| - | | | | | | 293933 | 326 | 04146 0 |
|--|-------------|---|--------------------------------|----------------------|--------------------------|--|--------------------|---|
| Form 990-T | \ E | Exempt Organ | nization Bus | ine | ss Income 1 | Γax Return | i L | OMB No 1545-0047 |
| rum CCC - | | | nd proxy tax und | | | 1010 | | 0040 |
| هم معد | For ca | lendar year 2019 or other tax yes | r beginning | | , and ending | 10112 | | 2019 |
| → e ⁿ Department of the Treasury | | ► Go to www | .irs.gov/Form990T for in | structio | ns and the latest inform | nation. | L | non to Bublic Inspection for |
| Internal Revenue Service | | Do not enter SSN numbe | | | | zation is a $501(c)(3)$ | | pen to Public Inspection for 01(c)(3) Organizations Only |
| A Check box if address changed | | Name of organization (| | _ | • | | (Emplo | rer identification number yees' trust, see |
| _ | ┨╻ | DETROIT POL | | СГ | SAGUE, | | Instruct | 3-3314318 |
| Exempt under section [X] 501(C) (1) (3) | Print | INCORPORATE | | | | | | ed business activity code |
| 408(e) 220(e) | Time | Number, street, and room 1680 MICHIG | | x, see ii | istructions. | | (See ins | structions) |
| 408A 530(a) | | City or town, state or pro | | r foreia | n nostal code | | ┪ | |
| 529(a) | 1 | DETROIT, MI | 48216 | | poola. oodo | | 5320 | 000 |
| C Book value of all assets | | E 0 | per (See instructions.) | ightharpoonup | | | | |
| 17,362,3 | 95. | G Check organization typ | e 🕨 🗶 501(c) corp | poration | 501(c) trust | 401(a | ı) trust | Other trust |
| 4 Filter me maniper of me | UI Yai iizo | IIIOII 3 UIII CIAICU II AUGS OF L | | 2 | Describ | e the only (or first) u | nrelated | |
| | | NTAL FACILIT | | | | e, complete Parts I-V | | · |
| | | ace at the end of the previou | us sentence, complete Pa | ırts I an | d II, complete a Schedui | le M for each additio | nal trade o | or |
| business, then complete | _ | | | | diam, a subsallad assum0 | | | X No |
| | | poration a subsidiary in an a tifying number of the paren | | nt-subs | idiary controlled group? | | Yes | A NO |
| | _ | LENORE DUDLE | | | | hone number | (313) | 833-1600 |
| | | de or Business Inc | | | (A) Income | (B) Expense | - | (C) Net |
| 1a Gross receipts or sal | es | | | | | | | |
| b Less returns and allo | wances | | c Balance | 1c | | | | |
| 2 Cost of goods sold (| Schedule | e A, line 7) | | 2 | | <u> </u> | | |
| 👱 3 Gross profit. Subtrac | | | | 3 | | <u> </u> | / | |
| 🚉 4a Capital gain net inco | | | | 48 | - | ` | $\prec \downarrow$ | |
| _1 | | Part II, line 17) (attach Form | 1 4797) | 4b | | | | |
| Capital loss deduction | | · · | Haab atatamant) | 4c 5 | | | + | |
| Income (loss) from a Rent income (Sched Unrelated debt-finan Interest, annuities, ro | • | ship or an S corporation (a | nach statement) | 6 | | | | |
| Unrelated debt-finan | • | me (Schedule F) | | 7 | 35,699. | 29, | 780. | 5,919. |
| Interest, annuities, ro | | and rents from a controlled | organization (Schedule F) | 8 | | | | |
| Investment income of | of a secti | on 501(c)(7), (9), or (17) o | rganization (Schedule G) | 9 | | | | |
| 10 Exploited exempt act | tivity inco | ome (Schedule I) | | 10 | | | | |
| 11 Advertising income (| Schedul | e J) | | 11 | | | | |
| 12 Other income (See in | | • | | 12 | 25 500 | | | |
| 13 Total. Combine line Part II Deduction | s 3 throu | _{igh 12} ot Taken Elsewher | 10 10 a a sua effectation a fe | 13 | 35,699. | | 780. | 5,919. |
| (Deduction | s must l | be directly connected w | thithe unrelated busin | or limita less in | ations on deductions. |) | | |
| 14 Compensation of of | Hicers d | rectors, and trustees (Sche | RECEI | VEL | } | | 14 | |
| 15 Salaries and wages | | / | / I I | | T)Si | - . | 15 | |
| 16 Repairs and mainte | | | JUL 21 | 202 | | 7 | 16 | |
| 17 Bad debts | | | | *** | | | 17 | |
| 18 Interest (attach sch | edule) (s | ee instructions) | OGDEN | J. U | T | | 18 | |
| 19 Taxes and licenses | | | | | | | 19 | |
| 20 Depreciation (attacl | | | | | 20 | | | |
| • | laimed o | n Sehedule A and elsewher | e on return | | 21a | | 21b | |
| 22 Depletion | | , | | | | | 22 | |
| 23 Contributions to de24 Employee benefit p | | • | | | | | 23 | |
| 24 Employee benefit p | - | | | | | | 25 | · |
| 28 Excess readership | | | | | | | 26 | |
| 27 Other deductions (a | - | | • | | | • | 27 | |
| 28 Total deductions. | | | | | | | 28 | 0. |
| / | | ncome before net operating | loss deduction. Subtrac | t line 2 | 8 from line 13 | | 29 | 5,919. |
| / | perating | loss arising in tax years be | ginning on or after Janua | ıry 1, 20 | | • | | |
| (see instructions) | | • | | | SEE STA | TEMENT 1 | 30 | 5,919. |
| 31 Unrelated business | taxable ı | ncome. Subtract line 30 fro | m line 29 | | <u> </u> | | 31 | 0. |

910

| | 1 | DEMDOTE DOLLOW NEW PERSON FROM THE THEODOG | 3.000 | | 20 1 | 22424 | |
|------------|---------|---|--------------------------|------------------|--|-------------------|--|
| Parl | | e) DETROIT POLICE ATHLETIC LEAGUE, INCORPORTOR TO | CATED | | _38 | <u>3314318</u> | Page 2 |
| | | of unrelated business taxable income computed from all unrelated trades or businesses (see | netruotione) | | 32 | 6.0 | 93. |
| 32 33 | | nts paid for disallowed fringes | instructions) | • | 33 | 0,0 | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |
| 34 | | able contributions (see instructions for limitation rules) | | _ | 34 | | 0. |
| 35 | | unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract III | ne 34 from the sum of I | nes 32 and 33 | 35 | 6.0 | 93. |
| 36 | | ction for net operating loss arising in tax years beginning before January 1, 2018 (see instru | | | 36 | | |
| 37 | | of unrelated business taxable income before specific deduction. Subtract line 36 from line 3 | • | 7 | | 6,0 | 93. |
| 38 | | fic deduction (Generally \$1,000, but see line 38 instructions for exceptions) | | q | 38 | | 00. |
| 39 | , Unrel | ated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 3 | 37, | | | • | |
| \perp | | the smaller of zero or line 37 | · | // | 39 | 5,0 | 93. |
| Parl | I)Y | Tax Computation | | | | | |
| 40 | Órgar | izations Taxable as Corporations. Multiply line 39 by 21% (0.21) | | × | 40 | 1,0 | 70. |
| 41 | Trusta | Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of | on line 39 from: | | | • | |
| | | Tax rate schedule or Schedule D (Form 1041) | | • | 41 | | |
| 42 | Proxy | tax. See instructions | | • | 42 | | |
| 43 | | ative minimum tax (trusts only) | | | 43 | | |
| 44 | | n Noncompliant Facility Income. See instructions | | 1 | 44 | | |
| | | Add lines 42, 43, and 44 to line 40 or 41, whichever applies | | | A5 | 1,0 | <u> 70.</u> |
| Parl | | Tax and Payments | T | | | | |
| _ | | in tax credit (corporations attach Form 1118; trusts attach Form 1116) | 46a | | - | | |
| b | | credits (see instructions) al business credit. Attach Form 3800 | 46b | | -i i | | |
| C | | for prior year minimum tax (attach Form 8801 or 8827) | 46c 46d | | ┥ ┃ | | |
| e | | credits. Add lines 46a through 46d | 100] | | 46e | | |
| 47 | | act line 46e from line 45 | | | 47 | 1.0 | 70. |
| 48 | | taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8 | 3866 Other (s | attach schedule) | 48 | | |
| 49 | | tax. Add lines 47 and 48 (see instructions) | | Ĺ | <i>¥</i> 49 | 1,0 | 70. |
| 50 | | net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | • | | 50 | | 0. |
| 51 a | | ents: A 2018 overpayment credited to 2019 | 51a | | | - | |
| | - | estimated tax payments | 51b | | | | |
| C | Tax d | eposited with Form 8868 | 51c | |] | | |
| d | Foreig | n organizations: Tax paid or withheld at source (see instructions) | 51d | | | | |
| е | Backı | p withholding (see instructions) | 51e | | _ | | |
| t | Credit | for small employer health insurance premiums (attach Form 8941) | 511 | | 」 │ | | |
| 9 | | credits, adjustments, and payments: Form 2439 | 1 1 | | | | |
| | | Form 4136 Total > | - 51g | | - | | |
| 52 | | payments. Add lines 51a through 51g | | 0 | 52 | | 10 |
| 53 | | ated tax penalty (see instructions). Check if Form 2220 is attached | | . 9 | 53 | 1 0 | <u>17.</u> |
| 54 | | ue. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | | | | | 87. |
| 55 50 | • | syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | D-4 | | 55 56 | | |
| 56 Parl | | the amount of line 55 you want: Credited to 2020 estimated tax Statements Regarding Certain Activities and Other Informati | | unded tions) | 1 20 1 | | |
| 57 | | r time during the 2019 calendar year, did the organization have an interest in or a signature | | itions) | | Yes | No |
| 97 | | I financial account (bank, securities, or other) in a foreign country? If "Yes," the organization | • | | | 169 | " |
| | | N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the | • | | | | 1 1 |
| | here | | or orgin country | | | | X |
| 58 | | g the tax year, did the organization receive a distribution from, or was it the grantor of, or tra | ansferor to, a foreig | n trust? | | | X |
| | | s," see instructions for other forms the organization may have to file. | | | | | |
| 59 | | the amount of tax-exempt interest received or accrued during the tax year > \$ | | | | | |
| | | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer | statements, and to the I | pest of my knowl | edge and belie | ef, it is true, | |
| Sign | ı | corrects and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer | EXECUTIVI | 3 6 | Mou the IPS di | scuss this return | with |
| Here | ' | 1/14/20 OFFICE | | | may the ins ti | hown below (see | ·***u1 |
| | | Signature of officer Date Title | | | instructions)? | X Yes | No |
| | | 1 | Date . | Check | if PTIN | | |
| Paid | j | TROY E. MARINE, | | self- employe | | | |
| | pare | | 6/30/20 | | | <u>0187863</u> | |
| Use | Only | , Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP | | Firm's EIN | <u>39-</u> | <u>-085991</u> | <u>. U</u> |
| | | 777 E. WISCONSIN AVENUE, FLOOR | K 32 | Di- | 41 A 17' | 77 5500 | |
| | | Firm's address ► MILWAUKEE, WI 53202 | | Phone no. | | 77.5500 | |
| 923711 | 01-27-2 | 0 | | | F | Form 990-T | (2019) |

Form 990-T (2019) INCORPORATED

| Schedule A - Cost of Goods | Sold. Enter | method of invento | ory valuation N/A | | | | | |
|--|----------------------|---|--|-----------|---|--------------|--|--------|
| Inventory at beginning of year | 1 | | 6 Inventory at end of year | ır | | 6 | | |
| 2 Purchases . | 2 | | 7 Cost of goods sold. Si | ubtract l | ine 6 | 1 | | |
| 3 Cost of labor . | . 3 | | from line 5. Enter here | and in f | Part I, | | | |
| 4a Additional section 263A costs | | | line 2 | | į | 7 | | |
| (attach schedule) | 48 | | 8 Do the rules of section | 263A (| with respect to | | Yes | No |
| b Other costs (attach schedule) | 4b | | property produced or a | cquired | for resale) apply to | | Ì | |
| 5 Total. Add lines 1 through 4b | 5 | | the organization? | | | | | |
| Schedule C - Rent Income (I | From Real I | Property and | Personal Property L | .ease | d With Real Prop | erty) | | • |
| (see instructions) | | | | | | | | |
| 1. Description of property | | | | | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | \ | | | |
| (4) | | | | | | | | |
| | | d or accrued | | | O(a) Daduations discust | | | _ |
| (a) From personal property (if the perconent for personal property is more to 10% but not more than 50%) | entage of than | of rent for pe | d personal property (if the percenta rsonal property exceeds 50% or if Is based on profit or income) | ge | 3(a) Deductions directly columns 2(a) as | nd 2(b) (att | ach schedule) | n |
| (1) | | | | | | | | |
| (2) | | | | | | _ | | |
| (3) | | | · · · · · · · · · · · · · · · · · · · | | | _ | | |
| (4) | _ | | | | | | | |
| Total | 0. | Total | | 0. | | | | |
| (c) Total income. Add totals of columns 2 | 2(a) and 2(b). En | ter | | | (b) Total deductions. | | | |
| here and on page 1, Part I, line 6, column | <u> </u> | | | 0. | Enter here and on page 1, Part I, line 6, column (B) | _ | | 0. |
| Schedule E - Unrelated Deb | t-Financed | Income (see in | nstructions) | | | | | |
| | | | 2. Gross income from | | 3. Deductions directly con to debt-finance | | | |
| 1. Description of debt-fire | anced property | | or allocable to debt- | (a) | Straight line depreciation | | (b) Other deduction | |
| The Basis page of dest in | ances property | | financed property | | (attach schedule) | l | ' (attach schedule) | ١ . |
| | | | | ļ | | ST | ATEMENT | 4 |
| (1) RENTAL FACILITIES | <u> </u> | | 191,826. | | | \dashv — | 160,0 | 122. |
| (2) | | | | | | | | |
| (3) | | | | | | \dashv | _ | |
| (4) | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis liocable to nced property a schedule) | 6. Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | | Allocable deduction State of control (a) and 3(b) | anmula |
| (1) 2,845,714. | 15, | 294,287. | 18.61% | | 35,699 | | 29,7 | 80. |
| (2) | | | % | | | | | |
| (3) | | | % | | | | | |
| (4) | | | % | | | | | |
| STATEMENT 2 | STAT | EMENT 3 | | | nter here and on page 1, Part I, line 7, column (A) | | ter here and on pag art I, line 7, column | |
| Totals | | | | | 35,699 | | 29,7 | 80 - |
| Total dividends-received deductions inc | cluded in column | 8 | | | _ | - | | 0. |

Form 990-T (2019) INCORPORATED

| Schedule F - Interest, A | | | | ontrolled O | | | | (see inst | | |
|---------------------------------------|--|--|---------------------------|---|---|--|--|---|---|---|
| Name of controlled organizati . | Identi | mployer 3. ification (kinds) | Net unrel oss) (see li | ated income nstructions) | 4. Tot payr | al of specified ments made | included | f column 4 th in the contro on's gross in | illing i | 3. Deductions directly connected with income In column 5 |
| (1) | | | | | | | | | | <u>-</u> |
| (2) | | | | | | | | | | |
| (3) | | | | | _ | | | | | |
| (4) | | <u></u> | | | | | <u> </u> | | | |
| Nonexempt Controlled Organiz | zations | | | | | | | | | |
| 7. Taxable Income | 8. Net unrelated inco (see instruction | | 9. Total of | f specified payn made | nents | 10 Part of colur in the controlli gross | mn 9 that is ing organiza s income | included ation's | | actions directly connected acome in column 10 |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | , | | · |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | | | • | | Enter here and | nns 5 and 1 on page 1, column (A) | | Enter her | columns 6 and 11 e and on page 1, Part I, ne 8, column (B) |
| Totals | | | | | | | | 0. | | 0. |
| Schedule G - Investme (see instr | | Section 50 | 1(c)(7) | , (9), or (| 17) Org | ganization | | | | |
| 1. Desc | ription of income | | | 2. Amount of | Income | 3. Deduction directly conne (attach sched | cted | 4. Set-a (attach so | | 5. Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | | | | | | | | ļ |
| (2) | <u> </u> | | | | | | | | | |
| (3) | <u> </u> | | | | | - | | | | |
| (4) | | • | | Enter here and o | | | | | | Enter here and on page 1, Part I, line 9, column (B) |
| Totals | | | • | | 0. | And the state of t | * 1 The state of t | | 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 0. |
| Schedule I - Exploited (see instru | | y Income, C | Other 1 | Than Adv | ertisin | g Income | | | | |
| Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expense directly conne with product of unrelate business inco | icted Ion d | 4. Net incomfrom unrelated business (cominus column gain, compute through | trade or lumn 2 n 3) If a cols 5 | 5. Gross inco from activity t is not unrelat business inco | that ted | 6. Expe attributa colum | ble to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | <u> </u> | | | | | - | | | | |
| (2) | | † | | | | | | | | - |
| (3) | <u> </u> | <u>† </u> | | | | | _ | | | |
| (4) | - | | | | | | | | | |
| _ | Enter here and on page 1, Part I, line 10, col (A) | Enter here and page 1, Part line 10, col (| t I, (B) | | Parker, | 2 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | | | | Enter here and on page 1, Part II, line 25 |
| Totals Schedule J - Advertisir | 0. | | 0. | in mortality in the | , 'i _ z _ , i', - } ! | | * | ************************************** | Stanfall of | . 0. |
| Part ly Income From I | | | Cons | olidated | Basis | | | | | |
| 1. Name of periodical | 2. Gross advertising Income | 3. Di advertisir | | 4. Advert or (loss) (c col 3) If a ga cols 5 th | ol 2 minus ain, comput | 5. Circulat Income | | 6. Reade | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | , | | | | | | 1 | ************************************** |
| (2) | | | | | rije riji Liveren | , , | | | | |
| (2) | | | · . | | | 1,4 | | | , 8 12 | |
| (4) | <u> </u> | | | | | 3 | $\neg \neg$ | | , | |
| <u>·</u> | | | | | | T | | | | |
| Totals (carry to Part II, line (5)) | <u> </u> | 0 | 0. | <u>.L.</u> | | <u> </u> | | | | 0 (Form 990-T (2019 |

Part III Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | | 2. Gross advertising Income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 | 5. Circulation Income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|---|--|--|---|--|---------------------|--|
| (1) | | | | · | | | |
| (2) | | | | | | | |
| (3) | | | | | | \ | |
| (4) | | | | | | | |
| Totals from Part I | ▶ | 0. | 0. | \$, | 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 | | 0. |
| | _ | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | | | | Enter here and on page 1, Part II, line 26 |
| Totals, Part II (lines 1-5) | ▶ | 0. | 0. | | 24 1 | | 0. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | `2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|---|-----------|--|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | • | 0. |

Form 990-T (2019)

| FORM 990-T | NET | OPERATING : | LOSS D | EDUCTION | STATEMENT 1 |
|------------|--------------------|----------------------------|--------|-------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUS APPLIE | | LOSS REMAINING | AVAILABLE THIS YEAR |
| 12/31/18 | 39,907. | | 0. | 39,907. | 39,907. |
| NOL CARRYO | VER AVAILABLE THIS | YEAR | | 39,907. | 39,907. |

| | | | | | | |
|------------|--------------|------------|---------------|--------|-----------|---|
| FORM 990-T | SCHEDULE E - | UNRELATED | DEBT-FINANCED | INCOME | STATEMENT | 2 |
| | AVER | AGE ACQUIS | SITION DEBT | | | |

| DESCRIPTION OF DEBT-FINANCED PROPERTY RENTAL FACILITIES | ACTIVITY NUMBER 1 | AMOUNT OF OUTSTANDING DEBT |
|--|-------------------|--|
| BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH | | 3,149,868. 3,149,868. 2,999,868. 2,999,868. 2,999,868. 2,999,868. 2,599,868. 2,599,868. 2,599,868. 2,599,868. 2,599,868. |
| TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR AVERAGE AQUISITION DEBT | | 34,148,573. 12 2,845,714. |

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

| FORM 990-T | SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ADJUSTED BASIS | INCOME | STATEMENT 3 |
|----------------|---|--------------------|----------------------------|
| DESCRIPTION OF | DEBT-FINANCED PROPERTY | ACTIVITY NUMBER | |
| RENTAL FACILIT | TIES | 1 | AMOUNT |
| | 'ED BASIS OF PROPERTY FIRST DAY OF YEAR 'ED BASIS OF PROPERTY LAST DAY OF YEAR | | 15,526,942. 15,061,632. |
| AVERAGE ADJUST | ED BASIS OF PROPERTY FOR THE YEAR | | 15,294,287. |

| FORM 990-T | SCHEDULE E - OTH | ER DEDUCTIONS | | STATEMENT 4 |
|-------------------------|---------------------|--------------------|------------------|-------------|
| DESCRIPTION | • | ACTIVITY NUMBER | AMOUNT | TOTAL |
| SALARIES & WAGES | | | 103,358. | |
| EMPLOYEE BENEFITS | | | 4,350. | |
| PAYROLL TAXES | | | 6,723. | |
| MEETINGS AND CONFER | ENCES | | 15. | |
| PROFESSIONAL FEES | | | 293. | |
| EQUIPMENT | | | 2,977. | |
| FACILITIES INSURANCE | | | 4,901. 2,828. | |
| SUPPLIES | | | 422. | |
| MARKETING AND PUBLI | C RELATIONS | | 317. | |
| UTILITIES | | | 4,803. | |
| DEPRECIATION | | | 26,640. | |
| OTHER | | | 2,395. | |
| | - SUBTOTAL | - 1 | | 160,022. |
| TOTAL OF FORM 990-T | , SCHEDULE E, COLUM | N 3(B) | | 160,022. |

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No. 1545-0047

501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Name of the organization

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). DETROIT POLICE ATHLETIC LEAGUE. INCORPORATED

For calendar year 2019 or other tax year beginning

Employer identification number 38-3314318

Unrelated Business Activity Code (see instructions) 900099 ► CATERING INCOME Describe the unrelated trade or business

| Pai | t 🖫 Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|-----|--|----|-------------|--|--|
| 1a | Gross receipts or sales 6,093. | | | | The same same ships a same same same same same same same s |
| b | Less returns and allowances c Balance ▶ | 1c | 6,093. | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | | 编的大概。对确定。为例 |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 6,093. | ا الأولى المراسط المر | 6,093. |
| 4 a | Capital gain net income (attach Schedule D) | 4a | | The state of the s | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | The state of the s | |
| С | Capital loss deduction for trusts | 4c | | 10 m + 10 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 | |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | Francis Prop. Mar. | - " |
| | statement) | 5 | | g. Regardist. | |
| 6 | Rent income (Schedule C) | 6 | | | • |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | - | |
| | organization (Schedule F) | 8 | | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) | T | | | |
| | organization (Schedule G) | 9 | | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | | |
| 11 | Advertising income (Schedule J) | 11 | | | |
| 12 | Other income (See instructions; attach schedule) | 12 | | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 6,093. | | 6,093. |

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

| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | |
|-----------|--|-----|----------|
| 15 | Salaries and wages . | 15 | |
| 16 | Repairs and maintenance . | 16 | Ĺ |
| 17 | Bad debts | 17 | |
| 18 | Interest (attach schedule) (see instructions) | 18 | |
| 19 | Taxes and licenses | 19 | |
| 20 | Depreciation (attach Form 4562) | - | |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return | 21b | <u> </u> |
| 22 | Depletion | 22 | |
| 23 | Contributions to deferred compensation plans | 23 | |
| 24 | Employee benefit programs | 24 | |
| 25 | Excess exempt expenses (Schedule I) | 25 | |
| 26 | Excess readership costs (Schedule J) | 26 | |
| 27 | Other deductions (attach schedule) | 27 | |
| 28 | Total deductions. Add lines 14 through 27 | 28 | 0. |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | 29 | 6,093. |
| 30 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see | | |
| | instructions) | 30 | <u> </u> |
| <u>31</u> | Unrelated business taxable income. Subtract line 30 from line 29 | 31 | 6,093. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

| Page | 1 |
|------|---|
|------|---|

| Form 9 | 90-T (2019) DETROIT P | OLICE AT | HLETIC L | EAG | UE, | | | Pag | е : |
|--|--|-------------|-----------------|--|---|--|--|---|-----|
| | INCORPORA | TED | | | | | 38-3314 | | |
| Sche | edule A - Cost of Goods | Sold. Enter | method of inven | tory v | aluation > N/A | | | | |
| 1 lr | nventory at beginning of year | 1 | _ | 6 Inventory at end of year 6 | | | | | |
| 2 P | urchases | 2 | _ | 7 Cost of goods sold. Subtract line 6 | | | | | |
| 3 C | ost of labor | 3 | | from line 5. Enter here and in Part I, | | | | | |
| 4a A | dditional section 263A costs | | _ | 1 | line 2 | , i | 7 | | |
| (; | attach schedule) | 4a | | 8 | Do the rules of section | 263A (1 | with respect to | Yes A | lo |
| ь 0 | Ither costs (attach schedule) | 4b | | 7 | property produced or a | acquired | for resale) apply to | | |
| 5 T | otal. Add lines 1 through 4b | 5 | | 1 | the organization? | • | | | K |
| (see | edule C - Rent Income (instructions) | From Real | Property and | Per | sonal Property L | .ease | d With Real Prope | rty) | |
| 1. Des | cription of property | | | | | | | | |
| (1) | | | | ` | | | | | |
| (2) | | | | | | | _ | | |
| (3) | | <u> </u> | <u> </u> | | | | | | |
| (4) | | | | | | | <u></u> | | |
| | | | ed or accrued | | _ | 3(a) Deductions directly connected with the income in | | | |
| rent for personal property is more than | | | | persona | d personal property (if the percentage resonal property exceeds 50% or if is based on profit or income) | | | 2(b) (attach schedule) | |
| (1) | , | | | | | | | | |
| (2) | - | | | | · | | | | |
| (3) | | _ | _ | | | | | | |
| (4) | | | | | _ | | | | |
| Total | - | 0. | Total | | | 0. | | | |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) | | | | | | (b) Total deductions. Enter here and on page 1. Part I, line 6, column (B) | | |). |
| Sche | edule E - Unrelated Deb | t-Financed | Income (see | instru | uctions) | | | | |
| Description of debt-financed property | | | | | Gross Income from or allocable to debt- financed property | Deductions directly connected with or allocable to debt-financed property | | | |
| | | | | | | (a) | Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) | |
| (1) | | | | 1 | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | <u>.</u> | | | | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | | | | 6. Column 4 divided by column 5 | 7. Gross Income 8. A reportable (column 2 x column 6) | | 8, Allocable deductions (column 6 x total of column 3(a) and 3(b)) | าร | |
| (1) | | | | % | | · · · · · · · · · · · · · · · · · · · | † · · · · · · · · · · · · · · · · · · · | _ | |
| | | | | $\overline{}$ | | | | | |

%

%

%

Enter here and on page 1, Part I, line 7, column (A)

0.

Form 990-T (2019)

0.

0.

Enter here and on page 1, Part I, line 7, column (B)

(2)

(3)

(4)

Totals

Total dividends-received deductions included in column 8