Form 8879-TE		IRS e-file S for a T	ignature A ax Exemp	Authorizatio	n	OMB No. 1545-0047
	For calendar year 202	2, or fiscal year beginning				0000
Department of the Treasury	Do not send to the IRS. Keep for your records.			2022		
Internal Revenue Service		Go to www.irs.gov/	Form8879TE for	the latest informatio		
Name of filer	דאד דיד היו	DATGING BO			EIN or S	
		DRAISING FO FREDERICK			81	1513695
Name and title of officer or pe	ISON SUDJECT TO TAX	PRESIDENT		PV		
Part Type of	Return and Re	turn Information	C DECKETH			
or 10a below, and the amo whichever is applicable, bl than one line in Part I.	r doilars and cents. bunt on that line for ank (do not enter 4	. For all other forms, e r the return being filed 0-). But, if you entered	enter whole dollars d with this form wa d •0• on the return,	only. If you check th s blank, then leave lir then enter -0- on the	e box on line 1a, 2 ne 1b, 2b, 3b, 4b, 5 applicable line belo	a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 5b, 6b, 7b, 8b, 9b, or 10b, w. Do not complete more
1a Form 990 check h		b Total revenue,	if any (Form 990,	Part VIII, column (A),	line 12)	1b <u>22,672.</u>
2a Form 990-EZ che		b Total revenue,	if any (Form 990-E	Z, line 9)	••••••	2b
3a Form 1120-POL of 4a Form 990-PF che		b Total tax (Form	11120-POL, line 22	2) + //Earm 000 DE David	N/ Page (7)	
5a Form 8868 check		b Balance due (F	nvestment incom form 8868 line 3c)	e (rom 990-PF, Pan	(v, line 5)	4b 5b
6a Form 990-T check		b Total tax (Form	990-T. Part III lin			6b
7a Form 4720 check		b Total tax (Form	4720. Part III. line	· 1)		7b
8a Form 5227 check				(Form 5227, Item D)		8b
9a Form 5330 check	here	b Tax due (Form		•		9b
10a Form 8038-CP ch		b Amount of cree	dit payment reque	sted (Form 8038-CF	, Part III, line 22)	
		ure Authorizatio				
Under penalties of perjury, of entity)	I declare that X					spect to (name ve examined a copy of the
entry to the financial institu financial institution to debit later than 2 business days payment of taxes to receive personal identification num PIN: check one box only	t the entry to this a prior to the payme: e confidential inform	ccount. To revoke a p nt (settlement) date. I mation necessary to a	ayment, I must co also authorize the answer inquiries ar	ntact the U.S. Treasu financial institutions of resolve issues related in the solve issues related in the solve issues related in the solve issues related in the solve in the solve issues related in the solve issues related issues related in the solve issues related in the solve issues related in the solve issues in the solve issues in the solve issues in the solve issues in the solve issues in the solve issues issues in the solve issues issues in the solve issues issue	Iry Financial Agent : involved in the proc ted to the payment	at 1-888-353-4537 no cessing of the electronic
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with a state agen on the return's di	icy(ies) regulating o sclosure consent s	charities as part of the creen.	RS Fed/State pro	ogram, I also authoriz	e the aforemention	ne return is being filed ed ERO to enter my PIN 2022 electronically filed
return. If I have ir	dicated within this	return that a copy of my PIN on the return'	the return is being	filed with a state age	ency(ies) regulating	charities as part of the
Signature of officer or person subject	to tax			,	Da	te 11-14-2-3
Part III Certificat	ion and Authe	ntication				
ERO's EFIN/PIN. Enter you number (EFIN) followed by the second se	-	-		3995719		
I certify that the above num submitting this return in acc Business Returns.	eric entry is my Pli cordance with the r	N, which is my signati requirements of Pub .	ure on the 2022 el 4163, Modernized	Do not enter ectronically filed retur d e-File (MeF) Informa	n indicated above.	I confirm that I am IRS <i>e-file</i> Providers for
ERO's signature TROY	MARINE,	CPA		Date	11/14/23	
		ERO Must Retair				
		Ibmit This Form		ess Requested	To Do So	
LHA For Privacy Act and	Paperwork Reduc	tion Act Notice, see	instructions.			Form 8879-TE (2022)
202521 12-16-22						

22511114 144198 128061A

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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



B checkets D Employer identification number Address	AF	or the	2022 calendar year, or tax year beginning and	ending				
Derivation Dirigitization of the province and street (or P.0. hox if mail is not delivered to street address) 81-1513695 Image: Transformed intermediation of the province, country, and ZIP or foreign postal code DETROIT, MI 48216 Country, and ZIP or foreign postal code DETROIT, MI 48216 Generative Street (or P.0. hox if mail is not delivered to street address) Room/suite E Telephone number (3313) 833-1600 City or town, state or province, country, and ZIP or foreign postal code DETROIT, MI 48216 Mumber address of principal officer: FREDERICK HUNTER Partial Number status: IS 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or ZII The address of principal officer: FREDERICK HUNTER Mumber of organization: IX Corporation Trust Association Other H(b) & de al aubordinates includer: MI Partial Summary I Briefly describe the organization is mission or most significant activities: RAISE FUNDS TO SUPPORT THE CHAR ITABLE MISSION OF DETROIT POLICE ATHLETIC LEAGUE, INCC., AN 2 Check this box If the organization is colspored of more than 25% of its net assets. Number of individuals employed in calendary ear 2022 (Part V, line 1a) A	B C a	heck if oplicable	c Name of organization		D Employer identifie	cation number		
Design by the province of the province		Address DETROIT PAL FUNDRAISING FOUNDATION						
Number and street (in PL). Dox If mails not delivered to Street address) Hournsuite E Felephone number Iterative 1680 MICHIGAN AVENUE E 1313 833-1600 City or town, state or province, country, and ZIP or foreign postal code G. Goss receipts 3 22,672. Mainter And Street (in PL). Dot Town, state or province, country, and ZIP or foreign postal code G. Goss receipts 3 22,672. Mainter And Street (in PL). The Address of principal officer: FREDERICK HUNTER Hai Is this a group return for subordinates: ? Yes X No Momber State: WW. DETROITPAL.ORG Height status: X Soft(C)(3) 501(c)(1) (inset no.) 4947(a)(1) or 527 Hai Is this a group return for a status return <td></td> <td>Name</td> <td></td> <td></td> <td colspan="4">81-1513695</td>		Name			81-1513695			
Image: Control of Control Control Control of Control of Control of Control of Control of C		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
City or town, state or province, country, and 2IP or foreign postal code G cose receipts 3 2.2, 0.7.2. Detroct TY, MI 48216 F Name and address of principal officer: FREDERICK HUNTER H(a) Is this a group return for subordinates include? Yes No I accexempt status: X is 1501(0)3 501(c) () (insert no.) 4947(a)(1) or 527 H(b) Are all subordinates include? Yes No J Website: WWW.DETROITPAL.ORG H(c) Group exemption number H(c) Group exemption number H(c) Group exemption number Part II Summary I Briefly describe the organization's mission or most significant activities: RAISE FUNDS TO SUPPORT THE CHARITABLE MISSION OF DETROIT POLICE ATHLETIC LEAGUE, INC., AN 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendar year 2022 (Part V, line 1a) 3 24 4 Number of individuals employed in calendar year 2022 (Part V, line 2a) 5 0 0 6 Costinues and grants (Part VIII, column (C), line 12 7a 0. 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7c) 85, 563. 222, 672. 0 0. 0. 0. 0. 0. 0. 0. 0. 0.			1680 MICHIGAN AVENUE			3-1600		
Image: Province of product of the stand address of principal officer: FREDERICK HUNTER F(B) is this a group return for subordinates? Yes X No I maxexempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 H(B) Are all subordinates? Yes X No I maxexempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 H(B) Are all subordinates? Yes X No Herein of organization: X Corporation Trust Association Other L Year of formation: 2016 M State of legal domicile: MI Partial Summary Corporatization's mission or most significant activities: RAISE FUNDS TO SUPPORT THE CHARITABLE MISSION OF DETROIT POLICE ATHLETIC LEAGUE, INC., AN 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voing members of the governing body (Part VI, line 1a) 3 24 4 Number of individuals employed in calendar year 2022 (Part V, line 2a) 6 24 5 Total number of voing members of the governing body (Part VI, line 1a) 3 24 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 857, 5430. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 854, 5563, 222, 672. 11 0		ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	22,672.		
Image: Produce and address of principal officer: FREDENT CK TRONTER Into Subders and address of principal officer: FREDENT CK TRONTER I Tax-exempt status: X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527 Into Read Buildontation in the address of principal officer: FREDENT CK TRONTER Into Read Buildontation in the address of principal officer: FREDENT CK TRONTER I Tax-exempt status: X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527 Into Read Buildontation in the address of principal officer: FREDENT CK TRONTER Into Read Buildontation in the address of the addre		return	DEIROII, MI 40210		H(a) Is this a group re			
SAME AS Control HD Are all subordinates included? Yes No I Tax-exempt status: S0 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 HD Are all subordinates included? Yes No J Website: WWW.DETROITPPAL.ORG HC L Year of formation: Year o		tion	F Name and address of principal officer: FREDERICK IIONTER		for subordinates	? Yes X No		
J Website: WWW.DETROITPAL.ORG H(c) Group exemption number K Form of organization: Tust Association Other L year of formation: 2016 M State of legal domicile: MI Part I Summary Even of organization: Xi Corporation Trust Association Other L year of formation: 2016 M State of legal domicile: MI Part I Summary CHARITABLE MISSION OF DETROIT POLICE ATHLETIC LEAGUE, INC., AN 2 Check this box if the organization discontinue dits operations or disposed of more than 25% of its net assets. 3 Number of voling members of the governing body (Part VI, line 1a) 3 24 4 Number of individuals employed in calendar year 2022 (Part V, line 2a) 5 0 6 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 24 7 a 0. 7 7 a 0. 0. 0			SAME AS C ABUVE		H(b) Are all subordinates in	cluded? Yes No		
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Part I Summary 1 Briefly describe the organization's mission or most significant activities: CHARITABLE MISSION OF DETROIT POLICE ATHLETIC LEAGUE, INC., AN 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 24 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 24 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 244 6 Total number of volunteers (estimate if necessary) 6 244 7 Total number of volunteers (estimate if necessary) 6 24 7 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 9 Program service revenue (Part VIII, line 2g) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 85, 563. 22, 672. 11 12 Total revenue (Part VIII, column (A), lines 4.9, e.9, c.9, c.10c, and 11e) 0. 0. 0. 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 5.10) 0. 0. 0.								
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B Contributions and grants (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 85,563. 22,672. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 774,710. 83,638. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 25) 0. 0. 0. 0. 16a Professional fundraising expenses (Part IX, column (A), line 25) 0. 0. 0. 0. 0. 17 Other expenses. Add lines 13.17 (must equal Part IX, column (A), line 25) 0. 162,873. -66,690. 89,362. 19 Revenue less expenses. Subtract line 18 from line 12 25,820. 5,724. 8,019,308. 7,678,658. 20 Total assets (Part X, line 16) 0. 0.	Ac							
8 Contributions and grants (Part VIII, line 1h) 877,840. 0. 9 Program service revenue (Part VIII, line 2g) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 855,563. 22,672. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 963,403. 22,672. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 774,710. 83,638. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising expenses (Part IX, column (A), line 25) 0. 0. 0. 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0. 25,820. 5,724. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 162,873. -66,690. 19 Revenue less expenses. Subtract line 18 from line 12 162,873. -				<u></u>				
9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 85, 563. 22, 672. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) 963, 403. 22, 672. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 774, 710. 83, 638. 14 Benefits paid to or for members (Part IX, column (A), line 1.3) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 800, 530. 89, 362. 19 Revenue less expenses. Subtract line 18 from line 12 162, 873. -66, 690. 20 Total assets (Part X, line 16) 8, 019, 308. 7, 678, 658. 21 Total lia		8 (Contributions and grants (Part VIII line 1b)					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 963, 403. 22, 672. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 774, 710. 83, 638. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 25, 820. 5, 724. 800, 530. 89, 362. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 162, 873. -66, 690. 19 Revenue less expenses. Subtract line 18 from line 12 162, 873. -66, 690. 20 Total assets (Part X, line 16) 8, 019, 308. 7, 678, 658. 21 Total liabilities (Part X, line 26) 0. 0.	anı							
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Beginning of Current YearEnd of Year20Total assets (Part X, line 16)8,019,308.7,678,658.21Total liabilities (Part X, line 26)0.0.		18 -	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		800,530.	89,362.		
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26)					-	-66,690.		
	or			Be	· · ·			
	sets	20	Total assets (Part X, line 16)		8,019,308.	7,678,658.		
21 22 Net assets or fund balances. Subtract line 21 from line 20 8,019,308, 7,678,658,	t As.	21	Total liabilities (Part X, line 26)		* *			
		22	Net assets or fund balances. Subtract line 21 from line 20		8,019,308.	7,678,658.		

Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date		
Here	FREDERICK HUNTER, PRESIDE	NT & SECRETARY			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date Check PTIN		
Paid	TROY MARINE, CPA	TROY MARINE, CPA	11/14/23 self-employed P00187863		
Preparer	Firm's name BAKER TILLY US, L	LP	Firm's EIN 39-0859910		
Use Only	Firm's address 790 N. WATER ST.,	SUITE 2000			
	MILWAUKEE, WI 532	02	Phone no. 414.777.5500		
May the IRS discuss this return with the preparer shown above? See instructions					
232001 12-1	3-22 LHA For Paperwork Reduction Act Notion	ce, see the separate instructions.	Form 990 (202	22)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) DETROIT PAL FUNDRAISING FOUNDATION 81-1513695 Page t III Statement of Program Service Accomplishments	2
1 41		Ē
		<u> </u>
1	Briefly describe the organization's mission: RAISE FUNDS TO SUPPORT THE CHARITABLE MISSION OF DETROIT POLICE	
	ATHLETIC LEAGUE, INC., AN ORGANIZATION DESCRIBED IN SECTION 501(C) OF THE CODE, WHOSE MISSION IS TO BUILD CHARACTER IN AT-RISK, LOW-INCOME,	
	DISADVANTAGED DETROIT AREA YOUTH THROUGH ATHLETIC AND LEADERSHIP	—
		—
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	_
		S
•	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No	S
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 85,569. including grants of \$ 83,638.) (Revenue \$ DETROIT PAL HAS INITIATED THE KIDS AT THE CORNER CAMPAIGN IN AN EFFORT	_)
	TO EXPAND ITS PROGRAMS AND ORGANIZATION INTO MORE DETROIT COMMUNITIES,	—
	TO REDEVELOP THE HISTORIC TIGER STADIUM INTO A SAFE AND HEALTHY PLAYING	—
	FIELD, TO BUILD A PROMINENT, PERMANENT HEADQUARTERS AND TRAINING CENTER	
	FIELD, TO BOILD A PROMINENT, PERMANENT HEADQUARTERS AND TRAINING CENTER FOR DETROIT PAL'S 12,000 ATHLETES, THEIR FAMILIES AND 2,300 VOLUNTEERS,	—
	TO STRENGTHEN COMMUNITY NEIGHBORHOODS BY BRIDGING THE CITY'S YOUTH WITH	—
		—
	DEDICATED PUBLIC SERVANTS, TO POSITIVELY INFLUENCE AND DEVELOP A NEW	
	GENERATION OF LEADERS FOR DETROIT, AND TO PROVIDE ADDITIONAL SUSTAINABLE REVENUE FROM TOURNAMENTS AND SPECIAL EVENT SPACE.	
	SUSTAINABLE REVENUE FROM TOURNAMENTS AND SPECIAL EVENT SPACE.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_)
		—
		—
		—
		—
		—
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	.)
		—
		—
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		—
		—
		—
		—
	Other program convision (Describe on Schedule O)	—
4d	Other program services (Describe on Schedule O.)	
A -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 85,569.	—
4e	Total program service expenses 85,569. Form 990 (202)))
0000-		.2)
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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		_X_
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		X
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		X
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		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<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		<u> </u>
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		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	(0000)
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Form	990	(2022)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
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		X
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		
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> </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		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		\square
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
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	C.			

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Form	990 (2022) DETROIT PAL FUNDRAISING FOUNDATION	81-1513	695	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		
			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other at				
та	financial account in a foreign country (such as a bank account, securities account, or other financial ac		4a		х
h	If "Yes," enter the name of the foreign country		4 a		
D					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		_		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>x</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices 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		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
a	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained l				
U			8		
9	Sponsoring organizations maintaining donor advised funds.				
			9a		
a L			9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		90		
10	Section 501(c)(7) organizations. Enter:				
a	· · · · · · · · · · · · · · · · · · ·	10a	-		
b		10b	-		
11	Section 501(c)(12) organizations. Enter:	1			
		<u>11a</u>			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	· · · · · · · · · · · · · · · · · · ·	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
10	If "Yes," complete Form 4720, Schedule O.				
17		vitios			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities the imposition of an excise tax under section 4051, 4052 or 40532		47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
00000	If "Yes," complete Form 6069.		Form	990	(2022)
232005	12-13-22				(2022)

Form 990	(2022)
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Page **6**

 Form 990 (2022)
 DETROIT
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 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 on Schedule O. See instructions.		,	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Ye	s No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 2	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
	officer, director, trustee, or key employee?	2	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
74	more members of the governing body?	72		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		-	+
	persons other than the governing body?	7		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	88	a X	
	Each committee with authority to act on behalf of the governing body?	8		+
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		<u> </u>	+
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section D requests mornation about pointies not required by the internal neverice code.)		Ye	No
10a	Did the organization have local chapters, branches, or affiliates?	10		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	<u> </u>	-	<u> </u>
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10	ь	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12	a X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12		1
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12	с	x
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent		-	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15	а	X
	Other officers or key employees of the organization	15		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16	а	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16	b	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $_$ MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s onl	y) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	ាd finរ	ancial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	GERI MANN - (313)-833-1600
	1680 MICHIGAN AVENUE, DETROIT, MI 48216

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680	MICHIGAN	AVENUE,	DETROIT,	MI	48216
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2022.05000 DETROIT PAL FUNDRAISING F 128061A1

Form 990 (2022)

Part VII	Compensation of Officers, Directors, Trust	ees, Key Employees, Highest Compensated
	[–] Employees, and Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

Name and title Average hours per intermetations with the intermetation with both or per intermetation with the intermetation with the intermeta	(A)	(B)	(C)					(D)	(E)	(F)	
hours per veck, interpret veck, interpret into an anti- week (its any veck veck) Compensation of compensation of the organizations (W2/1099-MISC/ 1099-NEC) Compensation of the organization of the organization of the organization of the organizations (W2/1099-MISC/ 1099-NEC) Compensation of the organization of the organizat	Name and title	Average			Reportable	Reportable	Estimated				
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(17) JORDAN FIELD 1.00 N 0.											
DIRECTOR 1.00 X 0. 0. 0.			Х						0.	0.	0.
	(17) JORDAN FIELD										
	DIRECTOR	1.00	Х						0.	0.	

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Form 990 (2022)

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	990 (2022) DETROIT I								81-15	5136	595	Page 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			est C		s (continued)			
	(A)	(B)			(C Posi			(D)	(E)		(F)
	Name and title	Average	(do			nore that	in one	Reportable	Reportable			nated
		hours per week				son is b rector/tr		compensation	compensation	n		unt of
		(list any						_ from the	from related	.		her
		hours for	Individual trustee or director					organization	organizations (W-2/1099-MIS			nsation n the
		related	e or (stee		Isated		(W-2/1099-MISC/	1099-NEC)	°		ization
		organizations	truste	al tru:		yee		1099-NEC)			•	elated
		below	idual	Institutional trustee	er	Key employee Highest comp	employee . Former				organi	zations
		line)	Indiv	Insti	Officer	Key e High	e mploy Former					
(18)	JOSH BARNEY	1.00										
	CTOR	1.00	Х					0.		0.		0.
(19)	MARVIN RUSHING	1.00										
DIRE	CTOR	1.00	Х					0.		0.		0.
(20)	NAKIA MILLS	1.00										
DIRE	CTOR	1.00	Х					0.		0.		0.
(21)	SHAWN THOMPSON	1.00										
DIRE	CTOR	1.00	Х					0.		0.		0.
(22)	STEVE GRIGORIAN	1.00										
	CTOR	1.00	Х					0.		0.		0.
(23)	STEVE WYBO	1.00										
	CTOR	1.00	Х					0.		0.		0.
(24)	THOMAS E'LOIS	1.00										
	CTOR	1.00	Х					0.		0.		0.
	TODD BETTISON	1.00										-
	CTOR	1.00	Х					0.		0.		0.
	TONY NUCKOLLS	1.00										•
DIRE	CTOR	1.00	Х					0.		0.		0.
	Subtotal							0.	326,95	-	50	<u>,739.</u>
	Total from continuation sheets to Part VI							0.		0.		0.
d	Total (add lines 1b and 1c)							0.	326,95		50	,739.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) v	vho re	eceived more than \$100,	000 of reportable			•
	compensation from the organization											0
-										ſ	Ť	es No
3	Did the organization list any former officer,	-		•	•						-	v
-	line 1a? If "Yes," complete Schedule J for s										3	<u> </u>
4	For any individual listed on line 1a, is the su											x
-	and related organizations greater than \$150									····	4	
5	Did any person listed on line 1a receive or a	•				-		•			-	x
Sec	rendered to the organization? If "Yes," corr tion B. Independent Contractors	plete Schedule	<u>ə J f</u> a	or su	ich p	ersor					5	
1	Complete this table for your five highest co	mponsated ind	000	ndor		ntract	tore th	hat received more than	100 000 of comp	oncot	ion from	
•	the organization. Report compensation for	•	•						•	Chisat		
	(A)	ine ealendar ye		- Turi	ig wi		with	(B)			(C)	
	Name and business	address	NC	ONE	C			Description of s	ervices	С	ompens	ation
2	Total number of independent contractors (ii	ncluding but no	ot lin	nitec	to t	hose	listed	above) who received m	ore than			
	\$100,000 of compensation from the organiz	0				0						
	SEE PART VII, SECTION		IN	UA	TIC	ON	SHE	ETS			Form 99	0 (2022)

SEE PART VII, SECTION A CONTINUATION SHEETS 232008 12-13-22

Form 990 DETROIT PAL FUNDRAISING FOUNDATION 81-1513695 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, a	nd H	ligh	est (Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(00-2/1033-10130)	organization
	related	ee or	stee			nsate				and related
	organizations	Individual trustee or director	om pee					organizations		
	below	vidua	Institutional trustee	cer	Key employee	Highest com pensated em ployee	Former			
	line)	Indi	Inst	Officer	Key	Higl	Forr			
(27) RAPHAEL WASHINGTON	1.00									
DIRECTOR	1.00	х						0.	0.	0.
Total to Part VII, Section A, line 1c										

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		0 (2022) DETROIT PAL FU	NDRAISIN	IG FOUNDAT	ION	81-1513	695 Page 9
Pa	rt V	III Statement of Revenue					
		Check if Schedule O contains a response or	note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						business revenue	sections 512 - 514
6 6	4	a Federated campaigns 1a					
ints Ints							
S S		b Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		c Fundraising events 1c					
lar Iar		d Related organizations 1d					
s, ini		e Government grants (contributions) 1e					
rs	1	f All other contributions, gifts, grants, and	I				
the		similar amounts not included above 1f					
ĢĘ		g Noncash contributions included in lines 1a-1f					
Sor		h Total. Add lines 1a-1f					
			Business Code				
	•						
lice	2 8						
er e		b					
am Ser		c					
rar ≷e∕		d					
Program Service Revenue		e					
ā	1	f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest,	, and				
		other similar amounts)		22,672.			22,672.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	ľ				
	•		(ii) Personal				
	6		(
	6						
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	1	b Less: cost or other basis	I				
e		and sales expenses 7b					
evenue		c Gain or (loss)					
Jev		d Net gain or (loss)					
Other R		a Gross income from fundraising events (not					
Ę		including \$ of	I				
0		contributions reported on line 1c). See	I				
			I				
		Part IV, line 18					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
	9 8	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses9b					
		c Net income or (loss) from gaming activities					
	10 :	a Gross sales of inventory, less returns	Т				
		and allowances 10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
			Business Code				
su							
eoi	11 :						
lan		b					
scellaneo Revenue		c					
Miscellaneous Revenue		d All other revenue					
-		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		22,672.	0.	0.	22,672.
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11

Form	990	(2022)

DETROIT PAL FUNDRAISING FOUNDATION Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons			()	
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	83,638.	83,638.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above to disqualified				
U U	persons (as defined under section 4958(f)(1)) and				
	normalized in costion $40\Gamma0(a)(0)(D)$				
-	· · · · · · · · · · · · · · · · · · ·				
7 0	Other salaries and wages				
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	231.	231.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
22 23					
	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	2 702		2 702	
a	BANK AND CREDIT CARD FE	3,793.	1 700	3,793.	
b	BAD DEBT EXPENSE	1,700.	1,700.		
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	89,362.	85,569.	3,793.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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га	• • •	Dalance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	205,200.	1	8,378.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	101,532.	3	0.
	4	Accounts receivable, net		4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net	7,516,400.	7	7,516,400.
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	189,046.	15	153,880.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	7,678,658.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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 Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	0.
Ģ		Organizations that follow FASB ASC 958, check here			
JCe		and complete lines 27, 28, 32, and 33.	0 010 200		7 670 650
alaı	27	Net assets without donor restrictions		27	<u>7,678,658.</u> 0.
ğ	28	Net assets with donor restrictions		28	0.
ň		Organizations that do not follow FASB ASC 958, check here			
г Ш		and complete lines 29 through 33.			
ŝts	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	7 679 650
ž	32	Total net assets or fund balances		32	7,678,658. 7,678,658.
	33	Total liabilities and net assets/fund balances	0,019,300.	33	Form 990 (2022)

Form 990 (2022)
Part X Balance Sheet

	1990 (2022) DETROIT PAL FUNDRAISING FOUNDATION	81-1	<u>.513695</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					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	2,6	72.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,3		
3	Revenue less expenses. Subtract line 2 from line 1	3		6,6		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,01	9,3	08.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	-27	3,9	60.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	7,67	8,6	58.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			x	
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
				000		

Form **990** (2022)

SCHEDULE A

(Form 990)

<u>Total</u>

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2022
Open to Public

Department of Internal Reve	of the Treasury nue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public Inspection		
Name of	the organizati		e.e. t.e. t.e. i.g.e					Employer	identification number		
	0		OTT PAL FU	NDRATSING FO	INDAT	TON			1-1513695		
Part I	Reason		TROIT PAL FUNDRAISING FOUNDATION 81-1513695 ic Charity Status. (All organizations must complete this part.) See instructions.								
				For lines 1 through 12, c							
1		•		•		,	()(A)(i)				
2	 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 										
3	A school described in section (1)(A)(ii). (Attach echedule 2 (i office)).)										
4		•	· · ·					Viii) Enter	the hospital's name		
- L	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
•	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 X				ntial part of its support fi				ne general i	oublic described in		
			complete Part II.)		onn a gon			ie general j			
8				(1)(A)(vi). (Complete Par							
9				in section 170(b)(1)(A)(ed in coniu	inction with a	land-grant	college		
				ulture (see instructions).							
	university:		5 5 5			, ,	,	5			
10		on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
				t to certain exceptions; a							
				(less section 511 tax) fro							
	See section	509(a)(2). (Co	mplete Part III.)			-					
11 🗌	An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).				
12	An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
	more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on		
	lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.			
a	Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving		
	the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting		
	organizatio	n. You must c	complete Part IV, Se	ections A and B.							
b	Type II. A s	supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	/ing		
	control or n	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.							
c 🗌	Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,		
	its supporte	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.				
d	Type III no	n-functionally	/ integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)		
	that is not f	unctionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness		
	requiremen	t (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .				
e		•		written determination fro			Туре I, Туре	II, Type III			
	functionally	integrated, or	r Type III non-functio	nally integrated supportion	ng organiz	ation.					
f Ent	er the number	of supported o	organizations								
			n about the supporte		(iv) is the ora	anization listed	(.) A manual a	6	(a) Amount of other		
	 (i) Name of support organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see i		(vi) Amount of other support (see instructions		
	organization			above (see instructions))	Yes	No		istruction isj			
				1	1	1	1		1		

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Schedule A (Form 990) 2022 Part II Support Sch

DETROIT PAL FUNDRAISING FOUNDATION

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2080243.	686,453.	678,570.	877,840.	0.	4323106.			
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									
	Total. Add lines 1 through 3	2080243.	686,453.	678,570.	877,840.		4323106.			
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)						2643698.			
	Public support. Subtract line 5 from line 4.						1679408.			
	Section B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019 686,453.	(c) 2020	(d) 2021	(e) 2022	(f) Total 4323106.			
	Amounts from line 4	2080243.	000,403.	678,570.	877,840.		4323100.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,		05 560	05 560		22 672	261 021			
	and income from similar sources	85,563.	85,563.	85,563.	85,563.	22,672.	364,924.			
9	Net income from unrelated business									
	activities, whether or not the									
40	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)						4688030.			
	Total support. Add lines 7 through 10		20)			10	4000030.			
	Gross receipts from related activities, First 5 years. If the Form 990 is for th		,							
13	organization, check this box and stop									
Se	ction C. Computation of Publi									
	Public support percentage for 2022 (I			column (f))		14	35.82 %			
	Public support percentage from 2021		•			15	50.52 %			
	33 1/3% support test - 2022. If the o									
	stop here. The organization qualifies						77			
t	33 1/3% support test - 2021. If the o		-							
~	and stop here. The organization qual									
17a	10% -facts-and-circumstances test									
	and if the organization meets the fact	-								
	meets the facts-and-circumstances te			-	-					
Ł	0 10% -facts-and-circumstances test	-			-	7a, and line 15 is ⁻	10% or			
~	more, and if the organization meets th	-								
	organization meets the facts-and-circi									
18	-				••••					
	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990) 2022 Schedule A (Form 990) 2022									

232022 12-09-22

chedule A (Form 990) 2022

DETROIT PAL FUNDRAISING FOUNDATION Schedule A (Form 990) 2022 DETROIT Form 100 Form 100 Form 100 Former 100 Fo

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	cuon A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (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						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 See	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2019	(a) 2020	(d) 2021	(a) 2020	
	Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	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 on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the form 990 is for the form 990 is for the form of	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgai	nization,
_							
Se	ction C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2022 (15	%
	Public support percentage from 2021 ction D. Computation of Invest		1			16	%
	•					47	0/
	Investment income percentage for 2 Investment income percentage from			ne 13, column (t))		17 18	<u>%</u>
	a 33 1/3% support tests - 2022. If the					33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2021. If the	-	•				'3%, and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organiza	ation
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
2320	23 12-09-22					Schee	dule A (Form 990) 2022
			17				

1

2

Yes No

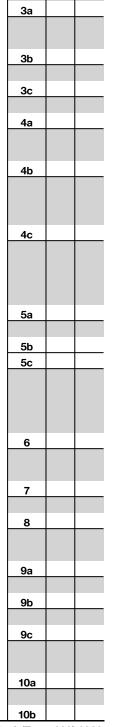
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 DETROIT PAL FUNDRAISING FOUNDATION

га	Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, or trustees were allocated among the</i>		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
800	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		L
Sec	tion C. Type in Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s)		1

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	vear (see instruction	s).
•	Check the box hext to the method that the organization used to satisfy the integral Fart rest during the	year (see mou denoi	•

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

b		The organization	is the parent of	f each of its support	ed organizations.	Complete line 3 below.
---	--	------------------	------------------	-----------------------	-------------------	------------------------

c [The organization supported a governmental entity. De	escribe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
------------	--	--	------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 2b
 ...

 3a
 ...

 3b
 ...

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DETROIT PAL FUNDRAISING FOUNDATION 81-1513695 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	H
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	complet	e Sections A through E.	•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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

				/	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	5	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c				
8	and 4c. Breakdown of line 7:				
	Excess from 2018 Excess from 2019				
	Excess from 2020				
	Excess from 2020				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	DETROIT						81-1513695 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	, 2, 3b, 3c, 4b, 40 lines 2 and 3; Pa	c, 5a, 6, 9 rt IV, Sec	9a, 9b, 9c, 1 ⁻ tion E, lines	a, 11b, an 1c, 2a, 2b,	d 11c; Part IV 3a, and 3b; P	, Section B, lines Part V, line 1; Par	s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
232028 12-09-2	2							Schedule A (Form 990) 202
				2	2			

Schedule A

223171 04-01-22

Identification of Excess Contributions Included on Part II, Line 5

81-1513695

2022

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
SKILLMAN FOUNDATION	400,000.	306,239.
DRESNER FOUNDATION	800,000.	706,239.
ADIENT	800,000.	706,239.
MEIJER	600,000.	506,239.
KAR'S NUTS	300,000.	206,239.
DETROIT LIONS	200,000.	106,239.
GERRY BOYLAN	200,025.	106,264.
L Total Excess Contributions to Schedule A, Part II, Line 5	I	2,643,698.

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar lete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury		C C	Attach to Form				Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization DETROIT	PAL FUNDRA	ISING FOUND	ATION				Employer identification number 81-1513695
Part I General Information on Grants	and Assistance						
 Does the organization maintain record criteria used to award the grants or as <u>2</u> Describe in Part IV the organization's 	sistance?	oring the use of grant	funds in the United	States.			Yes X No
Part II Grants and Other Assistance t recipient that received more that	•			1 0	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DETROIT POLICE ATHLETIC LEAGUE, INCORPORATED - 1680 MICHIGAN AVENUE - DETROIT, MI 48216	38-3314318	501(C)(3)	83,638.	0.			SUPPORT CHARITABLE MISSION OF DPAL.
 2 Enter total number of section 501(c)(3) 3 Enter total number of other organization 						<u> </u>	<u> </u>

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

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

232102 10-31-22

Schedule I (Form 990) 2022 DETROIT PAL FUNDRAISING FOUNDATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	

25

81-1513695

Page **2**

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



DETROIT PAL FUNDRAISING FOUNDATION

81-1513695

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

ORGANIZATION DESCRIBED IN SECTION 501(C) OF THE CODE, WHOSE MISSION IS

TO BUILD CHARACTER IN AT-RISK, LOW-INCOME, DISADVANTAGED DETROIT AREA

YOUTH THROUGH ATHLETIC AND LEADERSHIP PROGRAMS.

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

PROGRAMS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DIRECTOR OF FINANCE, THE CHIEF EXECUTIVE OFFICER AND THE AUDIT

COMMITTEE REVIEW FORM 990 BEFORE IT IS FILED WITH THE INTERNAL REVENUE

SERVICE.

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

THE CEO AND ALL OTHER OFFICERS ARE COMPENSATED BY A RELATED ORGANIZATION,

DETROIT POLICE ATHLETIC LEAGUE, INCORPORATED ("DPAL") (FEIN 38-3314318).

DPAL'S PROCESS FOR DETERMINING COMPENSATION OF THE CEO INCLUDES A REVIEW

AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS

SUBSTANTIATION OF THE DELIBERATION AND DECISION.

ANY OFFICER WHO IS AN EMPLOYEE OF DPAL WILL RECEIVE REASONABLE COMPENSATION FOR HIS OR HER SERVICES AS FIXED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

SCH	IEDULE R
/	

(Form 990)

Department of the Treasury Internal Revenue Service

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. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022 Open to Public

Employer identification number

81-1513695

Inspection

Name of the organization

DETROIT PAL FUNDRAISING FOUNDATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
DETROIT POLICE ATHLETIC LEAGUE, INCORPORATED	BUILD CHARACTER IN						
- 38-3314318, 1680 MICHIGAN AVENUE, DETROIT,	AT-RISK, LOW-INCOME,						
MI 48216	DISADVANTAGED DETROIT AREA	MICHIGAN	501(C)(3)	LINE 7	N/A		х
	-						
	-						
	-						

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 DETROIT PAL FUNDRAISING FOUNDATION

81-1513695 Page 2

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

(a)			(d)	(d) (e)		(g)	(h)		(i)	(j		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income			ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Percen ^{jing} owners	ntage rship
		country)		sections 512-514)	ons 512-514)		Yes	No	K-1 (Form 1065)	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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	i) b)(13) rolled tity?	
		country)		01 (1030)		235013		Yes	No	

Schedule R (Form 990) 2022 DETROIT PAL FUNDRAISING FOUNDATION

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g		1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(</u> 2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
_(6)			

Schedule R (Form 990) 2022 DETROIT PAL FUNDRAISING FOUNDATION

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3 orgs.? Yes No	(g) Share of end-of-year assets	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022	DETROIT PA	AL FUNDRAISING	FOUNDATION	81-1513695	Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

DETROIT POLICE ATHLETIC LEAGUE, INCORPORATED

PRIMARY ACTIVITY: BUILD CHARACTER IN AT-RISK, LOW-INCOME, DISADVANTAGED

DETROIT AREA YOUTH

Schedule R (Form 990) 2022

232165 09-14-22

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type of	r Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)								
print	DETROIT PAL FUNDRAISING FOU		81-1513695							
File by the due date f filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 01 1510055 1680 MICHIGAN AVENUE									
return. Se instructior	n. See									
Enter th	ne Return Code for the return that this application is for (fi	le a separa	e application for each return)			01				
Applica	ation	Application			Return					
ls For		Code	Is For	Code						
Form 9	90 or Form 990-EZ	01	Form 1041-A	08						
Form 4	720 (individual)	03	Form 4720 (other than individual)			09				
Form 9	90-PF	04	Form 5227			10				
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 9	90-T (trust other than above)	06	Form 8870			12				
Form 9	90-T (corporation) GERI MANN	07								
 If the If thi box 1 1 the 2 If 2 If 1 	request an automatic 6-month extension of time until ne organization named above. The extension is for the org ▶ X calendar year 2022 or ▶ 1 tax year beginning the tax year entered in line 1 is for less than 12 months, or	Group Exe and atta NOVEI ganization's , an check rease	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>1BER 15, 2023</u> , to file return for: d ending on: Initial return	f this is fo all membe	r the whole g ers the exten npt organizati	roup, check this				
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	3a	\$	0.						
	this application is for Forms 990-PF, 990-T, 4720, or 606 stimated tax payments made. Include any prior year over	3b	\$	0.						
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by										
using EFTPS (Electronic Federal Tax Payment System). See instructions.					\$	0.				
Caution instruct	n: If you are going to make an electronic funds withdrawa tions.	l (direct del	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	TE for payment				
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instru	ctions.		Form 8	868 (Rev. 1-2022)				

223841 04-01-22