

Frederick Hunter Chief Executive Officer 1680 Michigan Avenue Detroit, MI 48216

Dear Mr. Hunter:

Enclosed are the original and one copy of the 2023 Exempt Organization return, as follows...

2023 FORM 990

2023 MICHIGAN SOLICITATION RENEWAL FORM

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Your responsibility for retention of your own tax records varies, depending upon the type of return or other information involved. We suggest that you maintain indefinitely copies of tax returns and tax records to support your cost basis in assets and other tax needs.

We sincerely appreciate the opportunity to serve you. Please contact our office if you have any questions concerning the tax return.

Sincerely,

Troy Marine, CPA Baker Tilly Advisory Group, LP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

Prepared F	or:
	Frederick Hunter Chief Executive Officer 1680 Michigan Avenue Detroit, MI 48216
Prepared B	Зу:
	Baker Tilly Advisory Group, LP 790 N. Water St., Suite 2000 Milwaukee, WI 53202
Amount Du	ue or Refund:
	Not applicable
Make Chec	ck Payable To:
	Not applicable
Mail Tax Re	eturn and Check (if applicable) To:
	Not applicable

Special Instructions:

Not applicable

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2024.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

ONB NO. 1343-0047
2023
Open to Public
Inspection

<u>A</u> I	For the	e 2023 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identif	cation number
	Addres	DETROIT PAL FUNDRAISING FOUNDATION			
Ė	Name change			81-15136	95
	Initial return Final return/	1680 MICHICAN AVENUE	Room/suite	E Telephone number (313) 83	
	termin ated			G Gross receipts \$	2,500.
Г	Ameno			H(a) Is this a group r	
	Applic	F Name and address of principal officer: FREDERICK HUNTER		for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates i	
Τ.	Tax-exe	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	1	list. See instructions
J	Websit			H(c) Group exemption	
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2016 i	M State of legal domicile: MI
P	art I	Summary			
4	1	Briefly describe the organization's mission or most significant activities: RAISI			
Governance		CHARITABLE MISSION OF DETROIT POLICE ATHL	ETIC I	EAGUE, INC.	, AN
rna	2	Check this box $oxed{X}$ if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
ove.	3			3	3
<u>ن</u> ح	4	Number of independent voting members of the governing body (Part VI, line 1b)			3
es &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0
ĬĖ	6	Total number of volunteers (estimate if necessary)			3
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		0.
				Prior Year	Current Year
ě	8	Contributions and grants (Part VIII, line 1h)		0.	2,500.
Revenue	9	Program service revenue (Part VIII, line 2g)		22,672.	0.
Вè	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22,672.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		22,672.	2,500.
_	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		83,638.	0.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		03,030.	0.
	15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ses	15	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (A), line 25)	0.	<u> </u>	
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,724.	7,641,543.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		89,362.	7,641,543.
		Revenue less expenses. Subtract line 18 from line 12		-66,690.	-7,639,043.
- JC	3	Troversae 1000 0xperiodo. Oubtraet into 10 front into 12	Be	ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		7,678,658.	0.
ASS	21	Total liabilities (Part X, line 26)		0.	0.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		7,678,658.	0.
Pá	art II	Signature Block	•		
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Hei	re	FREDERICK HUNTER, PRESIDENT & SECRETARY			
		Type or print name and title	1 -		
		Print/Type preparer's name Preparer's signature	l l	Date Check [PTIN
Paid		TROY MARINE, CPA TROY MARINE, CPA	A 1	1/13/24 self-emplo	
	parer	Firm's name BAKER TILLY ADVISORY GROUP, LP		Firm's EIN 3	9-0859910
Use	Only	Firm's address 790 N. WATER ST., SUITE 2000		. 41	4 777 FF00
_	.,	MILWAUKEE, WI 53202		Phone no. 4 1	4.777.5500
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

		513695	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	RAISE FUNDS TO SUPPORT THE CHARITABLE MISSION OF DETROIT POLICE		
	ATHLETIC LEAGUE, INC., AN ORGANIZATION DESCRIBED IN SECTION 5		
	THE CODE, WHOSE MISSION IS TO BUILD CHARACTER IN AT-RISK, LOW		
	DISADVANTAGED DETROIT AREA YOUTH THROUGH ATHLETIC AND LEADERS	11P	
2	Did the organization undertake any significant program services during the year which were not listed on the		77
	prior Form 990 or 990-EZ?	. LYes	X No
	If "Yes," describe these new services on Schedule O.		77
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	LYes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	l expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$)
	DETROIT PAL HAS INITIATED THE KIDS AT THE CORNER CAMPAIGN IN A		
	TO EXPAND ITS PROGRAMS AND ORGANIZATION INTO MORE DETROIT COM		
	TO REDEVELOP THE HISTORIC TIGER STADIUM INTO A SAFE AND HEALT		
	FIELD, TO BUILD A PROMINENT, PERMANENT HEADQUARTERS AND TRAIN		
	FOR DETROIT PAL'S 12,000 ATHLETES, THEIR FAMILIES AND 925 VOL		
	TO STRENGTHEN COMMUNITY NEIGHBORHOODS BY BRIDGING THE CITY'S		ITH
	DEDICATED PUBLIC SERVANTS, TO POSITIVELY INFLUENCE AND DEVELO	A NEW	
	GENERATION OF LEADERS FOR DETROIT, AND TO PROVIDE ADDITIONAL		
	SUSTAINABLE REVENUE FROM TOURNAMENTS AND SPECIAL EVENT SPACE.		
	DEMDOTE DAT MOIND DOWN MITC DROODAN AC OF THEY 2022		
	DETROIT PAL WOUND DOWN THIS PROGRAM AS OF JULY 2023.		
41:			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
70	(Code:) (Expenses \$,
4d	Other program services (Describe on Schedule O.)		
4u		1	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 39,582.		
		Form 9	90 (2023)

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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
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
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-2	Х
	Did the approximation projection on office approximation of the Helbert Oletton			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44.		X
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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> X</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		X
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

332003 12-21-23

Form **990** (2023)

Pa	t IV Checklist of Required Schedules (continued)	3073		age -
	(Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		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		
25 a	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			۱
	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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			3,7
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
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		_^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		v	
	Schedule N, Part II	32	Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		₩
0.4	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		х	
25-	Part V, line 1	34	Λ	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		^
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
00	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?	000		x
07	If "Yes," complete Schedule R, Part V, line 2	36		^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	Х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schodule O centains a vennesse or note to any line in this Dart V			
	Check it Schedule O contains a response or note to any line in this Part v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0	162	140
b		0		
D	Lines are manifested in orthogonal and interested and interested applicable.	\dashv		

332004 12-21-23

Form **990** (2023)

(gambling) winnings to prize winners?

Form 990 (2023) DETROIT PAL FUNDRAISING FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
	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	e orga	anization 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 contributi were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices i	provided to the payor?	7a		х
	ISING III IN THE CONTRACT OF T		orovidud to the payor.	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
-	to file Form 8282?	- 1		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	ontrac	:t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	۱	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter:	۔ مدا	1			
	Gross income from members or shareholders	11a		-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	11b				
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	İ	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1			
	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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			
	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	t incoi	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

332005 12-21-23

Form **990** (2023)

DETROIT PAL FUNDRAISING FOUNDATION 81-1513695 Form 990 (2023) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 3 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 3 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

332006 12-21-23

48216

State the name, address, and telephone number of the person who possesses the organization's books and records

ΜI

GERI MANN - (313)-833-1600 1680 MICHIGAN AVENUE, DETROIT.

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

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

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

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

Name and title Average hours per week (list any hours for related organizations below line) (1) FREDERICK HUNTER CHIEF EXECUTIVE OFFICER (2) GERI MANN CHIEF FINANCIAL OFFICER Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) (3) MONICA DEJESUS Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC) Reportable compensation from the organizations (W-2/1099-MISC/ 1099-NEC) (4) FREDERICK HUNTER 1.00 CHIEF FINANCIAL OFFICER Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organizations) In Day July July July July July July July Jul	Check this box if neither the organiz (A)	(B)]			C)			(D)	(E)	(F)
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C1 GERI MANN			1		x				0.	142,659.	33,757.
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(5) MICHAEL PATTERSON			1						_	_	_
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(6) WENDY MCINTYRE-PEARD 1.00			l								
			X		X				0.	0.	0.
DIRECTOR 1.00 X X 0. 0. 0. 0.			l								
	DIRECTOR	1.00	X		X				0.	0.	0.
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			1								
			1								

Form 990 (2023)

81-1513695

ı aı			oloy	ees,			ghes	t C	Compensated Employees (continued)								
	(A)	(B)			_ (0				(D)	(E)		(F)					
	Name and title	Average	Position (do not check more than one					ne	Reportable	Reportable		Estimate					
		hours per	box	, unles	ss per	son i	s both	an	compensation	compensation		amoun	t of				
		week	_	cer an	u a di	recto	r/trust	ee)	from	from related		othe					
		(list any	Individual trustee or director						the	organizations		compens					
		hours for	or dir	eo			rted		organization	(W-2/1099-MISC	;/	he					
		related	stee	ruste			bens		(W-2/1099-MISC/	1099-NEC)		organiza					
		organizations below	al tru	Institutional trustee		key employee	Highest compensated employee		1099-NEC)			and rela					
		line)	lividu	stituti	Officer	/ em	yhest ploy	Former				organiza	tions				
		11110)	Ĕ	Ë	J0	, Ke	e Hi	요			+						
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1b	Subtotal								0.	354,598	8.	80,6	06.				
	Total from continuation sheets to Part VI								0.	(٥.		0.				
	Total (add lines 1b and 1c)								0.	354,598	8.	80,6	06.				
2	Total number of individuals (including but n								eceived more than \$100								
_	compensation from the organization						,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0				
	compensation from the organization											Yes	No				
3	Did the organization list any former officer,	director truct	00 l	·0\/ 0	mnl	01/0	0 Or	hia	host componented ompl	ovoc on			111				
3	,	,	,	,		,	,	_		•		3	Х				
	line 1a? If "Yes," complete Schedule J for s										-	3	1				
4	For any individual listed on line 1a, is the su	•							•	•		. 7					
	and related organizations greater than \$150										-	4 X					
5	Did any person listed on line 1a receive or a	•				•			•				١				
	rendered to the organization? If "Yes, " com	plete Schedule	e J f	or su	ıch <u>r</u>	oers	on .					5	X				
Sect	ion B. Independent Contractors																
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compe	nsatio	n from					
	the organization. Report compensation for	the calendar ye	ear e	ndin	ıg w	ith c	or wit	hin	the organization's tax y	ear.							
	(A)								(B)			(C)					
	Name and business	address	N	ONE	3				Description of s	ervices	Co	mpensati	on				
								\neg									
								\dashv									
								\dashv									
								\dashv									
2	Total number of independent contractors (in	ncluding but no	ot lir	nited	to t	thos	e lis	ted	above) who received mo	ore than							
	\$100,000 of compensation from the organiz	zation				()										
	TOO,000 OF COMPENSATION HOME THE ORGANIZ																

332008 12-21-23

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
SΩ	1:	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	•	o Membership dues 1b					
င်္ခ ဗြ		Fundraising events 1c					
fts,	Ì	d Related organizations 1d					
ig je			2,500.				
Sir	,	3 \	2,500.				
utio	1	All other contributions, gifts, grants, and					
들됨		similar amounts not included above 1f					
d d		Noncash contributions included in lines 1a-1f		2 500			
Og		n Total. Add lines 1a-1f		2,500.			
		•	Business Code				
Se	2	·					
ē <u>Š</u>	١	·					
Sen	(
eve		d					
Program Service Revenue	(·					
₫	1	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	•	assets other than inventory 7a	()				
		Less: cost or other basis					
ø		and sales expenses 7b					
ž							
eve		Gain or (loss) 7c					
ther Revenue		d Net gain or (loss)					
Ţ.	8	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 :	a Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10	Gross sales of inventory, less returns					
		and allowances 10a					
	١	Less: cost of goods sold 10b					
$\perp \downarrow$	(Net income or (loss) from sales of inventory					
₁₀			Business Code				
Miscellaneous Revenue	11 :	a					
ane	-)					
eve							
Λisc B		d All other revenue					
2		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		2,500.	0.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а 31,060. 31,060. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 72. 72. 20 Payments to affiliates 21 39,582. 39,582. 22 Depreciation, depletion, and amortization 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 O.) 7,516,400. 7,516,400. LOSS ON EXTINGUISHMENT ASSET MANAGEMENT FEES 50,901. 50,901. 3,528. 3,528. BANK AND CREDIT CARD FE С d All other expenses 7,641,543. 39,582. 7,601,961. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or not	e to any line in this Part X			
			,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		8,378.	1	0.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst	, ,			
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disqualit				
		under section 4958(f)(1)), and persons described			6	
s	7	Notes and loans receivable, net		7,516,400.	7	0.
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other	I I			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	153,880.	15	0.	
	16	Total assets. Add lines 1 through 15 (must equa		7,678,658.	16	0.
	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 I			21	
s	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
abil		controlled entity or family member of any of thes	se persons		22	
Ë	23	Secured mortgages and notes payable to unrela	ited third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables 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		0.	26	0.
		Organizations that follow FASB ASC 958, che	ck here X			
Fund Balances		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		7,678,658.	27	0.
Ва	28	Net assets with donor restrictions			28	
ınd		Organizations that do not follow FASB ASC 9	58, check here			
		and complete lines 29 through 33.				
S	29	Capital stock or trust principal, or current funds			29	
Net Assets or	30	Paid-in or capital surplus, or land, building, or ed	uipment fund		30	
As	31	Retained earnings, endowment, accumulated in			31	
Net	32	Total net assets or fund balances		7,678,658.	32	0.
	33	Total liabilities and net assets/fund balances		7,678,658.	33	0.

Form **990** (2023)

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	, 50	00.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,6	41	, 54	13.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,6	39	, 04	13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,6	78	, 65	58.
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		-3	, 33	35.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	_	36	, 28	30.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10				0.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Υ	es	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.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а		X
	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?		2	5 2	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X 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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	. 2	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	а		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				\neg	
_	or suidite, explain why on Schedule O and describe any stars taken to undergo such suidite			,		

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

ZUZJ

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 81 – 1513695

		DEIK	OII PAD FOI	NDKATSING FO	TADALI	LOM	0	1-1313033
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)			
3		A hospital or a cooperative				(b)(1)(A)(ii	i).	
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describ	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	-					public described in
		section 170(b)(1)(A)(vi). (C	•		Ü			•
8		A community trust describe	-	1)(A)(vi). (Complete Par	: II.)			
9	一	An agricultural research org			•	ed in coniu	inction with a land-grant	college
		or university or a non-land-g				-	-	-
		university:	, 3	(**************************************		, , ,	,	
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, an	d gross receipts from
		activities related to its exem						
		income and unrelated busir		•				•
		See section 509(a)(2). (Cor					, , ,	,
11		An organization organized a	•	vely to test for public sat	ety. See	section 50	09(a)(4).	
12		An organization organized a	•	•	•			purposes of one or
		more publicly supported or	•	· · ·	-		•	
		lines 12a through 12d that	-					
а		Type I. A supporting orga	* *					giving
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-		
		organization. You must o						•
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	/ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	sfy a distr	ibution red	quirement and an attenti	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information						
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
T - 4	-1						i	i

332021 12-21-23

Schedule A (Form 990) 2023 DETROIT PAL FUNDRAISING FOUNDATION 81-1513

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	-					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	686,453.	678,570.	877,840.		2,500.	2245363.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	686,453.	678,570.	877,840.		2,500.	2245363.
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)						1197555.
6	Public support. Subtract line 5 from line 4.						1047808.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	686,453.	678,570.	877,840.		2,500.	2245363.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	85,563.	85,563.	85,563.	22,672.	0.	279,361.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2524724.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sed	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (li	ine 6, column (f), di	ivided by line 11, c	column (f))		14	41.50 %
15	Public support percentage from 2022	Schedule A, Part I	II, line 14			15	35.82 <u>%</u>
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	ck this box and sto	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu				-		
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
		<u></u>					(Form 990) 2023

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

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

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(2) = = 1	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(-, : -	(-,	(-) :	(-,	(-,	(-,
	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.)		<u> </u>		1	1	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	· —
<u> </u>	check this box and stop here	a Cummant Da					
	ction C. Computation of Publi					T .= T	
	Public support percentage for 2023 (I	, ,,,	•	column (f))		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	•			ing 10 galuma (f)		17	0/
	Investment income percentage for 20					17	%
	Investment income percentage from						7 is not
198	a 33 1/3% support tests - 2023. If the					- 4.5	
k	more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 7

332023 12-21-23

Schedule A (Form 990) 2023

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")? |f "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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
_		
За		
3b		
Зс		
4a		
4b		
4c		
F		
5a		
5b		
5c		
- 55		
6		
7		
8		
9a		
01-		
9b		
90		
9c		
10a		
.54		
10b		
	n 990)	2023

332024 12-21-23

Par	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?	1a		
b	A family member of a person described on line 11a above?	lb		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what contained or rectifications, if any, applied to each power during the tax year.	1		
	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,			
Caat		2		
Seci	tion C. Type II Supporting Organizations	\neg		
			Yes	No
	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			
Soot	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion D. All Type III Supporting Organizations	\neg	1	
			Yes	No
	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			
	, , , , , , , , , , , , , , , , , , , ,	1		
	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	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	-		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion	3)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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			
		а		
	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			
		b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		а		
	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.

332025 12-21-23

Pal	Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	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-functional		d Type III supporting orga	anization (see
-	instructions).	,g. a.co.	- · , - · · · · · · · · · · · · · · · ·	

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

Schedule A (Form 990) 2023

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ADIENT	400,000.	349,506.
MEIJER	450,000.	399,506.
KAR'S NUTS	300,000.	249,506.
DETROIT LIONS	100,000.	49,506.
GERRY BOYLAN	200,025.	149,531.
Total Excess Contributions to Schedule A, Part II, Line 5		1,197,555.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

DETROIT PAL FUNDRAISING FOUNDATION

Employer identification number 81-1513695

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(a) Bonor advised funds	(b) i unus and other accounts
2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ear	•	•
5	Does the organization have a written policy regarding the per		
6	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,		
U	Stan and volunteer riours devoted to monitoring, inspecting,	Transiting of violations, and emorcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3,		
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIIII 99U.	Schedule D (Form 990) 2023

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

	t III Organizations Maintaining C	Ollections of Ar					r Sir		· Assets			age ∠
	•									(COTILI	nuea)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any or the	iollowing that	make si	igniii	cant t	ise or its			
	collection items (check all that apply).		. $ egin{array}{c} \end{array}$									
а	Public exhibition	c			change progra							
b	Scholarly research	e	• 📖	Other								
С	Preservation for future generations											
4	Provide a description of the organization's co								se in Part	XIII.		
5	During the year, did the organization solicit or									٦		٦
Dos	to be sold to raise funds rather than to be ma									Yes		_ No
Par	t IV Escrow and Custodial Arrang		te if the	organizatio	n answered "\	es" on	Form	1990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par											
1a	Is the organization an agent, trustee, custodia									٦.,	_	٦
_	on Form 990, Part X?								L	_ Yes		_ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing t	able:			Г	I		Δ		
							⊢	_		Amoun	ıı	
	Beginning balance							1c				
	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				_
	Did the organization include an amount on Fo	* *	•				ity?		L	」Yes		∐ No
	If "Yes," explain the arrangement in Part XIII.											
Par	t V Endowment Funds Complete if							1	b d .			le e e le
		(a) Current year	(a) H	Prior year	(c) Two year	s back	(a) I	nree y	ears back	(e) Fou	r years	раск
	Beginning of year balance				1							
b	Contributions				1							
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses				1							
g	End of year balance											
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1ç	g, column (a	i)) held as:							
а	Board designated or quasi-endowment		%									
b	Permanent endowment	%										
С	Term endowment	%										
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.										
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held aı	nd administer	ed for th	ne					
	organization by:										Yes	No
	(i) Unrelated organizations?									3a(i)		
										3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on S	chedule R?						3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.								
Par	t VI Land, Buildings, and Equipm											
	Complete if the organization answered	d "Yes" on Form 990), Part IV	/, line 11a. S	See Form 990,	, Part X,	line	10.				
	Description of property	(a) Cost or o basis (investr			t or other (other)			nulate ation	ed	(d) Boo	k valu	ie
1a	Land											
b	Buildings											
С	Leasehold improvements											
	Equipment											
	Other											
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. line 1	0c. column	(B))							0.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 DETROIT PAL	FUNDRAISING	ΕΟΙΙΝΌΔΨΤΟΝ 81	1513695 _{Page}
Part VII Investments - Other Securities	TONDIMIDING	I CONDATION 01	. 1313033 Fage
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	<u>. (B)) </u>		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

(6) (7) (8)

	dule D (Form 990) 2023 DETROIT PAL FUNDRAISING FU			1313693 Page
Par	t XI Reconciliation of Revenue per Audited Financial Stateme		n Revenue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l		Τ
1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	. 4b		
С	Add lines 4a and 4b			
5 Dat	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Statemer	onto Wit	th Evponess per Potur	n
Pai			iii Expelises per netur	11
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			I
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1		
a	Donated services and use of facilities	1 1		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	. 4b		
	Add lines 4a and 4b			
5 Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information		5	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional info	rmation.	
ם אם	om v itne 2.			
PAF	RT X, LINE 2:			
חשת	ROIT PAL FUNDRAISING FOUNDATION HAS RECEIV	VED NC	THE TOWNTON MUN	т
נפט	ROIT PAL FUNDRAISING FOUNDATION HAS RECEIVED	AED MC	JIIFICATION THA	1 11
OTT7	ALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER	C E C T	CONT 501/C\/3\ O	ם המה נו כ
QUE	DIFFES AS A TAX-EXEMPT ORGANIZATION UNDER	SECI	10N 301(C)(3) O	r 111E 0.5.
тмл	ERNAL REVENUE CODE AND CORRESPONDING PROVI	TCTONG	ב הב פתאתב ואש	Z NID
T 1/1	ERNAL REVENUE CODE AND CORRESPONDING PROV.	TOTON	OF STATE DAW	AND,
700	CORDINGLY, IS NOT SUBJECT TO FEDERAL OR STA	אחם דו	TOOME TAVES NE	T INCOME
ACC	CRUINGLI, IS NOT SUBJECT TO FEDERAL OR STA	AIE II	NCOME TAKES. NE	1 INCOME
ED/	OM ACTIVITIES UNRELATED TO THE ORGANIZATION	אזיפ הז	AV_EVEMBE DIIDDA	CF TC
FRC	M ACTIVITIES UNKELATED TO THE ORGANIZATION	N S TA	AA-EAEMPT PURPO	DE ID
CIII	TECH HO HAVAHTON HAVEC ON HINDELAHED DILCTA	ATECC 1	INCOME ADE NOM	MAMED TAT
<u>501</u>	BJECT TO TAXATION. TAXES ON UNRELATED BUSIN	NEDD .	INCOME AKE NOT	MYICKTYP
ТΩ	THE CONCOLIDATED EINANCIAL CHATEMENTS			
10	THE CONSOLIDATED FINANCIAL STATEMENTS.			

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON THE TAX RETURN SHOULD BE

Schedule D (Form 990) 2023

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Inspection
Employer identification number

OMB No. 1545-0047

DETROIT PAL FUNDRAISING FOUNDATION

81-1513695

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			l
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) FREDERICK HUNTER	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER	(ii)	142,659.	0.	0.	0.	33,757.	176,416.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
ALL EMPLOYEES ARE PAID OUT OF DETROIT POLICE ATHLETIC LEAGUE ("DPAL") A
RELATED ORGANIZATION. DPAL USES THE FOLLOWING METHODS TO ESTABLISH THE
COMPENSATION OF THE CEO:
- FORM 990 OF OTHER ORGANIZATIONS
- APPROVAL BY THE BOARD EXECUTIVE COMMITTEE

SCHEDULE N (Form 990)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.

Attach certified copies of any articles of dissolution, resolutions, or plans.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.								Open to Public Inspection	
Name of	the organization		PAL FUNDRA	AISING FOUNDAT	TION				lentification number
Part I	Liquidation, space is need		lution. Complete thi	s part if the organization a	answered "Yes" on Form 9	990, Part IV, line 31, o	r Form 990-EZ, line 36. Pa	art I can be du	plicated if additional
1	(a) Description distributed or expense	r transaction	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address	of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
				1					Yes No

			162	INC
2	Did or will any officer, director, trustee, or key employee of the organization:			
а	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
С	Become a direct or indirect owner of a successor or transferee organization?	2c		
Ь	Receive or become entitled to compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

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

Schedule N (Form 990) 2023

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Sche	edule N (Form 990) 2023 DE'I	KOTT PAL F	UNDRAISING FO	DUNDATION	81-1513	695		F	Page 2		
Par	t I Liquidation, Termination, or Dissolu	ution (continued)						_			
	Note: If the organization distributed all of i							Yes	No		
3	Did the organization distribute its assets in	accordance with its	governing instrument(s)	? If "No," describe in Part	III		3		<u> </u>		
4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?									<u> </u>		
		ganization provide such notice?									
5	Did the organization discharge or pay all o	f its liabilities in acco	ordance with state laws?				5		Щ.		
	Did the organization have any tax-exempt								<u> </u>		
b	If "Yes" to line 6a, did the organization dis	charge or defease al	l of its tax-exempt bond l	iabilities during the tax yr	in accordance with th	ne Internal Revenue Code and state laws	? 6b		Щ		
С	If "Yes" on line 6b, describe in Part III how										
Par	Sale, Exchange, Disposition, or Other Form 990-EZ, line 36. Part II can be du			ization's Assets. Comple	ete this part if the org	anization answered "Yes" on Form 990, I	Part IV, lir	ne 32, d	r		
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	reci tax-exe	C section pient(s) (it empt) or to f entity	f		
						DETROIT POLICE ATHLETIC LEAGUE					
						1680 MICHIGAN AVENUE					
ASSI	ETS	07/31/23	7,678,658.	ACTUAL AMOUNTS	38-3314318	DETROIT, MI 48216	501(C)(3)			
								_			
								Yes	No		
	Did or will any officer, director, trustee, or		· ·								
	Become a director or trustee of a successe								X		
	Become an employee of, or independent of								X		
	Become a direct or indirect owner of a suc							1	X		
	Receive, or become entitled to, compensa						2d		X		
е	If the organization answered "Yes" to any	of the questions on I	ines 2a through 2d, prov	ride the name of the person	n involved and explai	n in Part III.					

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

2023
Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

DETROIT PAL FUNDRAISING FOUNDATION

Inspection
Employer identification number 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.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
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.

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

Schedule O (Form 990) 2023

Scriedule O (Form 990) 2023	Page 2
Name of the organization DETROIT PAL FUNDRAISING FOUNDATION	Employer identification number 81-1513695
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFER OF NET ASSETS TO DETROIT POLICE ATHLETIC LEAGUE	-36,280.

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

DETROIT PAL FU	DETROIT PAL FUNDRAISING FOUNDATION								
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes"	on Form 990, Part IV, line 3	3.						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	(e) me End-of-year		ts Direct c	(f) ot controlling entity		
	_								
	_								
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990	0, Part IV, line 34, b	pecause it had one	or moi	re related tax-exer	npt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Diı	(f) irect controlling entity	conti	g) 512(b)(13) rolled tity?	
DETROIT POLICE ATHLETIC LEAGUE, INCORPORATED - 38-3314318, 1680 MICHIGAN AVENUE, DETROIT, MI 48216	BUILD CHARACTER IN AT-RISK, LOW-INCOME, DISADVANTAGED DETROIT AREA	MICHIGAN	501(C)(3)		N/A		res	X	
	_								
	-								

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2023

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j		(k)			
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	Share of end-of-year assets	1	proportionate Code V-UBI amount in box 20 of Schedule		olisproportionate allocations? Code V-UBI amount in box 20 of Schedule		Gener mana partn	al or Pe ging er?	ercentage wnership	
		country)		sections 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		(i) ction (b)(13) trolled tity?	
		country)		,				Yes	No	
]									
								<u> </u>	<u> </u>	
								<u> </u>	<u> </u>	
								<u> </u>		

1a

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

Yes No

X

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	X		
С					1c		X	
d	Loans or loan guarantees to or for related organization(s)							
е	Loans or loan guarantees by related organization(s)				1e		X	
f	Dividends from related organization(s)				1f		_X_	
	Sale of assets to related organization(s)				1g		Х	
h	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
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	
- 1	Performance of services or membership or fundraising solicitations for related organization(s)							
m	m Performance of services or membership or fundraising solicitations by related organization(s)							
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
					10		X	
р	Reimbursement paid to related organization(s) for expenses				1 p		_X_	
q	Reimbursement paid by related organization(s) for expenses				1q		_X_	
r	Other transfer of cash or property to related organization(s)				1r		_X_	
s	Other transfer of cash or property from related organization(s)				1s		<u>X</u>	
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered relat	tionships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	/olved			
(1)								
(2)								
(a)								
(3)								
(4)								
(4)								
(5)								
ω,								
(6)								
`	3 09-28-23	•	<u> </u>	Schedule	R (For	n 990)	2023	
					-	,		

Schedule R (Form 990) 2023

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

	onic filing (e-file). You can electronically file Form 8868 to			•					
	elow except for Form 8870, Information Return for Transfe								
request	for Form 8870 must be sent to the IRS in a paper format (see instrud	ctions). For more details on the electr	onic filing	g of Form				
	isit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p								
Caution	n: If you are going to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 845	3-TE and	ا Form 8879-TE for	payment			
instruct									
All corp	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnerships	, REMICs	s, and trusts				
must us	se Form 7004 to request an extension of time to file income	e tax returi	าร.						
Part I -	Identification								
Type o	Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number								
Print									
Elle books	DETROIT PAL FUNDRAISING FOU	NDATION			81-1513695				
File by the due date f filing your	Number, street, and room or suite no. If a P.O. box, see instructions.								
return. Se	1680 MICHIGAN AVENUE								
IIISII UCIIOI	DETROIT, MI 48216	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ${\tt DETROIT}$, ${\tt MI}$ 48216							
Enter the Return Code for the return that this application is for (file a separate application for each return)									
Applica	ation Is For	Return Application Is For				Return			
		Code			Code				
Form 9	90 or Form 990-EZ	01	Form 4720 (other than individual)		09				
Form 4	720 (individual)	03	Form 5227			10			
Form 9	90-PF	04	Form 6069		11				
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 8870		12				
Form 9	90-T (trust other than above)	06	Form 5330 (individual)		13				
Form 9	90-T (corporation)	07	Form 5330 (other than individual)						
Form 1	041-A	08							
After	you enter your Return Code, complete either Part II or Part	t III. Part III	, including signature, is applicable or	ly for an	extension of				
time to	file Form 5330.								
If this	application is for an extension of time to file Form 5330, y	ou must ei	nter the following information.						
Р	lan Name								
Р	lan Number								
P	lan Year Ending (MM/DD/YYYY)								
Part II -	Automatic Extension of Time To File for Exempt Organi	izations (s	ee instructions)						
The	books are in the care of GERI MANN								
	1680 MICHIGAN AVE	ENUE -	DETROIT, MI 48216						
Tele	phone No. (313)-833-1600		Fax No.						
• If the	a avantiation does not have an office as place of business		Tax No.						
If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check the state of the whole group, check the state of the whole group, check the state of									
11 (11)			ted States, check this box			heck this			
box		Group Exe	ted States, check this box	this is fo	r the whole group, o				
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