a 8b	×	
2 Did offi 3 Did 6 Did 5 Did 6 Did 7 Did 6 Did 7 Did 6 Did 7 Did 8 Did 8 Did 8 Did 8 Did 9 Ist 9 Ist 0 00 9 Ist 00 9 Ist 01 01 10 11 11 11 11 11 11 11 11 11 11	d any officer, director, trustee, or key employee have a family relationship or a business relationship with any other ficer, director, trustee, or key employee?	2 3 4 5 6 7a 7b 8a 8b	×	
offi 3 Did of c of c 4 Did 5 Did 6 Did 7a Did 6 Did 7a Did 7a Did b Are per B b Eac 9 Is t org ection 0a Did b If "" and The 1a Ha: b Des 2a Did	ficer, director, trustee, or key employee?	3 4 5 6 7a 7b 8a 8b	×	
3 Did of c of c 4 Did 5 Did 6 Did 7a Did 7a Did 7a Did 7a Did 7a Did 7a Did b Are per B b Eac 9 Ist org ection 0a Did b If "" anc 1a 1a Hax b Des 2a Did	d the organization delegate control over management duties customarily performed by or under the direct supervision officers, directors, or trustees, or key employees to a management company or other person?	3 4 5 6 7a 7b 8a 8b	×	
of c 4 Did 5 Did 6 Did 7a Did 7a Did 7a Did b Are per 8 Did a The b Eac 9 Is t 0a Did b If " anc 1a Has b Des 2a Did	officers, directors, or trustees, or key employees to a management company or other person?	4 5 6 7a 7b 8a 8b		
4 Did 5 Did 6 Did 7a Did b Are per B b Eac 9 Is t org ection 0a Did b If "" and The b Des 2a Did	d the organization make any significant changes to its governing documents since the prior Form 990 was filed? d the organization become aware during the year of a significant diversion of the organization's assets? d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or present of the governing body? d the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: he governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganization's mailing address? If "Yes," provide the names and addresses in Schedule O n B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>)	4 5 6 7a 7b 8a 8b		
5 Did 6 Did 7a Did 7a Did 7a Did 7a Did 7a Did b Are per B 8 Did 9 Ist org ection 0a Did b If "" <another"<another"<another"< a=""> 10 Des 11a Har b Des 2a Did</another"<another"<another"<>	d the organization become aware during the year of a significant diversion of the organization's assets?	5 6 7a 7b 8a 8b		2
6 Did 7a Did mo b Are per 8 Did a The b Eac 9 Ist 0a Did b If " and 1a Hat b Des 2a Did	d the organization have members or stockholders?	6 7a 7b 8a 8b		2
7a Did mo b Are per 8 Did a The b Eac 9 Ist org ection 0 Did b If " anc 1a Has b Des 2a Did	d the organization have members, stockholders, or other persons who had the power to elect or appoint one or bore members of the governing body?	7a 7b 8a 8b		2
b Are per B Did a The b Eac 9 Ist 0a Did b If " and 1a Has b Des 2a Did	bere members of the governing body?	7b 8a 8b		2
b Are per 8 Did a The b Eac 9 Ist 0a Did b If " and 1a Has b Des 2a Did	e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or provide the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: the governing body? the committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganization's mailing address? If "Yes," provide the names and addresses in Schedule O n B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) d the organization have local chapters, branches, or affiliates?	8a 8b		
B Did a The b Eac 9 Ist ection 0a Did b If " and 1a Has b Des 2a Did	d the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: the governing body?	8a 8b		
a The b Eac 9 Ist org ection 0a Did b If " and 1a Has b Des 2a Did	d the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: the governing body?	8b		-
b Eac 9 Ist org ection 0a Did b If " and 1a Has b Des 2a Did	there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> n B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>) d the organization have local chapters, branches, or affiliates?	8b		-
b Eac 9 Ist org ection 0a Did b If " and 1a Has b Des 2a Did	there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> n B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>) d the organization have local chapters, branches, or affiliates?		X	•
org ection Da Did b If " and 1a Has b Des 2a Did	ganization's malling address? If "Yes," provide the names and addresses in Schedule O n B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) d the organization have local chapters, branches, or affiliates?	9		-
ection 0a Did b If "` and 1a Has b Des 2a Did	n B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) d the organization have local chapters, branches, or affiliates?	9		
0a Did b If "` and 1a Has b Des 2a Did	d the organization have local chapters, branches, or affiliates?			Σ
 b If " and 1a Has b Des 2a Did 		-		T
 b If " and 1a Has b Des 2a Did 			Yes	N
and 1a Has b Des 2a Did	"Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	<u>10a</u>	X	<u> </u>
1a Hao b Des 2a Did	res, did the signification have written policies and precedules gevenning the detrikies of each endprete, animately,			
b Des 2a Did	d branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	ļ
2a Did	as the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	escribe in Schedule O the process, if any, used by the organization to review this Form 990.	1878	12 AN	Ċ.
	d the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	ļ
	ere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	⊢
	d the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	Schedule O how this was done	12c	X	<u> </u>
	d the organization have a written whistleblower policy?	13	X	
	d the organization have a written document retention and destruction policy?	14	X	
	d the process for determining compensation of the following persons include a review and approval by independent			
per	rsons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l
	e organization's CEO, Executive Director, or top management official	15a	X	
	her officers or key employees of the organization	15b	X	
	'Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	d the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		신문하다	
	kable entity during the year?	16a		Σ
	'Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	empt status with respect to such arrangements?	16b		
	n C. Disclosure			
	st the states with which a copy of this Form 990 is required to be filed ▶MI			
	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ivailab	le	
	r public inspection. Indicate how you made these available. Check all that apply.			
	scribe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	atements available to the public during the tax year.			
	ate the name, physical address, and telephone number of the person who possesses the books and records of the organizat	tion: 🕨	•	
MI	<u> ICHELLE KOTAS - (313) 267-5300</u>		<u></u>	
<u> </u>	401 BROADWAY, STE 3A, DETROIT, MI 48226	Γ	990	(0.0

Form 990 (2013) YMCA OF METROPOLITAN DETROIT	<u> 38-1358055</u>	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
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 w	with or within the organization	's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regionant enter -0- in columns (D), (E), and (F) if no compensation was paid. 		sation.
List all of the organization's current key employees, if any. See instructions for definition of "key employee	э."	
 List the organization's five current highest compensated employees (other than an officer, director, trustee 		red report.

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of

reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

VMCA OF METROPOLITAN DETROTT

(A)	(B))	1.001	ioat	(D)	(E)	(F)
Name and Title	Average	(do		Pos	ition	l than	079	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week		l			////us		from	from related	other
	(list any hours for	Individual trustee or director				L_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or i	stee			nsate		(W-2/1099-MISC)	(11 12 1000 11100)	organization
	organizations	1 trust	nal tru		oyee	ompe				and related
	below	ividua	Institutional trustee	હા	Key employee	Highest compensated employee	Former			organizations
	line)	pul	lust	Officer	Key	불흥	臣			
(1) DAVID J. ALLEN	2.00								0	0
BOARD MEMBER	2 00	X						0.	0.	0.
(2) WILLIAM P. BAER	3.00							0	0	n
BOARD MEMBER	2 00	X	<u> </u>					0.	0.	0.
(3) PAUL M. BALAS	3.00	v						0.	ο.	0.
BOARD MEMBER	2.00	X						U.	V.	<u> </u>
(4) JOHN BAMBERGER	2.00	x						0.	ο.	0.
BOARD MEMBER	2.00	<u> </u>						V•	<u> </u>	<u> </u>
(5) WAYNE W. BRADLEY, SR.	2.00	x						0.	ο.	0.
BOARD MEMBER	3.00					<u> </u>		V+		
(6) EVELYN CAISE	5.00	x						ο.	ο.	0.
BOARD MEMBER	3.00	1								<u> </u>
(7) JEANNE CARLSON BOARD MEMBER	3.00	x						ο.	ο.	0.
(8) JOHN C. CARTER	3.00									•••
BOARD MEMBER	1.00	x						0.	0.	0.
(9) MARY E. CORRADO	3.00									
BOARD MEMBER		х						0.	0.	0.
(10) MATTHEW P. CULLEN	2.00									
BOARD MEMBER		х						0.	0.	0.
(11) RONALD A. DENEWETH	3.00									
BOARD MEMBER		Х						0.	0.	0.
(12) WILLIAM A. ERKEN	4.00									
BOARD MEMBER - CHAIRMAN OF THE BOARD		Х		Х				0.	0.	0.
(13) AHMAD EZZEDDINE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) BURTON D. FARBMAN	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(15) RAYMOND L. FINOCCHIO	2.00							_	_	
BOARD MEMBER		X						0.	0.	0.
(16) GARY FORHAN	2.00									<u>,</u>
BOARD MEMBER	0.00	Χ						0.	0.	0.
(17) WENDY L. FOSS	2.00									0
BOARD MEMBER	1.00	Х	-					0.	0.	0. Form 990 (2013)

332007 10-29-13

Form 990 (2013)

38 - 1358055

Page 7

16010812 099782 19919

Form 990 (2013) YMCA OF M									38-135	580 <u>55</u>	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ghes	t C	Compensated Employe	es (continued)		
(A)	(B)			_ (C				(D)	(E)		(F)
Name and title	Average	(do		Posit heck n			ne	Reportable	Reportable	Es	timated
	hours per	box	, unle	ss per	son is	s both	an		compensation	1	nount of
	week	—	cer ar	d a di	rector	744456	88)	from	from related	i	other
	(list any	recto						the	organizations	1	pensation
	hours for related	ord	8			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	1	om the
	organizations	ustee	trast		8	inen		(77-2/1099-10160)		1 -	anization d related
	below	ual tr	tional		ploy	st con yee	5			1	anizations
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				
(18) RONALD J. GANTNER	2.00			_	_						
BOARD MEMBER		Х						0.	().	0.
(19) MARITA S. GROBBEL	3.00		[
BOARD MEMBER	1.00	x						0.	().	0.
(20) SANDRA M. HERMANOFF	3.00										
		x						0.	().	0.
BOARD MEMBER	3.00		<u> </u>								
(21) JOHN J. HERN, JR.	1.00	v						0.	().	Ο.
BOARD MEMBER	1.00	1						· · ·	<u> </u>	<u></u>	
(22) PEARL M. HOLFORTY	1.00	x						0.	().	0.
BOARD MEMBER	2 00	<u> </u>	<u> </u>					V.	<u> </u>	· •	
(23) ERIC HUFFMAN	2.00	.,							,		0.
BOARD MEMBER		X						0.).	<u> </u>
(24) LARRY L. JOHNSON	3.00										0
BOARD MEMBER	1.00	X	<u> </u>					0.).	0.
(25) KYLE C. KERBAWY	3.00										•
BOARD MEMBER		X	ļ					0.	().	0.
(26) PETE KOWALSKI	2.00										_
BOARD MEMBER		X						0.).	<u> </u>
1b Sub-total)		0.	******* * **************).	<u> </u>
c Total from continuation sheets to Part VI	I, Section A)		1,613,308.			<u>7,078.</u>
d Total (add lines 1b and 1c)				<u></u>)		1,613,308.). 22	<u>7,078.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	ove) wh	o r	eceived more than \$100	,000 of reportable		
compensation from the organization											<u> </u>
											Yes No
3 Did the organization list any former officer,	director, or tru	iste	e, ke	y em	ploy	yee,	or	highest compensated e	mployee on	4.65	
line 1a? If "Yes," complete Schedule J for s										3	Х
4 For any individual listed on line 1a, is the su											i i te se
and related organizations greater than \$150										4	X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com										. 5	x
Section B. Independent Contractors			0, 0,	1011 1							
1 Complete this table for your five highest con	mpensated inc	lone	ande	nt co	ontra	acto	re t	that received more than	\$100 000 of compe	ensation f	rom
the organization. Report compensation for t											
	ne calendar y	cai	anui	ng w	urr u	<u>21 991</u>	1	(B)		(0	2)
(A) Name and business	address							رط) Description of s	ervices	Compe	
JOHNSON CONTROLS, INC							┪	MECHANICAL		•	
· · · · · · · · · · · · · · · · · · ·								ENGINEERING		67	8,818.
DRAWER 242, MILWAUKEE, WI	/0						-	ENGINEERING		07	0,010.
EDIBLES REX MANAGEMENT							~			20	c 100
5555 CONNTER, SUITE 1058,	DETRO	ĽĽ	<u>_</u>	<u>1</u>	48	521	3	FOOD SERVICE		38	<u>6,208.</u>
P.I.C. MAINTENANCE, INC.		_								~ ~ ~	40
27734 FRANKLIN ROAD, SOUT	<u>'HFIELD</u>	<u>, r</u>	4I	48	03	34		CLEANING		20	5,842.
ROAD RUNNER MAINTENANCE											
PO BOX 5935, TROY, MI 480)07							CLEANING		17	<u>1,157.</u>
24/7/365 INCORPORATED											
22610 ROSEWOOD, OAK PARK,								CLEANING		15	<u>2,992.</u>
2 Total number of independent contractors (in				d to f	thos	se lis	ted	l above) who received m	ore than		
\$100,000 of compensation from the organiz	ation 🕨				10)					
SEE PART VII, SECTION		CII	NU/	\TT	ON	េន	H	EETS		Form	990 (2013)
332008 10-29-13											
						0					

8 16010812 099782 19919 2013.04010 YMCA OF METROPOLITAN DETROI 19919_2

Form	990
Dar	F VII

-

YMCA OF METROPOLITAN DETROIT

<u>38-1358055</u> d Employees (continued)

Part VII Section A. Officers, Directors, T			,,00			កម្មក	cat			(5)
(A)	(B)	(C) Position						(D)	(E) Departable	(F) Estimated
Name and title	Average hours	6	heck				60	Reportable compensation	Reportable compensation	amount of
	per	- (01				app 		from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				mplo		organization	(W-2/1099-MISC)	from the
	hours for	or dire	8			ated e		(W-2/1099-MISC)		organization
	related	istee u	truste			bens				and related
	organizations	ual tri	ional i		ploye	tcom				organizations
	below line)	ndividual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) BRAD M. KREINER	2.00	<u> </u>								
BOARD MEMBER	1.00	x						0.	Ο.	0.
(28) ARTHUR J. KUBERT	2.00									
BOARD MEMBER		x						0.	0.	0.
(29) STEVEN E. KURMAS	3.00									
BOARD MEMBER - TREASURER		x		х				0.	0.	0.
(30) BEN C. MAIBACH, III	2.00									
BOARD MEMBER		x						0.	0.	0.
(31) MICHAEL E. MCINERNEY	3.00									
BOARD MEMBER - VICE CHAIR	1.00	X		Х				0.	0.	0.
(32) JAMES T. MESTDAGH	2.00								_	_
BOARD MEMBER		X						0.	0.	0.
(33) EDWARD J. MILLER	1.00								_	_
BOARD MEMBER		X						0.	0.	0.
(34) GRANT MORISETTE	2.00									-
BOARD MEMBER		X						0.	0.	0.
(35) JAMES B. NICHOLSON	1.00									•
BOARD MEMBER		X						0.	0.	0.
(36) JAMES M. NICHOLSON	3.00								0	0
BOARD MEMBER	1 00	X						0.	0.	0.
(37) ARTHUR A. NITZSCHE	1.00								0	0
BOARD MEMBER		X						0.	0.	0.
(38) KAREN O'DONOGHUE	3.00								0	0.
BOARD MEMBER	0.00	X						0.	0.	0.
(39) MICHAEL OTTAWAY	2.00	.,						0.	0.	0.
BOARD MEMBER		X			<u> </u>			<u> </u>	<u> </u>	0
(40) CARL D. ROEHLING	2.00							0.	ο.	0.
BOARD MEMBER	2 00	X						U.		0
(41) BETTY M. SCHICK	2.00								ο.	0.
BOARD MEMBER	2 00	X	┝──┤		-			0.	U.	V.
(42) TOM SCHUMM	3.00	v						0.	0.	0.
BOARD MEMBER	50.00	X	\vdash					U.	v.	0.
(43) REID S. THEBAULT	50.00	v		х				346,71 <u>7</u> .	ο.	32,407.
PRESIDENT/CEO	2.00	<u> </u>		Δ				<u> </u>	0.	54,4074
(44) DWIGHT H. VINCENT	4.00	x						0.	ο.	0.
BOARD MEMBER	2.00	<u>^</u>						<u> </u>		0
(45) GAIL BERNARD VON STADEN	2.00	x						0.	0.	0.
BOARD MEMBER	2.00								<u></u>	V.
(46) SUSAN M. WEBB BOARD MEMBER	2.00	x						0.	ο.	0.
	1	1 23						U • I	V • 1	

Form 990 YMCA OF Part VII Section A. Officers, Directors, T	METROPO								<u>38-135</u> ees (continued)	<u> </u>
(A)	(B)	npic I	yee		<u>na r</u> C)	កម្មា	せらし	(D)	(E)	(F)
(A) Name and title	Average				رہ ition			Reportable	Reportable	Estimated
Name and the	hours	(cl			that		lv)	compensation	compensation	amount of
	per	<u> </u>			<u> </u>			from	from related	other
	week					Highest compensated employee		the	organizations	compensation
	(list any	rector				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or di	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	li trus		yee	mpen				organizations
	below	Individual trustee or director	Institutional trustee	5	key employee	est co	đ			
	line)	Indivi	In sti	Officer	Key e	High	Former			
(47) ALAN D. WHITMAN	3.00								_	
BOARD MEMBER		X		L				0.	0.	0.
(48) JAMES SCAPA	2.00							_	_	•
BOARD MEMBER		X	<u> </u>					0.	0.	0.
(49) SABAH AMMOURI	1.00									•
BOARD MEMBER		X	<u> </u>	 				0.	0.	0.
(50) TOM BORG	1.00									•
BOARD MEMBER	1 00	X	ļ	<u> </u>				0.	0.	0.
(51) BRIAN CLOUTIER	1.00								0.	n
BOARD MEMBER	1 00	X	-		├─			0.	<u>U.</u>	0.
(52) ANTHONY CRACCHIOLO	1.00							ο.	ο.	0
BOARD MEMBER	1.00	X	 		-			U.	U.	0
(53) JAY FARNER	3.00	x						0.	ο.	0 .
BOARD MEMBER	1.00	<u>^</u>						U .	· · ·	
(54) AMY HOCHKAMMER	1.00	x						0.	ο.	0 .
BOARD MEMBER	2.00		-					V•		01
(55) PATRICIA HUBBELL	2.00	x						0.	ο.	0
BOARD MEMBER (56) MARSHALL KLEVEN	1.00	<u> </u>						`·	<u> </u>	<u>,</u>
BOARD MEMBER	1.00	x						0.	ο.	0.
(57) DANIEL LANGLOIS	2.00		<u> </u>							
BOARD MEMBER		x						0.	0.	0 .
(58) ELAINE LEWIS	1.00	[-	[
BOARD MEMBER		x						0.	0.	0.
(59) MARIA MARTINEZ	1.00									
BOARD MEMBER		x						0.	0.	0.
(60) ERIK MEIER	1.00									
BOARD MEMBER		X						0.	0.	0.
(61) JOSEPH MULLANY	2.00									
BOARD MEMBER		X			ļ			0.	0.	0.
(62) VENUS RANDLE	1.00									_
BOARD MEMBER		X		ļ				0.	0.	0.
(63) CARL RASHID	3.00					.			_	-
BOARD MEMBER		X						0.	0.	0.
(64) PAULA ROMAN	3.00									^
BOARD MEMBER		X						0.	0.	0.
(65) DENNIS RUTKOWSKI	1.00								<u> </u>	^
BOARD MEMBER	1 1 1 1	X	<u> </u>		<u> </u>		L	0.	0.	0.
(66) BERNARD SILVERSTONE	1.00								<u> </u>	0.
BOARD MEMBER	1	X	1	1 1	1			0.	0.	U,

Form 990 YMCA OF 1	METROPOL		P	38-135	8055							
Part VII Section A. Officers, Directors, Tru	istees, Key Ei	nplo	ployees, and Highest Compensated E					Compensated Employ	ployees (continued)			
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated		
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of		
	per							from	from related	other		
	week	5				layee		the	organizations	compensation		
	(list any hours for	lirect				lemp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	related	SB OF	stee			nsate		(44-271000 14100)		and related		
	organizations	Individual trustee or director	nstitutional trustee		oyee	Highest compensated employee				organizations		
	below	vidual	tution	Ŀ,	Key employee	lest ci	ler					
	line)	ind ⁵	Insti	Officer	Key	뼕	Former					
(67) BENJAMIN SMITH	2.00								_			
BOARD MEMBER		X						0.	0.	0.		
(68) JENNIFER VANHORN	3.00							_		_		
BOARD MEMBER		Х						0.	0.	0.		
(69) SEAN WERDLOW	3.00											
BOARD MEMBER		X						0.	0.	0.		
(70) STEVEN YOUTZ	3.00									0		
BOARD MEMBER		X			<u> </u>			0.	0.	0.		
(71) AL ZANDER	1.00											
BOARD MEMBER		X				 		0.	0.	0.		
(72) MICHAEL E. BANNISTER	2.00									•		
BOARD MEMBER		X				<u> </u>		0.	0.	0.		
(73) SCOTT A. BOWMAR	1.00								•	0		
BOARD MEMBER		X						0.	0.	0.		
(74) TOM CONSTAND	2.00									0		
BOARD MEMBER	1 00	X						0.	0.	0.		
(75) DALE A. COOK	1.00									0		
BOARD MEMBER	1 00	X						0.	0.	0.		
(76) ROB FERREE	1.00									0.		
BOARD MEMBER	1 00	X						0.	0.	<u> </u>		
(77) EUGENE E. JONES, JR.	1.00	77							0	0.		
BOARD MEMBER	1 00	X			_			0.	0.	<u> </u>		
(78) GREG KATEFF	1.00	x						0.	ο.	0.		
BOARD MEMBER	2.00	Δ						V.	<u>_</u>	<u> </u>		
(79) JACK SHUBITOWSKI	2.00	х						0.	ο.	0.		
BOARD MEMBER	1.00	<u> </u>						<u> </u>		<u> </u>		
(80) LAURENCE M. WOOD	1.00	x						0.	ο.	0.		
BOARD MEMBER	40.00	Δ							V.	<u> </u>		
(81) JOANNE DUNN	5.00			х				46,125.	ο.	7,948.		
EXEC VP OF CORP SERVICES/C	50.00			<u></u>					·	1,540		
(82) SCOTT LANDRY				x				165,854.	ο.	21,305.		
EXEC VP OF STRATEGIC OF DE	50.00			17				100,0041	V.	<u></u>		
(83) DAN MAIER	5.00			х				166,456.	Ο.	<u>17,988.</u>		
EXEC VP OF DEVELOPMENT	50.00			Δ				100,450.		17,500.		
(84) SCOTT WALTERS	30.00			x				168,786.	ο.	55,074.		
EXEC VF OF OPERATIONS/COO (85) MICHELLE KOTAS	50.00			~>	\square							
	50.00			x				100,903.	ο.	9,221.		
SVP FINANCE/CFO	50.00			**								
(86) JOHN HARRIS DISTRICT VICE PRESIDENT	50.00					x		129,180.	0.	<u>19,813.</u>		
DIGITICI VICE LEESIDENI.			k		L	لحم		22572004				
Total to Part VII, Section A, line 1c												

16010812 099782 19919

Name and title Average hours per week (list any hours for related organizations below line) Position (check all that apply) Repo competing the state organi (W-2/10s (87) LORIE URANGA 50.00 1	ated Employees (continued)	
Name and title Average hours per week (list any hours for related organizations below line) Position (check all that apply) Report organizations below line) 87) LORIE URANGA 50.00 X X 122 88) ALISON BAILEY 50.00 X 1<	(D) (E)	(F)
week (list any hours for related organizations below line)below imebelow 	oortable Reportable consation compensati from from relate	on amount of
SENIOR VP OF FACILITIES X 12 (88) ALISON BAILEY 50.00 X 11 SENIOR VP OF HUMAN RESOURC X 11 (89) SHAWN HILL 50.00 X 14 (39) DOREEN DURANDETTO 50.00 X 14	the organization nization (W-2/1099-MI 099-MISC)	ns compensation
88) ALISON BAILEY 50.00 X 11 SENIOR VP OF HUMAN RESOURC 50.00 X 11 89) SHAWN HILL 50.00 X 14 SUPERINTENDENT 50.00 X 14		0 11 040
SENIOR VP OF HUMAN RESOURC X 11 89) SHAWN HILL 50.00 X 14 SUPERINTENDENT 50.00 X 14 90) DOREEN DURANDETTO 50.00 X 10	25,975.	0. 11,849
89) SHAWN HILL 50.00 X 14 SUPERINTENDENT 50.00 X 14	11,586.	0. 13,014
SUPERINTENDENT X 14 (90) DOREEN DURANDETTO 50.00 10		
	41,838.	0. 22,276
DISTRICT VICE PRESIDENT		
	09,888.	0. 16,183
Image: Section of the section of th		

Form	990	(2013) YMCA	OF METRO	POLITAN	DETROIT		<u> 38-1358</u>	055 Page 9
	rt VI							
		Check if Schedule O cont	ains a response	or note to any lir	e 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
ts s	1 a	Federated campaigns	1a	192,600,				
nan		Membership dues						
ŰĔ		Fundraising events		348,021.				
μ.e		Related organizations		765 744				
s E		Government grants (contribut		1,387,020.				
<u>e</u> si		All other contributions, gifts, gran						
the t		similar amounts not included abo	4 1	2,414,224.				
Contributions, Gifts, Grants and Other Similar Amounts	q	Noncash contributions included in lines			- '무관지하지만 말한			
<u>a</u> Ĉ	-	Total. Add lines 1a-1f		>	5,107,609,			
				Business Code		nte en transferier de set d	이번 지지 않는 것이 없는 것이 없다.	
e l	2 a	HEALTH AND WELL-BEING	FOR ALL	713940	15,071,737,	15,071,737.		
ž.	b	CHILD CARE AND DAY CAM	P	624410	6,177,513.	6,177,513.		
Program Service Revenue	c	EDUCATIONAL SERVICES		611710	5,552,573,	5,552,573.		
am eve	d	AQUATICS		624100	1,790,895,	1,790,895.		
БЩ БЩ	е	HOLISTIC DEVELOPMENT A	ND FITNESS	624100	1,546,525.	1,546,525.		
Pr	f	All other program service reve	enue	624100	3,016,212.	3,016,212.		
	g	Total. Add lines 2a-2f		>	33,155,455.		- PERER PROPERTY	
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)			5,174.			5,174.
	4	Income from investment of tax	x exempt bond p	oroceeds 🕨 🕨				
	5	Royalties		<u> </u>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)			a da ser a contra de la com	가 제 있는 것 같은 것 같은 것 같이 있다. 	· · · · · · · · · · · · · · · · · · ·	a al manana an a bh
		Net rental income or (loss)			The second second second second		a de la composition de	
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	34,755,					
	b	Less: cost or other basis						
		and sales expenses	17,900.					
		Gain or (loss)	-		an tanàn tanàn 40000 amin'ny fisiana	n esta porte a la tribuió da: N	e Nord Contractory (Contractory)	
		Net gain or (loss)		····· •	-42.168.		- North (N. V. N. M. S.	-42,168.
e	8 a	Gross income from fundraising						
/en		including \$ 348	,	1				
Other Revenue		contributions reported on line	-					
ē		Part IV, line 18						
8		Less: direct expenses			c0 c30			69,638,
		Gross income or (loss) from func	-	►	<u>69,638.</u>			07.030.
	ษล	Part IV, line 19						
ĺ	L	Less: direct expenses						
		Net income or (loss) from gam						-
		Gross sales of inventory, less						
	10 4	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			·		
ŀ		Miscellaneous Revenu		Business Code				
ľ	11 2	MANAGEMENT SERVICES		561000	289,768,	289.768.	0.	
		INSURANCE PROCEEDS		524298	216,056		0.	216,056,
		CONVENIENCE ITEMS		452000	121,439,		0.	121.439.
		All other revenue			129 125.			129,125.
		Total. Add lines 11a-11d			756,388.			
[12	Total revenue. See instructions.			39,052,096.	33,445,223,	0.	499_264.
33200 10-29-	13							Form 990 (2013)

16010812 099782 19919

Form 990 (2013)

YMCA OF METROPOLITAN DETROIT 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).

Do	Check if Schedule O contains a responent include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	376,106.	376,106.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	42,000.	42,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	13,500.	13,500.		
4	Benefits paid to or for members				Henresburgen (* 1913)
5	Compensation of current officers, directors,				
	trustees, and key employees	1,108,140.	624,983.	279,609.	203,548
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	17,793,009.	16,532,108.	1,078,736.	182,165
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	637,621.		26,622.	6,066
9	Other employee benefits	1,080,373.			25,256
0	Payroll taxes	1,718,957.	1,623,183.	65,908.	<u>29,866</u>
1	Fees for services (non-employees):				
а	Management				
	Legal	132,021.	87,641.	43,902.	478
	Accounting	89,500.	59,414.	29,762.	324
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f					
g					
Ŭ	column (A) amount, list line 11g expenses on Sch 0.)	168,929.	112,142.	56,175.	612
2	Advertising and promotion	618,977.	614,713.	1,993.	2,271
3	Office expenses	630,096.	529,297.	89,591.	11,208
4	Information technology				
5	Royalties				
6	Оссирапсу	3,381,391.	3,088,716.	241,565.	51,110
7	Travel	333,809.	203,193.	113,003.	17,613
8	Payments of travel or entertainment expenses	-			
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	283,571.	203,273.	65,176.	15,122
0	Interest	843,674.	769,671.	57,124.	16,879
1	Payments to affiliates	291,237.	291,237.		
2	Depreciation, depletion, and amortization	2,905,392.	2,650,546.	196,719.	58,127
23	Insurance				
.5 14	Other expenses. Itemize expenses not covered				
	above, (List miscellaneous expenses in line 24e. If line)				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DEDATES AND MATNEEDIANOR	2,389,245.	2,212,626.	137,386.	39,233
b	DDAGDANG GUDDI THG	1,827,577.	1,749,659.	42,882.	35,036
	DDOGDAN THOUDHOUTON	1,809,525.	1,517,775.	250,032.	41,718
c d		1,107,784.	1,010,143.	92,941.	4,700
-	All other expenses	624,309.	416,530.	175,141.	32,638
	Total functional expenses. Add lines 1 through 24e	40,206,743.	36,326,923.	3,105,850.	773,970
5 6	Joint costs. Complete this line only if the organization		50,520,525		
6	• • •				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here 💽 🔄 if following SOP 98-2 (ASC 958-720)				Form 990 (201:

16010812 099782 19919

2013.04010 YMCA OF METROPOLITAN DETROI 19919_2

14

16010812 099782 19919

YMCA OF METROPOLITAN DETROIT

38-1358055 Page 11

Part X Balance Sheet

Part X	Balance Sheet				
	Check if Schedule O contains a response or note to any line in this Pa	rt X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			1	1,433,682
2	Savings and temporary cash investments		1,152,512.	2	
3	Pledges and grants receivable, net		369,032.	3	437,401
4	Accounts receivable, net		2,202,540.	4	1,870,005
5	Loans and other receivables from current and former officers, director				
	trustees, key employees, and highest compensated employees. Com		· 같은 문제가 있는 것은 것은 것은 것을 것을 수 있는 것을 것을 수 있는 것을 것을 수 있는 것을 수 있다. 것을 것 같이 않는 것을 수 있는 것을 수 있는 것을 수 있는 것을 수 있는 것을 것 같이 않는 것을 수 있다. 것 같이 않는 것 않는 것 같이 않는 것 않는		
	Part II of Schedule L		· · ·	5	
6	Loans and other receivables from other disgualified persons (as define				
Ĭ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and co				
	employers and sponsoring organizations of section 501(c)(9) voluntary				and a set of the set of the
	employees' beneficiary organizations (see instr). Complete Part II of S			6	
	Notes and loans receivable, net			7	
ž 8	Inventories for sale or use			8	· · · · · · · · · · · · · · · · · · ·
9	Prepaid expenses and deferred charges		1,032,069.	9	1,052,381
-	a Land, buildings, and equipment: cost or other				
100	basis. Complete Part VI of Schedule D 10a 100, 455	5.251.			
	b Less: accumulated depreciation			10c	51,438,309
11	Investments - publicly traded securities		447,253.	11	503,528
12	Investments - other securities. See Part IV, line 11			12	
12	Investments - program-related. See Part IV, line 11			13	
13	Intangible assets			14	
15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		58,428,546.	16	56,735,300
17	Accounts payable and accrued expenses		2,138,267.	17	2,482,802
18	Grants payable		18		
19	Deferred revenue	1,390,314.	19	1,371,692	
20	Tax-exempt bond liabilities		29,025,000.	20	28,105,000
21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	Loans and other payables to current and former officers, directors, tru				
	key employees, highest compensated employees, and disqualified pe		가 나는 것이 많은 것이 같아요.	지금	· '영향'은 동물을 받고 :
22	Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated third parties			23	224,759
24	Unsecured notes and loans payable to unrelated third parties			24	
25	Other liabilities (including federal income tax, payables to related third				
	parties, and other liabilities not included on lines 17-24). Complete Par				
	Schedule D		628,481.	25	393,892
26	Total liabilities. Add lines 17 through 25		33,182,062.	26	32,578,145
	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🛛	and			
2	complete lines 27 through 29, and lines 33 and 34.				
27 28 29 30 30 31 32 32	Unrestricted net assets	<u>24,285,485.</u>	27	23,344,515	
28	Temporarily restricted net assets		960,999.	28	812,646
29	Permanently restricted net assets	<u></u>		29	
5	Organizations that do not follow SFAS 117 (ASC 958), check here				
5	and complete lines 30 through 34.		이었다. 가지 말에 가는 것같은		n date de la Califa de de
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipment fund			31	
32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		25,246,484.	33	24,157,161
34	Total liabilities and net assets/fund balances		58,428,546.	34	56,735,306

Form 990 (2013)

Form 990 (2013)

Form	1990 (2013) YMCA OF METROPOLITAN DETROIT	38-13	5 <u>8055</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>39,05</u> :		
2	Total expenses (must equal Part IX, column (A), line 25)		40,20		
3	Revenue less expenses. Subtract line 2 from line 1		-1,15		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,24		
5	Net unrealized gains (losses) on investments	5	6.	9,0	<u>22.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_	3,6	98.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	24,15'	7 <u>,1</u>	<u>61.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			F	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			14 A. J. A.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2a</u>		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			11) a 	14.4
b	Were the organization's financial statements audited by an independent accountant?		2b	X	N. 6. 14
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th		1. A.		
	review, or compilation of its financial statements and selection of an independent accountant?		. <u>2c</u>	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		N 11 N	2000 	
	Act and OMB Circular A-133?		. <u>3a</u>	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> 3b </u>	<u>X</u>	
			Form	9901	(2013)

SCHED			1	OMB No. 1545-0047
	0 or 990-EZ)	Public Charity Status and Public Support		2013
•		Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.		2010
Department o	f the Treasury	Attach to Form 990 or Form 990-EZ.		Open to Public
Internal Rever		▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fo	rm990.	Inspection
Name of t	the organizati		Employer ide	ntification numbe
		YMCA OF METROPOLITAN DETROIT	38-	1358055
Part I	Reason	for Public Charity Status (All organizations must complete this part.) See instructions	\$.	
The organ	ization is not a	a private foundation because it is: (For lines 1 through 11, check only one box.)		
1 🛄		nvention of churches, or association of churches described in section 170(b)(1)(A)(i).		
2		cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)		
3		a cooperative hospital service organization described in section 170(b)(1)(A)(iii).		
4	A medical res	search organization operated in conjunction with a hospital described in section 170(b)(1)(A)	(iii), Enter the	hospital's name,
·	city, and stat	-		
5		ion operated for the benefit of a college or university owned or operated by a governmental u	nit described	in
	-	(b)(1)(A)(iv). (Complete Part II.)		
6		te, or local government or governmental unit described in section 170(b)(1)(A)(v).		
7 X		ion that normally receives a substantial part of its support from a governmental unit or from the	ne general put	blic described in
• • • • • • •	-	b)(1)(A)(vi). (Complete Part II.)	0	
8		v trust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
9	-	ion that normally receives: (1) more than 33 1/3% of its support from contributions, members	hip fees, and r	oross receipts from
		ted to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of i		
		unrelated business taxable income (less section 511 tax) from businesses acquired by the org		
		509(a)(2). (Complete Part III.)	Junzation and	
10		ion organized and operated exclusively to test for public safety. See section 509(a)(4).		
11		ion organized and operated exclusively to test to public sately. See Section Cod(a,+).	invout the pu	rooses of one or
		v supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509		
			stalloj. Onecik	the box that
	······	e type of supporting organization and complete lines 11e through 11h.	uno III - Non-fu	nctionally integrate
[]	a Type I	this box, I certify that the organization is not controlled directly or indirectly by one or more d		, .
e				
		nanagers and other than one or more publicly supported organizations described in section 5	Us(a)(1) OF SEC	1011 000(a)(z).
f	-	ation received a written determination from the IRS that it is a Type I, Type II, or Type III		
		rganization, check this box		······
g		t 17, 2006, has the organization accepted any gift or contribution from any of the following per		V N-
		n who directly or indirectly controls, either alone or together with persons described in (ii) and		Yes No
	-	erning body of the supported organization?		11g(i)
		member of a person described in (i) above?		11g(ii)
	· ·	controlled entity of a person described in (i) or (ii) above?	,	11g(iii)
h	Provide the fo	ollowing information about the supported organization(s).		
			le the	

(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section	in col. (i) lis	iv) is the organization (v) i n col. (i) listed in your org governing document? (i) o		u notify the ion in col. r support?	(vi) Is organizatio (i) organiz U.S	the on in col. ed in the .?	(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
		:							
			<u> </u>						
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Schedule A (Form 990 or 990 EZ) 2013 YMCA OF METROPOLITAN DETROIT 38-1358 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.)

Sec	ction A. Public Support						1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3848052.	5413224.	4004819.	<u>5430167.</u>	<u>5107609.</u>	23803871.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3848052.	5413224.	4004819.	5430167.	5107609.	<u>23803871.</u>
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)						4213284.
6	Public support. Subtract line 5 from line 4						19590587.
	ction B. Total Support						·
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	3848052.	5413224.	4004819.	5430167.	5107609.	23803871.
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	20,447.	11,129.	8,313.	8,270.	5,174.	53,333.
9	Net income from unrelated business						
÷	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)	704.309.	368,373.	465.573.	348,513.	756.388.	2643156.
44	Total support. Add lines 7 through 10			n serena a c			26500360.
	Gross receipts from related activities,	etc. (see instruction	ons)				,676,729.
	First five years. If the Form 990 is for						
10	organization, check this box and stor						
Sec	ction C. Computation of Publ						
•	Public support percentage for 2013 (I			olumn (f))		14	73.93 %
	Public support percentage from 2012					15	75.09 %
	33 1/3% support test - 2013. If the c					nore, check this be	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes	•	•		• · · · · ·		
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
12	Private foundation. If the organizatio						
10	r mate roundation. It the organizatio	a alla not chook a l			, <u>-11001, and box a</u>		

Schedule A (Form 990 or 990-EZ) 2013

332022 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

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

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-									
	iness under section 513									
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities									
Ŭ	furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 5									
	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									
	Public support (Subtract line 7c from line 6.)					- 22월 22일, 243 194				
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
	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									
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)									
	Total support. (Add lines 9, 10c, 11, and 12.)									
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,			
	check this box and stop here						>			
	ction C. Computation of Publ					· · · · · · · · · · · · · · · · · · ·				
15	Public support percentage for 2013 (ine 8, column (f) di	vided by line 13, o	olumn (f))		15	%			
	Public support percentage from 2012					16	%			
	ction D. Computation of Inves					r				
	Investment income percentage for 20			ne 13, column (f))		17	%			
	Investment income percentage from 2					18	%			
19 a	33 1/3% support tests - 2013. If the									
	more than 33 1/3%, check this box a									
b	33 1/3% support tests - 2012. If the									
	line 18 is not more than 33 1/3%, che									
20	Private foundation. If the organizatio	<u>n did not check a l</u>	box on line 14, 19	a, or 19b, check th						
33202	23 09-25-13				Sch	edule A (Form 990	or 990-EZ) 2013			

16010812 099782 19919

Schedule A (Form 990 or 990-EZ) 2013 YMCA OF METROPOLITAN DETROIT	38-1358055 Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line	
Also complete this part for any additional information. (See instructions).	
SCHEDULE A, PART II, LINE 10	
EXPLANATION: OTHER INCOME	
	- 100 - 100
	·
32024 09-25-13	Schedule A (Form 990 or 990-EZ) 201
20	

16010812 099782 19919

PUBLIC DISCLOSURE COPY **

Schedule E (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

Name	of	the	organization	
------	----	-----	--------------	--

Y	MCA OF METROPOLITAN DETROIT	38-1358055
Organization type(check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X	For a section 501(c)(3) organization filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections
	509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

(c) tal contributions 192,600.	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
tal contributions 192,600. (c) tal contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
(c) tal contributions	Payroll Noncash Complete Part II for noncash contributions.)
tal contributions	
360,574.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(c) tal contributions	(d) Type of contribution
765,744.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(c) al contributions	(d) Type of contribution
1,023,301.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(c) al contributions	(d) Type of contribution
201,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(c) al contributions	(d) Type of contribution
	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	(c) tal contributions 201,200.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Page 2

<u>38-1358055</u>

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

22

16010812 099782 19919

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

Page **2**

38-1358055

YMCA OF METROPOLITAN DETROIT

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

(a)	(d)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$ <u>175,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$104,260.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

16010812 099782 19919

323452 10-24-13

	HEDULE D n 990)		al Financial Statement anization answered "Yes," to Form 99			омв No. 1545-0047 2013
ורטוו	11 2001	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1	l2b.		Open to Public
	ment of the Treasury I Revenue Service	Information about Schedule D (For Information about Schedule D)	Attach to Form 990. m 990) and its instructions is at www	.irs.gov/f	orm990.	Inspection
	e of the organizati					r identification number
	-	YMCA OF METROPOLIT	AN DETROIT			<u>38-1358055</u>
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Fund	ts or A	ccounts	 Complete if the
	organizatio	n answered "Yes" to Form 990, Part IV, lin				
			(a) Donor advised funds	()	o) Funds a	nd other accounts
1	Total number at e	nd of year				
2	Aggregate contrib	utions to (during year)				
3		from (during year)				
4	Aggregate value a	t end of year				
5	-	on inform all donors and donor advisors in				
		on's property, subject to the organization's				🔄 Yes 🔛 No
6		on inform all grantees, donors, and donor a				
		ooses and not for the benefit of the donor o				
De	impermissible priv	ate benefit? ation Easements. Complete if the org				Yes No
Pa				ran iv,		
1	<u> </u>	servation easements held by the organizat		الممادمة	importor	t land area
		n of land for public use (e.g., recreation or e	Preservation of a ce			
		of natural habitat		auneu na	stone struc	aure
•		n of open space	find appropriation contribution in the for	m of a co	neonvetion	accoment on the last
2	•	through 2d if the organization held a quali	ned conservation contribution in the for	noraco	Iservation	easement on the last
	day of the tax yea	r.				l at the End of the Tax Year
_	Tatal as web as of a	onservation easements			2a	
a h		ricted by conservation easements			20 2b	
0		vation easements on a certified historic sta			20	
ت اہ		vation easements included in (c) acquired			-20	
d		nal Register			2d	
3		vation easements modified, transferred, re				ing the tax
Ş	year	valion easements modified, transferred, to		ne ergan		
4		where property subject to conservation ea	sement is located >			
5		tion have a written policy regarding the pe		- f		
Ŭ		forcement of the conservation easements i				🖸 Yes 📃 No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	and enforcing conservation easements	during th	ne year 🕨	
7	Amount of expense	ses incurred in monitoring, inspecting, and	enforcing conservation easements duri	ng the ye	ar 🕨 \$	
8		vation easement reported on line 2(d) above				
-)(4)(B)(ii)?				🛄 Yes 📃 No
9	In Part XIII, descri	be how the organization reports conservat	on easements in its revenue and expen	se staten	nent, and b	alance sheet, and
		ole, the text of the footnote to the organiza				
	conservation ease	ements				
Pa	rt III Organiza	ations Maintaining Collections o	f Art, Historical Treasures, or	Other S	Similar A	lssets.
		f the organization answered "Yes" to Form				
1a		elected, as permitted under SFAS 116 (AS				
	historical treasure	s, or other similar assets held for public ex	nibition, education, or research in furthe	rance of	public serv	ice, provide, in Part XIII,
		tnote to its financial statements that descr				
b		elected, as permitted under SFAS 116 (AS				
	treasures, or othe	r similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic ser	vice, provi	de the following amounts
	relating to these it	ems:				
	(i) Revenues incl	uded in Form 990, Part VIII, line 1			▶ \$	
	(iii) Assets include	ed in Form 990, Part X			▶ \$	
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financ	ial gain, p	orovide	
		unts required to be reported under SFAS 1				
а	Revenues include	d in Form 990, Part VIII, line 1				
b		1 Form 990, Part X				
		eduction Act Notice, see the Instruction	s for Form 990.		Sche	edule D (Form 990) 2013
33205 09-25-	1 13					

16010812 099782 19919

Sche		METROPOLI					38-13			age 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures,	or Oth	er Simil	ar Asse	ets(contii	nued)	
3	Using the organization's acquisition, accessi									S
	(check all that apply):									
а	Public exhibition	d		change progr						
b	Scholarly research	е	Other							
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further	the organizat	ion's exe	empt purp	ose in Pa	rt XIII.		
5	During the year, did the organization solicit o	r receive donations (of art, historical tre	asures, or oth	ter simila	ar assets				-
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's c	collection?			<u></u>	Yes	_	No
Pa	t IV Escrow and Custodial Arran		ete if the organizati	on answered	"Yes" to	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributio	ns or other a	ssets no	t included	_		r	7
	on Form 990, Part X?						L	_ Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			F	I			
								Amoun	t	
c	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					<u>1e</u>				
f	Ending balance	• • • • • • • • • • • • • • • • • • • •					ļ	_		
2a	Did the organization include an amount on F						L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pa	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to F	orm 990, Parl	t IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two yea	ırs back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance	13,963,348.	13,085,798	. 14,52	0,390.	13.0	589 <u>,668</u>	. 11	,819	261,
b	Contributions	376,106.	179,720	. 14	3,601.	1	<u>195,550</u>		127	124.
с	Net investment earnings, gains, and losses	2,195,461.	1,528,840		1.994.	1,8	311,185	. 2	,543	675.
d	Grants or scholarships	765 744.	787,332	. 80	4,264.	1,1	L32,359		751	929.
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	33,665,	43,678	. 5	1,935.		43,654		48	463.
g	End of year balance	15,735,506.	13,963,348	. 13,08	5 798.	14,5	520,390	. 13	689	668.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column ((a)) held as:			•			
a	Board designated or quasi-endowment	59.70	%							
b	Permanent endowment > 40.30	%								
	Temporarily restricted endowment	%								
-	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	Id equal 100%.								
3a	Are there endowment funds not in the posse		ation that are held	and administ	ered for	the organi	zation			
•••	by:	Ĵ				-			Yes	No
	(i) unrelated organizations							3a(î)	Х	
	(ii) related organizations								Х	
h	If "Yes" to 3a(ii), are the related organizations								Х	
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipm									
L	Complete if the organization answere		, Part IV, line 11a. S	See Form 990), Part X,	, line 10.				
	Description of property	(a) Cost or o		t or other		Accumulate	əd	(d) Boo	k valu	e
	perception of brobond	basis (investr		(other)		preciation				
ta	Land			76,946.				5,77	6,9	46.
b	Buildings			51,959.	29,	024,4	75.4	10,92		
	Leasehold improvements			49,457.		18,1			1,3	
d	Equipment			78,272.	9.	534,0			4,1	
	Other			98,617.		440,2		3,85		
	. Add lines 1a through 1e. (Column (d) must e								8,3	
Total	, Aud mies la unough le, (obumin (d) must e	quari onn 000, i art.					Cohodul			

Schedule D (Form 990) 2013

332052 09-25-13

Schedule D (Form 990) 2013 YMCA OF METROPOLITAN DETROIT

Part VII Investments - Other Securities.

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

Complete if the organization answered "Yes"	to Form 990, Part IV, line	T1b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives				-
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				,
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
¥	to Form 000 Dart N/ Jine	11a - Cas Earm 000	Dart V line 19	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value			d-of-year market value
	(D) DOOK VAIUE		aladion. Obi of Bri	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		and the second second		and a second of the second
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 000 Part IV line	11d Son Form 000	Dort V line 15	
	Description	110. 0001 0111 330,	FattA, inte 10.	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			:	
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	o 15)		•	
Part X Other Liabilities.	7 10,7			
Complete if the organization answered "Yes"	to Form 000 Port IV line	110 or 11f Son Form	000 Part V line 25	
		(b) Book value	1 990, Fait A, inte 23.	Na na suite di site di site di gite sa site di
•••		(D) DOOK VAIUE		
(1) Federal income taxes				
(2) CAPITAL LEASE OBLIGATIONS		194,106.		는 것 같은 그는 것 같은 것 같이 한 지수는 것 같은 것 같은 것 같은 것 같이 한다.
(3) OBLIGATIONS UNDER LIFE IN	COME			
(4) CONTRACTS		199,786.		
(5)				
(6)				
(7)		······································		
(7)				
				에는 이 가는 것은 것을 가지 않는다. 같은 것 같은 것은 것은 것은 것은 것을 가지 않는다. 같은 것 같은 것은 것은 것은 것은 것은 것은 것은 것을
(9)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

16010812 099782 19919

28

	dule D (Form 990) 2013 YMCA OF METROPOLITAN DETR		38-1358055 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Rev	enue per Return.
·	Complete if the organization answered "Yes" to Form 990, Part IV, line 12		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	1 1	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	- A 121
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Exp	oenses per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12:	a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	F 6	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	т (
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pai	rt 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.

PART V, LINE 4:

EXPLANATION: 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 10 BRANCHES ACROSS
SOUTHEAST MICHIGAN TO THE ACHIEVERS PROGRAMMING SERVING THE INNER CITY OF
DETROIT. 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.

PART X, LINE 2:

EXPLANATION: THE ASSOCIATION IS AN ORGANIZATION DESCRIBED IN INTERNAL 332054 09-25-13 29

Part XIII Supplemental Information (continued) 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, 2013, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. \mathbf{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, 2010.

YMCA OF METROPOLITAN DETROIT

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

SCHEDULE F (Form 990) Department of the Treasury	Complete if	the organizatio Attach to F	ivities Outside the Un n answered "Yes" on Form 990, Part orm 990. See separate instruction	IV, line 14b, ' ns.	11.05 15, or 16.	MB No. 1545-0047 2013 Dpen to Public nspection
Internal Revenue Service	Information ab	out Schedule F	(Form 990) and its instructions is at	www.irs.yov/	Employer identi	
, i i i i i i i i i i i i i i i i i i i						
YMCA OF METROP	OLITAN DE	TROIT	tside the United States. Comple	to if the organ	38-13580!	
Part I General Info Form 990, Part		Cuviles Ou	Laide the Onited Otates, comple	ste ir the organ	ization answered	
1 For grantmakers. Doe the grantees' eligibility	es the organization for the grants or a	assistance, and	ds to substantiate the amount of its gra the selection criteria used to award the	grants or ass	istance? X	Yes 🗌 No
United States.			procedures for monitoring the use of its		ther assistance out	tside the
3 Activities per Region. ((a) Region	The following Par (b) Number of offices in the region	I, line 3 table c employees, agents, and independent contractors in region	an be duplicated if additional space is r (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If act is a pro describ	ivity listed in (d) ogram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	c	0	GRANTS TO RECIPIENTS LOCATED IN REGION			10,000.
RUSSIA & THE NEWLY INDEPENDENT STATES	c	0	GRANTS TO RECIPIENTS LOCATED IN REGION			3,500.
3 a Sub-total		0				13,500.
b Total from continuatio sheets to Part I		00				0.
c Totals (add lines 3a and 3b)		0				13 500.

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

Schedule F (Form 990) 2013

332071 10-03-13

Schedule F (Form 990) 2013 Part II Grants and Othe recipient who rece	<u>3 YMCA (</u> er Assistance to Org seived more than \$5,0	(Form 990) 2013 YMCA OF METROPOLLTAN Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	Form 990) 2013 YMCA UF METRUPOLATIAN DETRUCT 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.	complete if the ord eded.	38-1336033 ganization answered "Yes" on	og U o on Form 9 "Yes" on Form 9	190, Part IV, line 15, fo	rany
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT YMCA-USA WORLD SERVICE CAMPAIGN IN HAITI	CHECK TO XM FOR U 10 000 HAITI	CHECK PAYABLE TO YMCA-USA FOR USE IN HAITI	0		
		1						
	recipient organizatio the grantee or couns	ns listed above that are el has provided a sectio	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	e foreign country,	recognized as tax-e	xempt by		
3 Enter total number of other organizations or entities	other organizations of	or entities					Scher	Schedule F (Form 990) 2013

Page <u>3</u>		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2013
	IV, line 16.	(g) Description of non-cash assistance					Schedu
38-1358055	on Form 990, Part	(f) Amount of non-cash assistance					
36	the organization answered "Yes" o	(e) Manner of cash disbursement					
DETROIT	t tes. Complete if t	(d) Amount of cash grant					
	e the United Sta d.	c) Number of recipients					-
YMCA OF METROPOLITAN	e to Individuals Outsid Iditional space is neede	(b) Region					
Schedule F (Form 990) 2013 Y	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					

10-03-13

Schedule F (Form 990) 2013 YMCA OF METROPOLITAN DETROIT Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	Yes	X 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	X 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	X 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	X 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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 YMCA OF METROPOLITAN DETROIT

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.

PART I, LINE 2:

EXPLANATION: THE YMCA OF METROPOLITAN DETROIT MADE THESE GRANTS THROUGH

THE YMCA-USA, AND THEREFORE RELIED ON YMCA-USA TO ENSURE THAT THE FUNDS

ARE USED APPROPRIATELY. IN THE CASE OF THE HAITI GRANT, A YMCA OF

METROPOLITAN DETROIT STAFF MEMBER WAS PART OF A GROUP OF STAFF SENT BY

YMCA-USA ON TWO OCCASIONS TO PERFORM WORK IN HAITI.

Schedule F (Form 990) 2013

332075 10-03-13

Department of the Treasury	Complete if the o	ntal Information Regarding organization answered "Yes" to rganization entered more than \$ Attach to Form 99 bout Schedule G (Form 990 or 990-EZ	Form 9 15,000 (0 or Fo	90, Pa on Foi rm 99	art IV, lines 17, 18, o rm 990-EZ, line 6a. 0-EZ.	or 19), or if the	OMB No. 1545-0047 2013 Open To Public Inspection
Name of the organization			/		<u> </u>		Employer	identification number
		METROPOLITAN DETI						58055
required to c	omplete this part						7. Form 990	-EZ filers are not
a Mail solicitatio b Internet and e c Phone solicita d In-person solic 2 a Did the organization key employees listed	ns mail solicitations tions citations have a written o d in Form 990, Pa highest pald indi	f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with viduals or entities (fundraisers) pure	ation of ation of Il fundra al (includ profess	non-g gover ising o ting of ional f	overnment grants nment grants events fficers, directors, tru: undraising services?	stees ?		Yes No s to be
(i) Name and address or entity (fundra		(ii) Activity	(iii) fundr have o or con contribu	aiser Jstodv	(iv) Gross receipts from activity	to (Amount pa or retained fundraiser ited in col. (by) to (or retained by)
			Yes	No				
<u></u>								
		,						
		n is registered or licensed to solicit		utions	s or has been notified	d it is	exempt fro	m registration
	w							
				v				
			000	000 1	-7	loh-	dula G (Ec-	m 990 or 990-EZ) 2013
LHA For Paperwork Rec 332081 09-12-13	ιματίοπ αστ Νοτί	ice, see the Instructions for Form	990 0[55 U-I	- <u>-</u> . c	-011C	aare a (FUI	

16010812 099782 19919 2013.04010 YMCA OF METROPOLITAN DETROI 19919_2

Schedule G (Form 990 or 990-EZ) 2013 YMCA OF METROPOLITAN DE'TROIT 38-1358055 Page Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

38-1358055 Page 2

		of fundraising event contributions and gr	oss income on Form 990			ts greater than \$5,000.						
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events						
				RUNNING		(add col. (a) through						
			GOLF OUTINGS	EVENTS	57	col. (c))						
m			(event type)	(event type)	(total number)							
Revenue												
eve	1	Gross receipts	528,664.	129,582.	110,611.	768,857.						
ш												
	2	Less: Contributions	294,817.	14,643.	<u>38,561.</u>	348,021.						
	3	Gross income (line 1 minus line 2)	233,847.	114,939.	72,050.	420,836.						
	4	Cash prizes										
	5	Noncash prizes										
Direct Expenses												
ü ə	6	Rent/facility costs										
Å												
ect	7	Food and beverages										
Ď												
	8	Entertainment										
	9	Other direct expenses			77,330.	351,198.						
	10		351,198.									
	11 Net income summary. Subtract line 10 from line 3, column (d) 69,638.											
Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.												
		\$15,000 on Form 990 EZ, line 6a.										
<u>0</u>			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)						
enu				biligo/progressive biligo								
Revenue												
	1	Gross revenue										
Expenses	2	Cash prizes										
sue												
ă	3	Noncash prizes										
т Ц												
Direct	4	Rent/facility costs										
_												
	5	Other direct expenses			Yes %							
			Yes%	Yes%								
	6	Volunteer labor	No No	No	NoNo							
			6 E 1		•							
	7	Direct expense summary. Add lines 2 throug	n 5 in column (a)									
		No. 1 Contract line 7	7 from line 1 ookump (d)		•							
	8	Net gaming income summary. Subtract line 7	r trom line 1, column (u)									
_	r	to the state() is which the organization on organization	too coming activition:									
		ter the state(s) in which the organization opera the organization licensed to operate gaming ac										
		-										
ĸ	11 -	No," explain:										
	•											
40		ere any of the organization's gaming licenses n	avokad, evenanded or ta	rminated during the tax y	/oar?	Yes No						
ĸ	- 11	Yes," explain:										
				, Annue a								
					······	······································						
3320	82 09	9-12-13			Schedule G (For	m 990 or 990-EZ) 2013						

37

16010812 099782 19919

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2013 YMCA OF METROPOLITAN DETROIT 38-	<u>1358</u>	055	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			,
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
:4				
	Name			
	Address 🕨			
150	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
100		••		
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party $ ightarrow $ \$			
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:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	·		
	retain the state gaming license?		Yes	No 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 🕨 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	ines 9,	9b, 1	0b, 1 5b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			
3320	83 09-12-13 Schedule G (Forr	n 990 (or 990	-EZ) 2013
5520	38			-

16010812 099782 19919 2013.04010 YMCA OF METROPOLITAN DETROI 19919_2

SCHEDULE 1 (Form 990)		Complexity Complexity	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22}	er Assistand Id Individual n answered "Yes"	ce to Organi s in the Unit to Form 990, Part	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047 2013
Department of the Treasury Internal Revenue Service		 Information 	Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Attach to Form 990. (Form 990) and its instru	n 990. instructions is at	www.irs.gov/form95	JO.	Open to Public Inspection
Name of the organization	YMCA OF	METROPOLITAN	AN DETROIT					Employer identification number 38–1358055
Part I General I	Grant	nd Assistance						
1 Does the organ	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	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	ion X ves No
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use	ocedures for monit	oring the use of grant	of grant funds in the United States.	l States.			-
Part II Grants al	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	l Organizations in the	e United States. Co	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient	recipient that received more than \$5,000. Part II can be duplicated	\$5,000. Part II can		if additional space is needed.	ed.			
1 (a) Name and a or go	1 (a) Name and address of organization or government	(b) Ein		(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA FOUNDATION								FROM TIME TO TIME THE YMCA RECEIVES BEQUESTS,
1401 BROADWAY, ST) DETROIT MI 48226	STE 3A 226	30-0187652	L	376 106	0			PLANNED GIFTS, OR OTHER GIFTS IN SOME CASES
2 Enter total num	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	table 1 table				
3 Enter total num	Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					
LHA For Paperwot	For Paperwork Reduction Act Notice, see the Instructions for Form SEE PART IV FOR COLUMIN (H	, see the Instruct IV FOR CO	ction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS	SCRIPTION	ß			Schedule I (Form 990) (2013)

10-29-13

n N

Schedule I (Form 990) (2013) YMCA OF METROPOLITAN DETROIT	JLITAN DE	FROIT			38-1358055 Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	ited States. Com	plete if the organiza	ation answered "Yes"	to Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
DIRECT CASH ASSISTANCE TO COMMUNITY FAMILY		42,000.	°		
Part IV Supplemental Information. Provide the information required in		e 2, Part III, columr	Part I, line 2, Part III, column (b), and any other additional information	dditional information.	
PART II, LINE 1, COLUMN (H):	-				
NAME OF ORGANIZATION OR GOVERNMENT:	YMCA	FOUNDATION			
(H) PURPOSE OF GRANT OR ASSISTANCE:		IME TO TIN	FROM TIME TO TIME THE YMCA RECEIVES	RECEIVES	
BEQUESTS, PLANNED GIFTS, OR OTHER	GIFTS.	IN SOME CA	CASES THESE GIFTS	GIFTS ARE	
RESTRICTED BY THE DONOR FOR ENDOWMENT		PURPOSES, AND	IN OTHER C	IN OTHER CASES THESE	
GIFTS ARE DESIGNATED FOR ENDOWMENT	F PURPOSE	S BY MANAC	PURPOSES BY MANAGEMENT AND THE BOARD	THE BOARD	
OF DIRECTORS. THESE DONOR RESTRICTED	CTED GIFTS		AND BOARD DESIGNATED GIFTS	ED GIFTS	
ARE TRANSFERRED TO THE YMCA FOUNDATION	Υ. Α	SEPARATE S	SUPPORT NON-PROFIT	PROFIT	
ORGANIZATION WHICH WAS ESTABLISHED	5 D	IDE INVEST	PROVIDE INVESTMENT COUNSEL AND	EL AND	
332102 10-29-13		40			Schedule I (Form 990) (2013)

	P	ental I	nformation	OF METROP		 		 358055 Pa
<u>ΑΤΦΨΩΨΤΩΝ</u>				ENDOWMENT		 		
DIRECTION		1111	INCA D	BIIDOWMINI	1000			
				a constant and		 		
,						 		
				A		 		
							·····	
<u></u>						 		
							- 100 - 100	
32291 5-01-13								 Schedule I (Form

60		Compans	ation Information	I	OMB No. 1	545-00	47
	HEDULE J rm 990)	-		-	00	40)
(FU	-	Comp	rs, Trustees, Key Employees, and Highest ensated Employees		20	15)
		Complete if the organization ar	nswered "Yes" on Form 990, Part IV, line 23.		Open to	Dubl	ic .
	rtment of the Treasury	Attach to Form 99	 See separate instructions. 990) and its instructions is at www.irs.gov/fd 		Inspe		
	al Revenue Service Infor 1e of the organization	mation about Schedule J (Form	990) and its instructions is at www.ns.gov/re	Employer id	entificatio	on nui	mber
1 VCI I	-	MCA OF METROPOLIT.			35805		
Pa	rt I Questions Regard	ding Compensation		<u></u>	<u></u>	<u> </u>	
1.4	att Questions negure	ing compensation				Yes	No
4-	Check the enprepriate boy(co)	if the organization provided any	of the following to or for a person listed in Form	990		100	
na			vant information regarding these items.	000,			
	First-class or charter trave		Housing allowance or residence for perso	naluse			
		31	Payments for business use of personal re-				
	Travel for companions		Health or social club dues or initiation fee				
	Tax indemnification and g		Personal services (e.g., maid, chauffeur, c				
	Discretionary spending ac	COURT		inery			
			fellow a written policy regarding payment or				
b			follow a written policy regarding payment or		416		
_					<u>1b</u>	100	1.15
2			or allowing expenses incurred by all directors,			х	
	trustees, and officers, including	g the CEO/Executive Director, reg	parding the items checked in line 1a?	•••••	2	^	1.0.00
			the second s	- 11 1 -			
3			ed to establish the compensation of the organization				
			boxes for methods used by a related organizat	ion to			
		CEO/Executive Director, but expl					
	Compensation committee		X Written employment contract				
	Independent compensation		X Compensation survey or study				
	Form 990 of other organiz	zations	X Approval by the board or compensation of	ommittee			
4	During the year, did any perso	n listed in Form 990, Part VII, Sec	tion A, line 1a, with respect to the filing				
	organization or a related organ				34344		
		or change-of-control payment?					X
			lified retirement plan?				X
С			nsation arrangement?		4c		X
	If "Yes" to any of lines 4a-c, lis	it the persons and provide the app	plicable amounts for each item in Part III.				
	Only section 501(c)(3) and 50	01(c)(4) organizations must com	plete lines 5-9.				
5	For persons listed in Form 990), Part VII, Section A, line 1a, did t	he organization pay or accrue any compensation	ก			
	contingent on the revenues of	:			1.12.44	,	
а	The organization?				<u>5a</u>		X
b	Any related organization?				<u>5</u> b		X
	If "Yes" to line 5a or 5b, descri						
6	For persons listed in Form 990), Part VII, Section A, line 1a, did t	he organization pay or accrue any compensatio	ก			
	contingent on the net earnings	s of:			1.00	1.1	
а	The organization?				<u>6a</u>		X
b	Any related organization?				6b		X
	If "Yes" to line 6a or 6b, descri						
7			he organization provide any non-fixed payments	3		1.1.134 1.1.1	
					7		X
8			ed pursuant to a contract that was subject to the		12.54	S A C	p transfer
-			958-4(a)(3)? If "Yes," describe in Part III		8		X
9			presumption procedure described in				p stantī
-	Regulations section 53.4958-6			·····	. 9		L
LHA		Act Notice, see the Instructions f			le J (Forn	n 990)	2013

332111 09-13-13

16010812 099782 19919

Schedule J (Form 990) 2013 YMCA OF METROPOLITAN DETROIT 38-1358055	НO	OF METROPOLITAN	AN DETROIT	T 	38-1358055 to conject if additional process	055 2000 is peoded		Page 2
For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.	Form Form	orted in Schedule J, 990, Part VII.	report compensation	on from the organiz	ation on row (i) and from	n related organizations	s, described in the inst	ructions, on row (ii).
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.	ed inc	lividual must equal th	ie total amount of F	orm 990, Part VII, S	ection A, line 1a, appli	able column (D) and (I	 amounts for that ind 	ividual.
		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficience	(n)-(i)(a)	in prior Form 990
(1) REID S. THEBAULT	Ξ	185,982.	120,900.	39,835.	21,663.	10,744.	379,124.	0
PRESIDENT/CEO	Ē	0.		0	- 1			
(2) SCOTT LANDRY	Ξ	114,190.	18,200.	33,464.	13,51	7,78	<u>187,159.</u>	•
ol		٦				· / / / /		
(3) DAN MAIER Even uid de deuter.orment	0	- 0 0-	<u>та, 200.</u>	<u>٦</u>	, C.L.	4,430.	L04,444.	.0
	Ξ	125,961.	19,600.	23,225.	44,44	10,630.	223,86	
E)	(II)	.0	.0	0.	0.	.0	0.	.0
(5) SHAWN HILL	Θ	140,755.	.0	1,083.	11,67	10,600.	164,114.	0.
SUPERINTENDENT	9	0	0.	0	0.	•0	.0	•0
	ε							
	0							
	Ξ							
	€							
	Ξ							
	(ii)							
	Ξ							
	(<u>ii</u>)							
	Ξ							
	0							
	Ξ							
	Ξ							
	Ξ							
	⊜							
	Ξ							
	₿							
	Ξ							
	Ξ							
	Ξ							
	0							
	Ξ							
	Ξ							
332112 				6 V			Sched	Schedule J (Form 990) 2013

09-13-13

Schedule J (Form 990) 2013 YMCA OF METROPOLITAN DETROIT Part III Supplemental Information	38-1358055 Page 3	e
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.	s part for any additional information.	
		1
		I
		1
		1
]
	Schedule J (Form 990) 2013	013

Part I Bond Issues (a) Issuer name (b) Iss	METROPOLITAN DI	ion YMCA OF METROPOLITAN DETROIT		DIT 38-1:			Employer i 38-1	Employer identification number 38-1358055	lentification number 5 8 0 5 5
uer name									
	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Descriptic	(f) Description of purpose	(g) Defeased (h) On behalf of issuer	(h) On behal of issuer	f (i) Pooled financing
A MICHIGAN STRATEGIC FUND 52-1	52-14173325946	9469C6S7	11/13/03	20000000	CONSTRUCT. FACILITY	r & EQUIP	3		
B									
0									
Part II Proceeds	-	*							
1 0			×		ß	υ		٥	
2 Amount of bonds legally defeased									
3 Total proceeds of issue			. 20,000	,000.					:
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows	*****								
7 Issuance costs from proceeds			494	,117.					
8 Credit enhancement from proceeds									
roceeds									
10 Capital expenditures from proceeds			. 19,595	5,883.					
11 Other spent proceeds									
12 Other unspent proceeds									
13 Year of substantial completion				2006	Ž	×20		 ^	V.
14 Were the bonds issued as part of a current refunding issue?	issue?		3				2	3	
				X					
			×						
	t the final allocation o	f proceeds?	×						
ιt									
			×		Ξ.	U-			
1 Was the organization a partner in a partnership, or a member of an LLC,	member of an L	LC,	Yes	No Yes	No	Yes	No	Yes	°N N
which owned property financed by tax-exempt bonds?	\$2			X					
2 Are there any lease arrangements that may result in private business use of bond-financed property?	orivate business	s use of		×					

Schedule K (Form 990) 2013 YMCA OF METROPOLITAN DETROIT Part III: Private Business Use (Continued)			38-1	38-1358055				Page 2
0. And there are more according a reaction and the the transmission of the	A		8 ~~~	No	0 ~~~	No	<u>م</u>	No
but he triefs any management or service contracts that may result in private business use of bond-financed property?	142	X	102		8	2	0	P.
gage bond c icts relating 1			-					
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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		°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		• 00 %		%		%		%
6 Total of lines 4 and 5		.00 %		%		%		%
7 Does the bond issue meet the private security or payment test?		Х						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		:		:		2		;
of		%		%		%		%
 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?		Х						
Part IV Arbitrage								
		A		B		c	1	D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	٩	Yes	Ŷ	Yes	٥N
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		×						
c No rebate due?		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate								
computation was performed								
3 Is the bond issue a variable rate issue?	Х							
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
332.122 10-06-13						Sol	redule K (Fo	Schedule K (Form 990) 2013

Schedule K (Form 990) 2013 YMCA OF METROPOLITAN DETROIT			38-1	38-1358055				Page 3
Part IV Arbitrage (Continued)								
	Yes	No	Yes	No	Yes	۹ ۷	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of		ł						
section 148?		X						
Part V Procedures To Undertake Corrective Action								
	A			B	-	0		
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation is not available under applicable								
regulations?	Х							
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions)	s on Schedule	e K (see instri	uctions).					
			:					
332123 10-09-13						Х	shedule K (Fo	Schedule K (Form 990) 2013

	_		5 B #24	Ll	avaatad	Dor	CONC			OM	B No. 18	45-004	7
HEDULE L m 990 or 990-EZ) ► C	Complete if the	ansaction organization ans 28b, or 28c, or	wered " [•] Form 9	Yes" on F 990-EZ, P	Form 990, Part art V, line 38a	t IV, lir or 40	ie 25a, 25b, 24 5.	6, 27, 2	28a,		2 0 '	<u>,</u>	ic i
ment of the Treasury	Ation abore the second seco	tach to Form 990 ut Schedule L (Form	or Form 1 990 of 9	n 990-EZ. 990-EZ) an	See separa d its instructions	ate ma s is at u	ww.irs.gov/fe	orm99	o.		ien To ipecti		
					<u> </u>			Emp	loyer	identi	ficatio	n nur	nber
e of the organization		METROPOLI	TAN	DETRO	IT			38-	- <u>1.3</u>	<u>580</u> !	55		
HIL Excess Ben	efit Transac	tions (section 50	1(c)(3) a	nd sectio	n 501(c)(4) orga	anizati	ons only).						
Complete if the	organization and	swered "Yes" on F	orm 990), Part IV,	line 25a or 25b	o, or Fo	orm 990-EZ, Pa	art V, li	ne 40	b	T		
	(h)	Relationship betw	/een dis	qualified			ription of tran					Correc	
(a) Name of disqualified	person	person and or	ganizatio	on							Ye	s	No
											+	-+-	
					,,								
يې دي.						·							
										<u></u>			
Enter the amount of tax	incurred by the	organization man	agers or	r disqualifi	ed persons du	ring th	e year under						
								Ì	► \$				
section 4958 Enter the amount of tax	ς if any, on line 2	2, above, reimburs	ed by th	ne organiz	ation				▶ \$				
Int II Loans to an	nd/or From I	nterested Per	sons.			-	00 Dart IV lin	0.26.	or if th	ne oras	unizatio	n	
Complete if the	organization ar	swered "Yes" on	Form 99	0-EZ, Parl	V, line 38a or i	Form	990, Fan IV, III	10 20, 1		ic orge	43 F/12-04 CT		
		90, Part X, line 5, 6 ip (c) Purpose	5, or 22. (d) Loan	toor	(e) Original	(1)	Balance due	(g)	In	(h) Ap	proved		/ritter
(a) Name of interested person	(b) Relationsh with organizati		from t organiza	he prin	icipal amount			defa		comn	nittee?	agree	men
Interested person	With Digament			From				Yes	No	Yes	No	Yes	No
میں میں میں میں										<u> </u>		L	
								 					-
							······································		_	-			+
										+			
										<u> </u>	<u> </u>		+
										1			1
			+-+	— —		+		<u> </u>					
			+-+										
			+										
<u> </u>	<u> </u>		_ <u></u>		> \$;		1.14	525 e e e e 				- : <u>-</u>
art III Grants or A	Assistance E	Benefiting Inte	rested	Perso	ns.								
	e organization a	nswered "Yes" on	Form 9	90, Part IV	/, line 27.								<i>r</i>
Complete if the		(b) Relationship	betwee	en	(c) Amount of	-	(d) Type assista			(€	e) Purp assist		DT
Complete if th	d person	to the second second	rson and	1	assistance		2331314	100					
Complete if th (a) Name of intereste	d person	interested per	ration										
Complete if th	d person	the organiz	ation										
Complete if th	d person	the organiz	ation										
Complete if th	d person	the organiz	ation										
Complete if th	d person	the organiz	ation										
Complete if th	d person	the organiz	zation										
Complete if th	d person	the organiz	zation										
Complete if th	d person	the organiz	zation										
Complete if th	d person	the organiz											
Complete if th	d person	the organiz	ration										

³³²¹³¹ 09-25-13 16010812 099782 19919

Schedule L (Form 990 or 990 EZ) 2013 YMCA OF METROPOLITAN DETROIT

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationsh		interested	(c) Amou transac			scription of saction	organiz	aring of zation's nues?
								Yes	No
JP MORGAN CHASE	CURRENT	BOARD	MEMBE	756	,243.	BANK	FEES A		X
DTE ENERGY	CURRENT	BOARD	MEMBE	1,489	,304.	UTIL:	CTY SUP		X
						ļ			
			•••						
						1			

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JP MORGAN CHASE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CURRENT BOARD MEMBER, JOHN CARTER, IS A KEY EMPLOYEE OF THE ENTITY

(D) DESCRIPTION OF TRANSACTION: BANK FEES AND LETTER OF CREDIT FEES

(A) NAME OF PERSON: DTE ENERGY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CURRENT BOARD MEMBER, STEVEN KURMAS, IS A KEY EMPLOYEE OF THE ENTITY

(D) DESCRIPTION OF TRANSACTION: UTILITY SUPPLIER

Schedule L (Form 990 or 990-EZ) 2013

332 132 09-25- 13

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/	Open to Public
Name of the organizatio		Employer identification number 38–1358055
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
MIND, AND BO	DY FOR ALL.	

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MIND, AND BODY FOR ALL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 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 STRONG KIDS CAMPAIGN, IT WOULDN'T EVEN BE A POSSIBILITY. THAT IS WHY THE STRONG KIDS CAMPAIGN HELPS BUILD STRONG FAMILIES OF ALL SIZES BY OFFERING MUCH NEEDED FINANCIAL ASSISTANCE FOR CHILD CARE.

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 10 DAY CAMP LOCATIONS THROUGHOUT SOUTHEAST MICHIGAN. FOUR OF EVERY TEN CHILDREN IN YMCA DAY CAMP ARE PROVIDED SUBSIDY ASSISTANCE FROM OUR STRONG KIDS CAMPAIGN. LAST YEAR, THE ASSOCIATION RAISED APPROXIMATELY \$1 MILLION TO SUPPORT FAMILIES AND CHILDREN TO ENABLE THEIR FULL PARTICIPATION IN NURTURING PROGRAMS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

INVOLVEMENT AND A BETTER FUNDAMENTAL UNDERSTANDING OF SWIMMING. YMCA

OF METROPOLITAN DETROIT SWIM TEAMS ALSO PLAY AN IMPORTANT ROLE IN LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13 50

16010812 099782 19919

2013.04010 YMCA OF METROPOLITAN DETROI 19919_2

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization YMCA OF METROPOLITAN DETROIT	Employer identification number 38-1358055
BUILDING SELF-ESTEEM, CONFIDENCE AND TEAM SPIRIT. SEVER	AL YMCA

BRANCHES SUPPORT SWIM TEAMS INCLUDING THE BIRMINGHAM YMCA TEAM OF

NATIONAL REPUTATION WITH 300 PARTICIPANTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: SCHOOL AND SOON TO BE HIGH SCHOOL DESIGNED TO GRADUATE WORLD-CLASS LEARNERS WITH A GLOBAL FUTURE.

TODAY, THE YMCA OPERATES THE YMCA'S DETROIT LEADERSHIP ACADEMY IN THE BRIGHTMOOR NEIGHBORHOOD OF DETROIT SERVICE 460 KINDERGARTEN THROUGH 9TH GRADE STUDENTS - 90 PERCENT OF WHOM QUALIFY AS IMPOVERISHED. THE SCHOOL, IN THE FOURTH YEAR OF OPERATION, CONTINUES TO SHOW ACADEMIC PROGRESS AND IS RETURNING MORE THAN 95% OF ITS STUDENT BODY EACH YEAR.

THE YMCA OPENED THE YMCA'S DETROIT INNOVATION ACADEMY, A SECOND CHARTER SCHOOL WITH APPROXIMATELY 235 STUDENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

STRONG KIDS ANNUAL FUNDRAISING CAMPAIGN.

THE YMCA OF METROPOLITAN DETROIT PROVIDES A WIDE RANGE OF PROGRAM 332212 Schedule O (Form 990 or 990-EZ) (2013)

Schedule () (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization YMCA OF METROPOLITAN DETROIT	Employer identification number 38-1358055
SERVICES INCLUDING WELLNESS AND PERSONAL HEALTH TRAINING,	YOUTH SPORTS,
ADULT SPORTS, MEDIA ARTS, ARTS INSTRUCTION, THEATRE PROGRA	AMS, RESIDENCE
CAMPS, OUTDOORS EDUCATION, MENTORING AND ACADEMIC ASSISTAL	NCE PROGRAMS.
ALL YMCA PROGRAMS AND SERVICES FOCUS ON THREE KEY AREAS O	
LIVING, YOUTH DEVELOPMENT AND SOCIAL RESPONSIBILITY.	

REGARDLESS OF AGE, RACE, INCOME OR ABILITY, THE YMCA OF METROPOLITAN DETROIT ENSURES EVERYONE BELONGS. THE ACTIVITIES, PROGRAMS AND SERVICES AT OUR 10 BRANCHES AND TWO CAMPS ENGAGE THE SPIRIT AND MIND AS WELL AS THE BODY AND ENSURE NO ONE FEELS LEFT OUT OR ALONE.

MORE THAN 85 CENTS OF EVERY DOLLAR RAISED BY THE YMCA GOES DIRECTLY TO OUR PROGRAMS. LESS THAN FIFTEEN CENTS REPRESENTS ADMINISTRATION AND FUNDRAISING COSTS MAKING THE YMCA AMONG THE MOST EFFICIENT FUNDRAISING ORGANIZATIONS IN THE REGION.

EXPENSES \$ 16,464,044. INCL GRANTS OF \$ 431,606. REVENUE \$ 19,924,242.

FORM 990, PART VI, SECTION A, LINE 2: EXPLANATION: JAMES B. NICHOLSON AND JAMES M. NICHOLSON HAVE A FAMILY RELATIONSHIP AND A BUSINESS RELATIONSHIP.

REID THEBAULT, JOANNE DUNN, DANIEL MAIER, JOHN J. HERN JR, BRAD KREINER, MARITA GROBBEL, LARRY JOHNSON, ANTHONY CRACCHIOLO, WENDY FOSS, MICHAEL MCINERNEY AND JOHN CARTER ALL HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER DUE TO THEIR ROLES AS BOARD MEMBERS OF THE YMCA FOUNDATION, A RELATED TAX-EXEMPT ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11: 332212 09-04-13 52

Schedule O (Form 990 or 990 EZ) (2013)	Page 2
Name of the organization YMCA OF METROPOLITAN DETROIT	Employer identification number 38-1358055
EXPLANATION: THE FORM 990 IS FIRST REVIEWED BY THE AUDIT	COMMITTEE. A
DRAFT VERSION IS THEN EMAILED TO THE ENTIRE BOARD FOR REV	/IEW, WITH ANY
	OF DAYS. THE
	OF THE AUDIT
COMMITTEE AND THE BOARD.	

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: BOARD MEMBERS ARE REQUIRED TO COMPLETE THE CONFLICT OF INTEREST POLICY AND QUESTIONNAIRE ANNUALLY. THE AUDIT COMMITTEE REVIEWS RESPONSES TO THE QUESTIONNAIRE, DOCUMENTS POTENTIAL CONFLICTS AND THE STEPS TAKEN TO RESOLVE THE CONFLICTS. A SUMMARY REPORT IS PROVIDED TO THE EXECUTIVE COMMITTEE. ALSO, THE CHAIRMAN OF THE AUDIT COMMITTEE PERIODICALLY ADDRESSES THE ENTIRE BOARD TO REMIND THEM THAT SHOULD A POTENTIAL CONFLICT ARISE DURING THE YEAR, SINCE THE SUBMISSION OF THE LAST CONFLICT OF INTEREST POLICY AND QUESTIONNAIRE, EITHER THE AUDIT COMMITTEE OR THE CHAIRMAN OF THE BOARD SHOULD BE NOTIFIED IMMEDIATELY.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE EXECUTIVE COMPENSATION COMMITTEE DETERMINES THE COMPENSATION OF THE ORGANIZATION'S CEO/PRESIDENT. THE COMMITTEE IS COMPRISED OF THE IMMEDIATE PAST BOARD CHAIRMAN, THE CURRENT BOARD CHAIRMAN, THE FUTURE BOARD CHAIRMAN, THE CHAIRMAN OF THE FOUNDATION BOARD, THE CHAIRMEN OF THE HUMAN RESOURCES COMMITTEE, THE FINANCE COMMITTEE, AND THE AUDIT COMMITTEE, AND TWO INDEPENDENT BOARD MEMBERS AT-LARGE. THE CEO/PRESIDENT IS NOT INVOLVED IN THE REVIEW OR APPROVAL OF HIS OR HER OWN COMPENSATION. THE EXECUTIVE COMPENSATION COMMITTEE MEETS TWICE PER YEAR TO REVIEW THE PERFORMANCE OF THE CEO/PRESIDENT. THE FIRST MEETING IS HELD MID-YEAR TO REVIEW CURRENT YEAR PROGRESS, AND THE SECOND MEETING IS HELD AT 332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013) 53 2013.04010 YMCA OF METROPOLITAN DETROI 19919_

16010812 099782 19919

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization YMCA OF METROPOLITAN DETROIT	Employer identification number 38-1358055
THE END OF THE YEAR TO COMPLETE A PERFORMANCE EVALUATION	AND DETERMINE
COMPENSATION. DATA FOR COMPARABLE COMPENSATION FOR CEOS	OF OTHER YMCAS AND
NOT-FOR-PROFITS IS OBTAINED FROM COTTER & SULLIVAN. LEGA	L COUNSEL IS ALSO
CONSULTED, AS NECESSARY, PRIOR TO AND/OR DURING THE MEETI	NG AND MAINTAINS

OR REVIEWS CONTEMPORANEOUS DOCUMENTATION OF DISCUSSIONS AND DECISIONS

REGARDING THE COMPENSATION ARRANGEMENT. THE EXECUTIVE COMPENSATION

COMMITTEE PROVIDES THE ORGANIZATION WITH WRITTEN INSTRUCTIONS REGARDING THE COMPENSATION AND BONUS TO BE PAID TO THE CEO/PRESIDENT.

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 WHICH INCLUDE THE EXECUTIVE VICE PRESIDENT/C.O.O., EXECUTIVE VICE PRESIDENT FINANCE AND ADMINISTRATION/C.F.O., EXECUTIVE VICE PRESIDENT FINANCIAL DEVELOPMENT/C.D.O., EXECUTIVE VICE PRESIDENT OF STRATEGIC DEVELOPMENT, SENIOR VICE PRESIDENT OF HUMAN RESOURCES, AND SENIOR VICE PRESIDENT OF PROPERTIES. TWICE PER YEAR, THE CEO/PRESIDENT MEETS INDIVIDUALLY WITH EACH DIRECT REPORT IN A FORMAL REVIEW SESSION TO REVIEW PROGRESS ON PRE-AGREED-UPON PERFORMANCE GOALS AND DETERMINE COMPENSATION. DATA FOR COMPARABLE COMPENSATION FOR SIMILAR POSITIONS AT OTHER YMCAS AND NOT-FOR-PROFITS IS OBTAINED FROM COTTER & SULLIVAN. FOLLOWING THE COMPLETION OF THIS PROCESS, THE CEO/PRESIDENT PREPARES A REPORT DOCUMENTING THE COMPENSATION DECISIONS AND PRESENT THE REPORT TO THE EXECUTIVE COMPENSATION COMMITTEE. THE REPORT SETS FORTH THE COMPENSATION APPROVED AND THE COMPARABILITY DATA OBTAINED AND RELIED UPON. IF THE CEO/PRESIDENT DETERMINES THAT REASONABLE COMPENSATION IS HIGHER THAN THE RANGE OF 332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013)

16010812 099782 19919

54

2013.04010 YMCA OF METROPOLITAN DETROI 19919_2

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization YMCA OF METROPOLITAN DETROIT	Employer identification number 38-1358055
COMPARABILITY DATA, HE OR SHE SETS FORTH THE REASONS FOR	MAKING THIS
DETERMINATION. CONTEMPORANEOUS DOCUMENTATION OF THE DISC	USSION AND
DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS IS RECO	RDED IN THE
COMMITTEE MINUTES.	
THESE PROCESSES WERE LAST UNDERTAKEN IN JUNE AND JULY 201	3 WITH A MID-YEAR
REVIEW. THE ANNUAL PERFORMANCE REVIEW FOR 2013 WAS COMPLE	TED IN FEBRUARY
2014.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMEN	TS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO TH	E PUBLIC UPON
REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF LIFE INCOME CONTRACTS	-3,698.
FORM 990, PART XII, LINE 2C:	
EXPLANATION: THE YMCA OF METROPOLITAN DETROIT'S AUDIT COM	MITTEE
OVERSEES THE AUDIT AND SELECTION OF INDEPENDENT ACCOUNTAN	ITS. THIS
PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
332212 09-04-13 55	dule O (Form 990 or 990-EZ) (2013)

16010812 099782 19919 2013.04010 YMCA OF METROPOLITAN DETROI 19919_2

SCHEDULE R (Form 990) Department of the Treasury	Comp	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.	and Unrelated Partner es" on Form 990, Part IV, line 33, (See separate instructions.	tnerships 1e 33, 34, 35b, 36 ctions.	. or 37.		OMB No. 1545-0047 2013 Open to Public
Internal Revenue Service Name of the organization		Mutuation about Schedule R (Form 990) and its instructions is at www.irs.gov/rorm990.	0) and its instructions is at	WWW.IRS. GOV/TOT	990.	Employer identification number 2 0 - 1 2 5 0 0 5 5	ation number
Part I Identificati	Identification of Disregarded Entities Complete if the organization	ies Complete if the organization answered "Yes" or	answered "Yes" on Form 990, Part IV, line 33.				
Name, add	(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		(1) Direct controlling entity
Y-EDUCATION SERVICES 1401 BROADWAY, SUITE DETROIT, MI 48226	XVICES, L3C - 27-2440308 SUITE 3A 3226	FROVIDE MGMT, SUPERVISION, AND ADMIN OVERSIGHT OF MI FUBLIC SCHOOL ACADEMIES	MICHIGAN	5,552,573		YMCA OF METROPOLITAN 1,168,699.DETROIT	KOPOLITAN
bart II Identificati	ion of Related Tax-Exempt Organiz	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	nswered "Yes" on Form 990,	Part IV, line 34 be	cause it had one c	r more related tax-exer	npt
	ons during the tax year.						
Nan	(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
<u>YMCA FOUNDATION - 3</u> 1401 BROADWAY <u>BLVD</u> DETROIT, MI 48226	- 30-0187652 VD, STE 3A 226	MANAGE ENDOWMENT FUNDS OF YMCA OF METROPOLITAN DETROIT	MICHIGAN	501(C)(3)	11A	YMCA OF METROPOLITAN DETROIT	×
For Paperwork Redu	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.				Schedule R	Schedule R (Form 990) 2013

organizations treated as a partnership during the tax year.	tnership during the ta	tx 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	f Disproportionate ar allocations? Yes No		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	() (k) General or Percentage managing ownership Partner? Yes No
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.	ganizations Taxable poration or trust duri	as a Corpo ng the tax)	 ×ration or Trust C⊄ ∕ear.	I omplete if the	e organization	answered "Y	ss" on Form 95	90, Part IV, Ii	ine 34 bec	ause it had (one or mo	re related
(a) Name, address, and EIN of related organization	Zc	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Type (C corr	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	end-	(g) Share of Pe end-of-year o assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
						_						
332162 09-12-13				57						Schedu	le B (Forr	Schedule R (Form 990) 2013

Page 3

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	٩
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?	s with one or more rel	ated organizations listed i	n Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				ца Г	×
				₁b X	
				1c X	
				77	×
e Loans or loan guarantees by related organization(s)				le	4
f Dividends from related organization(s)				1f	×
 g Sale of assets to related organization(s) 				1g	×
				11	×
Evolutions of assets monthing and organization (s)				÷	×
					Þ
j Lease of facilities, equipment, or other assets to related organization(s)				1	×
k Lease of facilities, equipment, or other assets from related organization(s)	****			¥	×
I Performance of services or membership or fundraising solicitations for related organization(s)	inization(s)			-	×
m Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)			Ţ	×
	ion(s)			h X	
				+	
 Sharing of paid employees with related organization(s) 				₽	
b Reimbursement baid to related organization(s) for expenses				1	×
				10	×
				1	Þ
				11	∢ :
s Other transfer of cash or property from related organization(s)				1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	is line, including covered	elationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1) YMCA FOUNDATION	A	376,106.	SEE PART VII		
(2) YMCA FOUNDATION	υ	765,744.	SEE PART VII		
1					
4)					
(5)					

Schedule R (Form 990) 2013

58

(6) 332163 09-12-13

Schedule R (Form 990) 2013 YMCA (OF METROPOLITAN DE'	AN DETROIT	E					38-135	-1358055	Page 4
part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.	ible as a Partnership Coπ	plete if the organiz	zation answered "Yes	" on Forn	ז 990, Part IV, line 3	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.	entity taxed as a partnersh structions regarding exclus	ip through which the sion for certain inve	he organization condu estment partnerships.	ucted mo	re than five percen	t of its activities (m	leasured t	oy total assets o	dross r	evenue)
(a) Name. address. and EIN	(b) Primary activity	(c) Legal domicile	(d) Predominant income	(e) Are all partners sec.	(f) Share of	(g) Share of	(h) Dispropor-	(I) Code V-UBI	() General o	(k) Percentage
of entity		_	(related, unrelated, excluded from tax under section 512-514)	501(c)(3) 0rgs.? Yes No	total income	end-of-year assets	tionate allocations? Yes No	amount in box 20 of Schedule K-1 (Form 1065)) managing partner? Yes No	ownership
	3									
	_									
	F									
								Schedul	e R (For	Schedule R (Form 990) 2013

Schedule R	(Form 990) 2013	YMCA	OF	METROPOLITAN	DETROIT_	 <u> </u>
Part VII	Supplemental Inform	mation				

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

SCHEDULE R, PART V, LINE 2 (1) COLUMN D:

EXPLANATION: 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.

SCHEDULE R, PART V, LINE 2 (2) COLUMN D:

EXPLANATION: FUNDS GRANTED TO THE YMCA OF METROPOLITAN DETROIT

REPRESENT THE ACTUAL AMOUNT THE YMCA FOUNDATION BOARD APPROVES AS THE

ANNUAL ALLOCATION TO SUPPORT GENERAL OPERATIONS.

Schedule R (Form 990) 2013

16010812 099782 19919