efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Department of the

**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.

 $\blacktriangleright$  Go to  $\underline{\textit{www.irs.gov/Form990}}$  for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

DLN: 93493321014970

		enue Service								
			alendar year, or tax year beginning 01-01-2019 , and ending 12-31-	-2019	<del></del>					
_		applicable:	C Name of organization DETROIT POLICE ATHLETIC LEAGUE		D Employer	' identifi	cation number			
		change nange	INCORPORATED		38-33143	318				
☐ Ini		-	Doing business as							
		rn/terminated			E Telephone	number				
		d return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1680 MICHIGAN AVENUE	е						
⊔ Ар	piicati	ion pending	City or town, state or province, country, and ZIP or foreign postal code		(313) 83	3-1600				
			DETROIT, MI 48216		C Cross ross	sinta # 4 :	220 000			
			F Name and address of principal officer:	H/-\ *		G Gross receipts \$ 4,330,888				
			ROBERT JAMERSON		tnis a group retu ibordinates?	irn for	□Yes <b>☑</b> No			
			1680 MICHIGAN AVENUE DETROIT, MI 48216		e all subordinate	s	Yes No			
I Ta	x-exei	mpt status:		`´ in	cluded?					
7 147	- 1 7.	NA()A:	▼ 501(c)(3) □ 501(c)( ) ◀ (insert no.) □ 4947(a)(1) or □ 527		"No," attach a lis oup exemption r	•	•			
J VV	ebsii	te:► ww	/W.DETROITPAL.ORG	(-, 0	oup exemption i	idilibei				
<b>K</b> Fort	n of o	rganization:	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	<b>L</b> Year of f	ormation: 1996	<b>M</b> State o	of legal domicile: MI			
	11 01 0	rgamzacion.	Solphadon — Host — Hostonation — Calci P							
Pa	art I	Sumi								
			cribe the organization's mission or most significant activities: POLICE ATHLETIC LEAGUE, INCORPORATED ("DETROIT PAL") IS A CHARACT	ED_BLITE	DING VOLITH SEC	DTS OF	CANIZATION THAT			
	(	OFFERS SI	IGNIFICANT LEADERSHIP DEVELOPMENT OPPORTUNITIES THROUGH COACH	I AND ME	NTOR RELATION	SHIPS A	AND PEER-TO-PEER			
			ENT. DETROIT PAL OPERATES CITY-WIDE, YEAR-ROUND YOUTH LEAGUES, ( US ON CHARACTER DEVELOPMENT, AS WELL AS HEALTHY AND ACTIVE LIFE							
ce	'	TRAINING	ENSURES THAT VOLUNTEER COACHES AND MENTORS ARE EFFECTIVELY US	SING THE	VEHICLE OF YO	UTH SP	ORTS TO CREATE			
Tal.			DEVELOPMENTAL OUTCOMES FOR CHILDREN. EACH YEAR, DETROIT PAL ST DOO DETROIT YOUTHS, AGES 4 THROUGH 19, WITH THE ASSISTANCE OF OV			, MINDS	S, AND SPIRITS OF			
Ven		OVER 12,0	DO DETROIT TOOMS, AGES 4 THROUGH 19, WITH THE ASSISTANCE OF OR	V L R 2,00	O VOLONTEERS.					
Governance	-									
×ಶ	_ '				) FO / C !!					
Activities &			s box $ ightharpoons \square$ if the organization discontinued its operations or disposed of mo of voting members of the governing body (Part VI, line 1a)			sets.   3	25			
Ĭ	1		of independent voting members of the governing body (Part VI, line 1b)			4	24			
٦ ح	1		nber of individuals employed in calendar year 2019 (Part V, line 2a)			5	65			
	1	6	2,347							
	1		nber of volunteers (estimate if necessary)			7a	12,012			
	1		ated business taxable income from Form 990-T, line 39			7b	5,093			
	1			•						
					Prior Year		Current Year			
	8	Contribut	ions and grants (Part VIII, line 1h)		<b>Prior Year</b> 3,441,75	_	<b>Current Year</b> 3,102,681			
- ēnue	1		ions and grants (Part VIII, line 1h)			59				
- ēnuē vē	9	Program			3,441,75	59 95	3,102,681			
Ravenue	9 10	Program Investme	service revenue (Part VIII, line 2g)		3,441,75 236,49	59 95 05	3,102,681 204,592			
Ravenue	9 10 11	Program Investme Other rev	service revenue (Part VIII, line 2g)		3,441,75 236,49 14,40	59 95 05 90	3,102,681 204,592 9,842			
Ravenue	9 10 11 12	Program Investme Other rev Total reve	service revenue (Part VIII, line 2g)		3,441,75 236,49 14,40 787,09	59 95 05 90	3,102,681 204,592 9,842 754,495			
Ravenua	9 10 11 12 13	Program Investme Other rev Total reve Grants an	service revenue (Part VIII, line 2g)		3,441,75 236,49 14,40 787,09	59 95 95 90	3,102,681 204,592 9,842 754,495 4,071,610			
- Raye	9 10 11 12 13 14	Program Investme Other rev Total reve Grants ar Benefits p	service revenue (Part VIII, line 2g)		3,441,75 236,49 14,40 787,09	59 95 95 90 90 49 0	3,102,681 204,592 9,842 754,495 4,071,610			
- Raye	9 10 11 12 13 14 15	Program Investme Other rev Total reve Grants ar Benefits p Salaries,	service revenue (Part VIII, line 2g)		3,441,75 236,49 14,40 787,09 4,479,74	59 95 95 90 90 49 0	3,102,681 204,592 9,842 754,495 4,071,610 0			
- Raye	9 10 11 12 13 14 15 16a	Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio	service revenue (Part VIII, line 2g)		3,441,75 236,49 14,40 787,09 4,479,74	59 95 95 90 149 0 0	3,102,681 204,592 9,842 754,495 4,071,610 0 0 1,622,333			
Exp en ses Revenue	9 10 11 12 13 14 15 16a b	Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr	service revenue (Part VIII, line 2g)		3,441,75 236,49 14,40 787,09 4,479,74	59 95 95 90 49 0 0	3,102,681 204,592 9,842 754,495 4,071,610 0 0 1,622,333			
- Raye	9 10 11 12 13 14 15 16a b	Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp	service revenue (Part VIII, line 2g)		3,441,75 236,45 14,40 787,09 4,479,74	59 95 90 90 49 0 0 0	3,102,681 204,592 9,842 754,495 4,071,610 0 0 1,622,333			
Expenses Rave	9 10 11 12 13 14 15 16a b 17	Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp	service revenue (Part VIII, line 2g)		3,441,75 236,49 14,40 787,09 4,479,74 1,742,25 2,870,71 4,612,96 -133,22	59 95 95 90 90 90 0 0 0 57 0	3,102,681 204,592 9,842 754,495 4,071,610 0 1,622,333 0 2,378,900 4,001,233 70,377			
Expenses Rave	9 10 11 12 13 14 15 16a b 17	Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp	service revenue (Part VIII, line 2g)	Beginr	3,441,75 236,49 14,40 787,09 4,479,74 1,742,25 2,870,71 4,612,96	59 95 95 90 90 90 0 0 0 57 0	3,102,681 204,592 9,842 754,495 4,071,610 0 0 1,622,333 0 2,378,900 4,001,233			
Expenses Rave	9 10 11 12 13 14 15 16a b 17 18 19	Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue	service revenue (Part VIII, line 2g)	Beginn	3,441,75 236,49 14,40 787,09 4,479,74  1,742,25  2,870,71 4,612,96 -133,22  sing of Current Yes	59 95 95 90 90 90 90 90 90 90 90 90 90 90 90 90	3,102,681 204,592 9,842 754,495 4,071,610 0 1,622,333 0 2,378,900 4,001,233 70,377 End of Year			
Expenses Rave	9 10 11 12 13 14 15 16a b 17 18 19	Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue	service revenue (Part VIII, line 2g)	Beginn	3,441,75 236,49 14,40 787,09 4,479,74  1,742,25  2,870,71 4,612,96 -133,22 sing of Current Yes	59 95 95 95 90 95 90 90 90 90 90 90 90 90 90 90 90 90 90	3,102,681 204,592 9,842 754,495 4,071,610 0 1,622,333 0 2,378,900 4,001,233 70,377 End of Year 17,362,395			
Expenses Rave	9 10 11 12 13 14 15 16a b 17 18 19	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Total fundr Other exp Total exp Revenue  Total asso Total liab	service revenue (Part VIII, line 2g)	Beginn	3,441,75 236,49 14,40 787,09 4,479,74  1,742,25  2,870,71 4,612,96 -133,22  ing of Current Yes 19,085,27	59 95 95 95 96 96 96 96 96 96 96 96 96 96 96 96 96	3,102,681 204,592 9,842 754,495 4,071,610 0 1,622,333 0 2,378,900 4,001,233 70,377 End of Year 17,362,395 12,946,253			
Net Assets or Expenses Rave	9 10 11 12 13 14 15 16a b 17 18 19	Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue  Total asse Total liab Net asset	service revenue (Part VIII, line 2g)	Beginn	3,441,75 236,49 14,40 787,09 4,479,74  1,742,25  2,870,71 4,612,96 -133,22 sing of Current Yes	59 95 95 95 96 96 96 96 96 96 96 96 96 96 96 96 96	3,102,681 204,592 9,842 754,495 4,071,610 0 1,622,333 0 2,378,900 4,001,233 70,377 End of Year 17,362,395			
Net Assets or Expenses Rave	9 10 11 12 13 14 15 16a b 17 18 19	Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue  Total asse Total liab Net asset	service revenue (Part VIII, line 2g)		3,441,75 236,49 14,40 787,09 4,479,74  1,742,25  2,870,71 4,612,96 -133,22  19,085,27 14,744,17 4,341,10	59 95 95 95 96 96 96 96 96 96 96 96 96 96 96 96 96	3,102,681 204,592 9,842 754,495 4,071,610 0 1,622,333 0 2,378,900 4,001,233 70,377 End of Year 17,362,395 12,946,253 4,416,142			
Not Assets or Expenses Rave Rave Rave	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Total fundr Other exp Total exp Revenue  Total asse Total liab Net asset Sign: and belie	service revenue (Part VIII, line 2g)	chedules	3,441,75 236,49 14,40 787,09 4,479,74  1,742,25  2,870,71 4,612,96 -133,22  ing of Current Yes 19,085,27 14,744,17 4,341,10  and statements,	59 95 95 95 96 96 96 96 96 96 96 96 96 96 96 96 96	3,102,681 204,592 9,842 754,495 4,071,610 0 1,622,333 0 2,378,900 4,001,233 70,377 End of Year 17,362,395 12,946,253 4,416,142 the best of my			
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Signature Net Assets or Expenses Rave Rave Rave Rave Rave Rave Rave Rave	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 at II	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Total fundr Other exp Total exp Revenue  Total asset Sign alties of pre and belie edge.	service revenue (Part VIII, line 2g)	chedules	3,441,75 236,49 14,40 787,09 4,479,74  1,742,25  2,870,71 4,612,96 -133,22 sing of Current Yes 19,085,27 14,744,17 4,341,10 and statements,ed on all informat	59 95 95 95 96 96 96 96 96 96 96 96 96 96 96 96 96	3,102,681 204,592 9,842 754,495 4,071,610 0 1,622,333 0 2,378,900 4,001,233 70,377 End of Year 17,362,395 12,946,253 4,416,142 the best of my			
Signature Net Assets or Expenses Rave Rave Rave Rave Rave Rave Rave Rave	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 at II	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Total fundr Other exp Total exp Revenue  Total asset Signation Signatu	service revenue (Part VIII, line 2g)	chedules	3,441,75 236,49 14,40 787,09 4,479,74  1,742,25  2,870,71 4,612,96 -133,22 sing of Current Yes 19,085,27 14,744,17 4,341,10 and statements, ed on all informat	59 95 95 95 96 96 96 96 96 96 96 96 96 96 96 96 96	3,102,681 204,592 9,842 754,495 4,071,610 0 1,622,333 0 2,378,900 4,001,233 70,377 End of Year 17,362,395 12,946,253 4,416,142 the best of my			
Signature Net Assets or Expenses Rave Rave Rave Rave Rave Rave Rave Rave	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 at II	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Total fundr Other exp Total exp Revenue  Total asset Sign: alties of pe and belie edge.  ROBER Type ou	service revenue (Part VIII, line 2g)	chedules	3,441,75 236,49 14,40 787,09 4,479,74  1,742,25  2,870,71 4,612,96 -133,22  19,085,27 14,744,17 4,341,10  and statements, ed on all informat  2020-09-28 Date	59 9 55 9 5 9 6 9 6 9 9 9 9 9 9 9 9 9 9	3,102,681 204,592 9,842 754,495 4,071,610 0 1,622,333 0 2,378,900 4,001,233 70,377 End of Year 17,362,395 12,946,253 4,416,142 the best of my			
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Net Assets of Expenses Reverses Reverse	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 artillar penniedge	Program Investme Other rev Total reve Grants ar Benefits p Salaries, a Professio Total fundr Other exp Total exp Revenue  Total asset Signa alties of pue and belie edge.  ROBER Type of	service revenue (Part VIII, line 2g)	chedules r) is base	3,441,75 236,49 14,40 787,09 4,479,74  1,742,25  2,870,71 4,612,96 -133,22 sing of Current Yes 19,085,27 14,744,17 4,341,10 and statements, ed on all informat 2020-09-28 Date  Check if self-employed	59	3,102,681 204,592 9,842 754,495 4,071,610 0 1,622,333 0 2,378,900 4,001,233 70,377 End of Year 17,362,395 12,946,253 4,416,142 the best of my /hich preparer has			
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Net Assets of Expenses Reverses Reverse	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 r pen ledge nowle	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Total fundr Other exp Total exp Revenue  Total asset Sign: alties of pe e and belie edge.  ROBER Type of	service revenue (Part VIII, line 2g)	chedules r) is base	3,441,75 236,49 14,40 787,09 4,479,74  1,742,25  2,870,71 4,612,96 -133,22 sing of Current Yes 19,085,27 14,744,17 4,341,10 and statements, ed on all informat 2020-09-28 Date  Check if self-employed	59	3,102,681 204,592 9,842 754,495 4,071,610 0 1,622,333 0 2,378,900 4,001,233 70,377 End of Year 17,362,395 12,946,253 4,416,142 the best of my /hich preparer has			
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Cat. No. 11282Y

Form **990** (2019)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2019)						Page <b>2</b>
Pa	Statement of P	rogram Servic	e Accomplish	nments			
	Check if Schedule	O contains a respo	nse or note to a	ny line in this Part III			<b>✓</b>
1	Briefly describe the organi						
PROC THEN ONE CHIL THEI OFFI	GRAMS. THE OVERARCHING ITO ACHIEVE THEIR HIGHE OF THE LARGEST OF THE K DREN IN POSITIVE YOUTH R GENERAL HEALTH, SCHO	GOAL OF DETROMEST POTENTIAL AS IND IN THE NATION DEVELOPMENT EX OL SUCCESS, AND DS OF YOUTH TO	IT PAL IS TO HEI S ADULTS. AS TH DN, DETROIT PA PERIENCES WHI D CHARACTER DE SERVE, DETROIT	_P PROVIDE YOUNG PE HE LEADING YOUTH AT L HARNESSES THE PO' LE CREATING OPPORT EVELOPMENT. WITH A F PAL RELIES ON A CO	TIC, ACADEMIC, AND LEADERSHIP IS TO THE SUPPORT AND TO THE SUPPORT AND TO THE SUPPORT AND TO THE CONTROL OF SUPPORT AND TO THE CONTROL OF SUPPORT AND THE STAFF OF 36 MEMBERS, INCLUDING THE STAFF OF 36 MEMBERS, INCLUDING THE SUPPORT OF TRAINED VOLUNTEERS TO SUPPORT OF TRAINED TO THE SUPPORT OF TRAINED TO SUP	DLS NECESSARY F ITY OF DETROIT A PATION TO ENGA ERS TO ENCOURA FIVE DETROIT F	AND AGE AGE POLICE
2	Did the organization unde the prior Form 990 or 990	-EZ?		- ,	hich were not listed on	□ Yes 🗸	No
_	If "Yes," describe these ne			hanana ka hanak kananal			
3	Did the organization cease services?			nanges in now it cond	ucts, any program	☐ Yes 🖸	∄ No
	If "Yes," describe these ch	nanges on Schedul	e O.				
4		l(c)(4) organizatio	ns are required	to report the amount o	largest program services, as measu of grants and allocations to others, t		
4a	(Code: See Additional Data	) (Expenses \$	2,972,561	including grants of \$	) (Revenue \$	204,592 )	
4b	(Code: See Additional Data	) (Expenses \$		including grants of \$	) (Revenue \$	)	
4c	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)	
4d	Other program services ([	Describe in Schedu	ıle O.)				
	(Expenses \$	incl	uding grants of s	\$	) (Revenue \$	)	
4e	Total program service o	expenses 🟲	2,972,56	51			

Form	990 (2019)			Page <b>3</b>
Par	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part   \( \frac{1}{2} \)	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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		No
	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		No
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 2	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
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		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	18	Vec	

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

19

Nο

Nο

18

19

20a

20b

21

Yes

orm	990 (2019)			Page <b>4</b>
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

Yes

Yes | Form **990** (2019)

173

0

**1**c

**1**a

1b

No

	Statements Berneling Other IDC Filings and Toy Compliance (continued)			Page 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		 No
Б Б	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		NI -
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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 services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	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			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
Б	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	13a		
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines 🗹
Se	ction A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year   1a   25		Yes	No
14	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		No
3	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
_	members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
10-	Did the annual ation have been been been been as a fillipted	10a	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the			
	form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶  MI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website  Another's website  Upon request  Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  LENORE DUDLEY 1680 MICHIGAN AVENUE DETROIT, MI 48216 (313) 833-1600			
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<ul> <li>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.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>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 \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (D)  Reportable compensation from the organization and any officer and a director/trustee)          (D)  Reportable compensation from the organization of the organization of the organization from th</li></ul>	Form 990 (2019)											Pag	ge <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Name and title  ■ (C)  Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  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 furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours for related organizations below dotted line)  Average hours per beneficer and a director/trustee)  List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [	
■ 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (A)  Name and title  ■ (B)  Average hours per week (list any hours for related organizations below dotted line)  ■ (C)  Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee)  ■ (D)  Reportable compensation from the organization organization organization (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Estimated organizations (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Estimated organizations (W-2/1099-MISC)  ■ (F)  Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or 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. See instructions for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line)  ■ Check this box if neither the organization or any related organi	year.		•						, ,		-	n's ta	Κ
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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.      ● List all of the organization's former officers, key employees, or 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 organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n													
■ 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 instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (W-2/1099-MISC)  MISC)  (F)  Estimated amount of other compensation from the organization organization organization and related organizations.													
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Part VII Section A.	Officers, Direct	ors, Trustees	, Key	Empl	oye	es,	and I	High	nest Co	mpens	ated	Employ	ees (c	ontir	nued)	
<b>(A)</b> Name and ti	(A)  Name and title  Average hours per week (list any hours for related				Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check more Reported to the position of the position (do not check more than 1 to the position of the position (do not check more than 1 to the position of the position o						(D) (E) Portable Reportable compensation from related organizations 2/1099- (W-2/1099-			compensates from the		ited f other sation the
	organization below dotte line)				Officer	Key employee	Highest compensated employee	Former		(SC)		MIS			relato organiza	ed
See Additional Data Table											+					
														+		
											_			+		
											+					
														+		
														+		
1b Sub-Total c Total from continuat d Total (add lines 1b a		art VII, Section		· ·	•		<b>P</b>			318,583			0	<b>'</b>		38,697
2 Total number of indi- of reportable compet				e liste	ed al	oove	e) who	rece	eived mo	re than	\$100	0,000				
															Yes	No
<b>3</b> Did the organization line 1a? <i>If "Yes," con</i>				ee, k	ey er •	mplo •	yee, o	or hig •	ghest cor	mpensa	ted e	mployee	on	3		No
4 For any individual lis organization and rela												the				
individual				•	٠	•					•			4		No
<b>5</b> Did any person listed services rendered to										tion or i	indivi •	dual for		5		No
Section B. Independ																
Complete this table from the organization		sation for the c										tax year		ensa		
	Name a	(A) nd business addre	ss								Descrip	(B) otion of serv	vices		(C Compen	sation
FIFTH THIRD BANK										FEES						338,284
PO BOX 630337 CINCINNATI, OH 45263																
MOBILITY RESOURCES ASSOCI 950 E WHITCOMB AVE										ARCHITE	ECIUR	E DESIGN				307,981
MADISON HEIGHTS, MI 48071 CAPFUND CDE NINETEEN LLC	.5612									FEES				+		121,400
1118 S WASHINGTON AVE LANSING, MI 48910																·
,																

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3

Form **990** (2019)

Part	VII	Statement	of F	Revenue						
		Check if Sched	dule	O contains a	respo	nse or note to any	(A) Total revenue	<b>(B)</b> Related or exempt	(C) Unrelated business	(D) Revenue excluded from
								function revenue	revenue	tax under sections 512 - 514
s s	1	a Federated campa	igns	[	1a					
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership dues		. [	1b					
, G.	c Fundraising events 1c d Related organizations 1d				1c	6,056				
ifts ar A					1d	1,330,834				
3, E		e Government grants		Ļ	1e	76,831				
ig is		f All other contributio and similar amounts	ns, g s not	ifts, grants, included	1f	1,688,960				
but.		above g Noncash contributio	ns in	L cluded in		1,000,500				
Contributions, and Other Sim		lines 1a - 1f:\$			<b>1</b> g					
G G		<b>h Total.</b> Add lines :	1a-1	f		•	3,102,681			
						Business Code				
	28	PROGRAM INCOME				900099	204,592	204,592		
Program Service Revenue										
e Ke	b	·								
Ge G	c									
er v										
S	C	·								
ogra	e	•								
Ĕ	_									
		All other program								
		Total. Add lines 2 Investment income				204,592		T	Ι	
	!	similar amounts) .	•			•	0.8/17	2		9,842
		Income from invest	men	t of tax-exe	mpt bo		<del> </del>			
	5	Royalties	_	(i) Rea		(ii) Personal	•			
				(I) Nea	II	(II) Personal				
				23,387						
	c Rental income or (loss) 6c 63,3				.60,022					
					62.265					
					63,365			5	5,919	57,446
				(i) Securi		(ii) Other			,	,
	7a Gross amount from sales of 7a									
		assets other than inventory	/ a							
	b	Less: cost or								
	_	other basis and sales expenses	7b							
		Gain or (loss)	7c							
		d Net gain or (loss)					_			
•		Gross income from fu	ındra	ising events						
u u		(not including \$ contributions reported		6,056 of line 1c).						
eve		See Part IV, line 18	•		8a	763,935	5			
ä		<b>b</b> Less: direct expen			8b	99,256				
Other Revenue	•	c Net income or (los	s) fr	om tundraisi	ing eve	ents 🕨	664,679	'		664,679
O	9a	Gross income from	gami	ing activities.						
		See Part IV, line 19			9a					
		b Less: direct expen c Net income or (los			9b activiti	es <b>.</b>				
		o recembering or (100	, I.	om gaming		es <u> </u>				
	10	aGross sales of inve	entor	y, less	10-					
		b Less: cost of good			10a 10b					
		C Net income or (los				ory ►	_			
		Miscellaneo	_			Business Code				
	11	LaOTHER INCOME				90009	9 26,451		6,093	20,358
	ı	b								
	•	C								
		d All other revenue								
		e Total. Add lines 1				•		1		
		2 Total revenue. S			•		26,451			
			11		•	• • • •	4,071,610	204,592	12,012	752,325 Form <b>990</b> (2019)

Form 990 (2019)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations mu				ımn (A).
Check if Schedule O contains a response or note t	o any line in this Part IX	(B)		<u>L</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	<b>(C)</b> Management and general expenses	( <b>D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> 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.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	357,280	232,232	60,738	64,310
<b>6</b> Compensation not included above, to disqualified persons defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	963,658	543,280	246,019	174,359
8 Pension plan accruals and contributions (include section 40 (k) and 403(b) employer contributions)	01	,		
9 Other employee benefits	189,873	123,266	34,594	32,013
<b>10</b> Payroll taxes	111,522	68,413	24,245	18,864
11 Fees for services (non-employees):	,	,	,	<u> </u>
a Management				
b Legal	10,192	6,269	2,189	1,734
c Accounting	43,241	26,597	9,288	7,356
	45,241	20,337	3,200	7,550
d Lobbying				
e Professional fundraising services. See Part IV, line 17			_	
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	45,451	44,769	508	174
13 Office expenses		·		
14 Information technology	21,289	13,095	4,573	3,621
15 Royalties	,	,	,	<u> </u>
<b>16</b> Occupancy	245,400	226,013	15,569	3,818
17 Travel	66,534	66,363	151	20
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	00,331	00,505	131	
19 Conferences, conventions, and meetings	33,049	28,224	2,274	2,551
20 Interest	253,166	247,962	5,204	
21 Payments to affiliates	255,100	247,302	3,204	
,	533,538	480,400	42,734	10,404
22 Depreciation, depletion, and amortization	87,478	72,710	13,663	1,105
23 Insurance	,	72,710	13,003	1,103
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACT LABOR - OTHER	577,567	443,693	79,577	54,297
b EQUIPMENT AND SUPPLIES	307,562	259,794	20,662	27,106
c OTHER EXPENSES	153,363	89,481	26,227	37,655
d UNREAL. BUS. INC. TAX	1,070		1,070	
e All other expenses				
<b>Total functional expenses.</b> Add lines 1 through 24e	4,001,233	2,972,561	589,285	439,387
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ► ☐ if following SOP 98-2 (ASC 958-720).				
<u> </u>	1			Form 000 (2010)

Form	1 990	(2019)					Page <b>11</b>
P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
		·			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			806,272	1	665,140
	2	Savings and temporary cash investments .		[	2,012,387	2	
	3	Pledges and grants receivable, net			384,693	3	357,990
ssets	4	Accounts receivable, net			44,929	4	22,311
	5 6	Loans and other payables to any current or form key employee, creator or founder, substantial centity or family member of any of these persons Loans and other receivables from other disquali section 4958(f)(1)), and persons described in se	ontribu s . fied pe	tor, or 35% controlled rsons (as defined under		5	
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
Ass	9	Prepaid expenses and deferred charges		21,861	9	7,808	
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	16,591,901			
	ь	Less: accumulated depreciation	10b	924,488	15,815,137	10c	15,667,413
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments—program-related. See Part IV, line	e 11 .			13	
	14	Intangible assets		[		14	
	15	Other assets. See Part IV, line 11		[	0	15	641,733
	16	Total assets. Add lines 1 through 15 (must eq	ual line	: 34)	19,085,279	16	17,362,395
	17	Accounts payable and accrued expenses			1,463,095	17	208,365
	18	Grants payable				18	
	19	Deferred revenue		74,060	19	84,626	
	20	Tax-exempt bond liabilities			20		
Š	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
bilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons .	butor,	or 35% controlled entity		22	

13,207,021

14,744,176

3,424,586

916,517

4,341,103

19,085,279

23

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32

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12,648,111

12,946,253

4,043,108

4,416,142 17,362,395

Form 990 (2019)

373,034

5,151

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Net Assets or Fund Balances

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties,

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Form	990 (2019)				Page <b>12</b>
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4	,071,610
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	,001,233
3	Revenue less expenses. Subtract line 2 from line 1	3			70,377
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	,341,103
5	Net unrealized gains (losses) on investments	5			4,662
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4	,416,142
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b		

Form **990** (2019)

#### Additional Data

Software ID:

Software Version:

**EIN:** 38-3314318

Name: DETROIT POLICE ATHLETIC LEAGUE

INCORPORATED

Form 990 (2019)

### Form 990, Part III, Line 4a:

DETROIT PAL OPERATES SOME OF THE LARGEST YOUTH SPORTS LEAGUES IN THE NATION. OVER 12,000 CHILDREN PARTICIPATED IN SEASONAL LEAGUES DURING 2019 IN UP TO 12 DIFFERENT SPORTS, FOR ALL AGE GROUPS AND SKILL LEVELS. LEAGUES ARE CURRENTLY OFFERED IN BASEBALL, SOFTBALL, T-BALL, FLAG FOOTBALL, BASKETBALL, TRACK AND FIELD, VOLLEYBALL, TACKLE FOOTBALL, CHEERLEADING, GOLF, SWIMMING AND SOCCER, DETROIT PAL'S SPORTS PROGRAMS ARE MORE THAN JUST FUN AND GAMES, STUDIES PROVE THAT A GOOD YOUTH SPORTS PROGRAM PROMOTES POSITIVE CHARACTER DEVELOPMENT IN THE YOUNG PEOPLE WHO

PARTICIPATE, PROMOTES THE DEVELOPMENT OF POSITIVE LIFE SKILLS, PHYSICAL FITNESS AND HEALTHY LIFESTYLES, AND HELPS YOUNG PEOPLE MAKE GOOD CHOICES AND GROW INTO HEALTHY ADULTS. DETROIT PAL'S SECOND LARGEST PROGRAM IS ITS IMPACT COACH TRAINING PROGRAM CONDUCTED EACH YEAR FOR THE ORGANIZATION'S 2300 VOLUNTEER COACHES. IMPACT, WHICH STANDS OF "I MUST PREPARE, ALLOW, COMMIT, AND TRANSFER", WAS DEVELOPED IN PARTNERSHIP

WITH THE INSTITUTE FOR THE STUDY OF YOUTH SPORTS AT MICHIGAN STATE UNIVERSITY. THE INSTITUTE AND ITS DIRECTOR. DR. DANIEL GOULD. ARE EXPERTS IN THE FIELD OF YOUTH SPORTS AND ITS INTERSECTION WITH YOUTH DEVELOPMENT. THE IMPACT COACH TRAINING PROGRAM INCLUDES THREE LEVELS OF CURRICULUM THAT EVERY VOLUNTEER COACH MUST COMPLETE IN ORDER TO PARTICIPATE AS A DETROIT PAL COACH. THE IMPACT CURRICULUM IS DESIGNED TO PREPARE VOLUNTEER COACHES FOR SERVING AS YOUTH ATHLETIC COACHES AND TO PROVIDE THEM WITH TIPS AND TOOLS FOR DEVELOPING CHARACTER AND ENSURING A POSITIVE EXPERIENCE FOR KIDS THROUGH SPORTS. ALL THREE LEVELS OF IMPACT ARE OFFERED AT LEAST ONE TIME FACH MONTH DURING THE YEAR AND MULTIPLE TIMES EACH MONTH DURING THE BUSIEST SEASONS. ADDITIONALLY, DETROIT PAL OFFERS CONTINUED IMPACT EDUCATION FOR ALL VOLUNTEER COACHES THAT HAVE GONE THROUGH ALL THREE LEVELS. DETROIT PAL PROVIDES CUSTOMIZED YOUTH DEVELOPMENT TRAINING TO THOUGHTS OF VOLUNTEERS ANNUALLY. THE IMPACT

TRAINING COURSE, DESIGNED BY DETROIT PAL, IS MANDATORY FOR ALL VOLUNTEERS AND PROVIDES THEM WITH PROVEN TECHNIQUES AND STRATEGIES FOR ENSUING THAT POSITIVE YOUTH DEVELOPMENT TAKES PLACE AS A RESULT OF THE YOUTH SPORTS PROGRAM. IN 2019 2,347 VOLUNTEERS COMPLETED IMPACT TRAINING.

DETROIT PAL HAS INITIATED THE KIDS AT THE CORNER CAMPAIGN IN AN EFFORT TO EXPAND ITS PROGRAMS AND ORGANIZATION INTO MORE DETROIT COMMUNITIES, TO REDEVELOP THE HISTORIC TIGER STADIUM INTO A SAFE AND HEALTHY PLAYING FIELD, TO BUILD A PROMINENT, PERMANENT HEADQUARTERS AND TRAINING CENTER FOR DETROIT PAL'S 12,000 ATHLETES, THEIR FAMILIES AND 2,300 VOLUNTEERS, TO STRENGTHEN COMMUNITY NEIGHBORHOODS BY BRIDGING THE CITY'S YOUTH WITH DEDICATED PUBLIC SERVANTS. TO POSITIVELY INFLUENCE AND DEVELOP A NEW GENERATION OF LEADERS FOR DETROIT, AND TO PROVIDE ADDITIONAL SUSTAINABLE

Form 990, Part III, Line 4b:

REVENUE FROM TOURNAMENTS AND SPECIAL EVENT SPACE.

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	arry riours	I and	a un	ecto		usice		(1)	(W D/4 DOD	arganization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ANTHONY MCCREE CHAIR	1.00	X		х				0	0	0	
TRINA SCOTT VICE-CHAIR	1.00	X		х				0	0	0	
MICHELLE LEWIS WATTS TREASURER	1.00	Х		х				0	0	0	
JESSICA BERRY SECRETARY	1.00	X		х				0	0	0	
JOSH BARNEY	1.00					1			,		

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JAMES CRAIG

APRIL L DIEZ

ANNE DOYLE

GERALD W BOYLAN

DWIGHT BROWN JR

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer compensation from the from related

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
KAREN DUMAS DIRECTOR (THRU 01/2019)	1.00	Х						0	0	0	
JORDAN FIELD DIRECTOR	1.00	Х						0	0	0	
JONATHAN FRANK DIRECTOR	1.00	Х						0	0	0	
STEVE GRIGORIAN DIRECTOR	1.00	Х						0	0	0	
DOMINAL	1.00										

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DIRECTOR
STEVE GRIGORIAN
DIRECTOR
RON HALL
DIRECTOR (THRU 12/2019)

JEROME HENSON

ARTHUR M HORWITZ

DANIEL JAROSHEWICH

WENDY MCINTYRE

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

ALAN HUDDY

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

SHAWN THOMPSON

DAMON TOOLES

DANIEL VARNER

MARK WOODS

DIRECTOR

DIRECTOR

STEVE WYBO

DIRECTOR (THRU 12/2019)

TIMOTHY RICHEY - FORMER CHIEF

EXECUTIVE OFFICER (THRU 06/2019)

DIRECTOR

DIRECTOR

......

......

	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
TONY NUCKOLLS DIRECTOR	1.00	Х						0	0	0	
SCOTT SEABOLT DIRECTOR	1.00	Х						0	0	0	
MICHAEL TENBUSCH DIRFCTOR (THRU 06/2019)	1.00	х						0	0	0	

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14,994

132,356

SCOTT SEABOLT	1.00	Х				
DIRECTOR	1.00	*				
MICHAEL TENBUSCH	1.00	Х			0	
DIRECTOR (THRU 06/2019)		Α.				
TERENCE THOMAS	1.00	Х			0	
DIRECTOR		,				
SHAWN THOMPSON	1.00					

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and Independent Contractors (A) Name and Title Position (do not check more Reportable than one hox linless

DIRECTOR OF FINANCE & BUS ADMIN

	hours per week (list any hours	than one box, unless person is both an officer and a director/trustee)						compensation from the organization	compensation from related organizations	amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ROBERT JAMERSON - COO CHIEF EXECUTIVE OFFICER (FROM 07/2019)	40.00 1.00			х				113,414	0	15,872	
LENORE DUDLEY	40.00			х				72,813	0	7,831	

1.00

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

(F)

Estimated

Reportable

efil	e GR/	APHIC prii	<u> 1t - DO NOT PR</u>	DO NOT PROCESS As Filed Data - DL									
SCI	HED	ULE A		ıhlic C	harity Statu	e and Duk	olic Supp	ort	OMB No. 1545-0047				
	m 99		Complete	if the ore	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form !	ion 501(c)(3) c mpt charitable 990 or Form 99	organization or trust. 0-EZ.	· a section	2019				
		the Treasury	► Go to	www.irs.	<i>gov/Form990</i> for in	nstructions and	I the latest info	ormation.	Open to Public Inspection				
Nam	e of th	ne organiza ICE ATHLETIC						Employer identific	ation number				
INCOR	PORAT	ED						38-3314318					
	rt I				<b>s</b> (All organization it is: (For lines 1 thro			See instructions.					
1	n gannz		•		ociation of churches	<b>.</b>	, ,	(A)(i)					
2		·		•	.)(A)(ii). (Attach Sch								
3					ice organization descr	,	, ,						
4		·	·	•	-			<i>).</i> 170(b)(1)(A)(iii). E	nter the bosnital's				
•	Ш	name, city,		on operate	a in conjunction with	a nospital descri	bed iii <b>sectioii .</b>	170(b)(1)(A)(III). E	nter the hospital's				
5			ation operated for t (iv). (Complete Pa		of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>				
6			· -		governmental unit de								
7	<b>✓</b>		ation that normally ' <b>0(b)(1)(A)(vi).</b> (			s support from a	governmental u	init or from the gener	al public described in				
8					170(b)(1)(A)(vi).	(Complete Part I	I.)						
9					scribed in <b>170(b)(1)</b> e instructions. Enter			with a land-grant coll college or university:	ege or university or a				
10		from activit investment	ies related to its ex	kempt func Ited busine	ctions—subject to cert ess taxable income (le	tain exceptions, a	and (2) no more	ns, membership fees, than 331/3% of its su sses acquired by the c					
11		An organiza	ation organized and	l operated	exclusively to test for	r public safety. S	ee section 509	(a)(4).					
12		more public	ly supported organ	nizations de		09(a)(1) or sec	ction 509(a)(2	s of, or to carry out th ). See <b>section 509(a</b> s 12e, 12f, and 12g.					
a		<b>Type I.</b> A so	supporting organiza	ntion opera regularly ap	ted, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by of the supporting orga					
b		Type II. A manageme	supporting organiz	ation supe g organizat	tion vested in the san			organization(s), by ha ge the supported orga					
С		Type III f	unctionally integ	r <b>ated.</b> A su				nd functionally integra	ted with, its				
d		Type III n	on-functionally integrated. The or	ntegrated ganization	. A supporting organi	zation operated fy a distribution	in connection wi	th its supported orgar an attentiveness req					
e		Check this	box if the organiza	tion receive		ation from the II		pe I, Type II, Type II	I functionally				
f	Enter		of supported orga			-		<u> </u>					
g					pported organization(								
	(i) N	Name of supp organizatior		i) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
						Yes	No						
Tota		wants Do	tion Act Notice, s	+1· · · ·	-LLis	Cat. No. 11285		 Schedule A (Form 9	00 000 57\ 0015				

2	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	5,636,387	5,038,329	3,830,847	3,441,759	3,102,681	21,050,003
5	The portion of total contributions by	, ,		, ,			
_	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						4,142,448
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5						16,907,555
	from line 4.						10,507,555
S	ection B. Total Support						
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	(or fiscal year beginning in) ▶		` '	` '	` '	. ,	
7	Amounts from line 4.	5,636,387	5,038,329	3,830,847	3,441,759	3,102,681	21,050,003
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and	10,003	10,169	18,231	14,405	9,842	62,650
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the				0	12,012	12,012
	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital	14,318	30,237	6,159	23,646	20,358	94,718
	assets (Explain in Part VI.).	14,510	30,237	0,139	23,040	20,330	94,710
11	Total support. Add lines 7 through						24 240 202
	10						21,219,383
12	Gross receipts from related activities,	etc. (see instruction	ons)	<del></del> .		12	1,149,976
13	First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sec	tion 501(c)(3) org	anization,
1	check this box and <b>stop here</b>					▶ □	]

14

15

Schedule A (Form 990 or 990-EZ) 2019

79.680 %

75.170 %

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . .

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	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						
4	under section 513  Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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. 1 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). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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. 3b 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. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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

4b supervised by or in connection with its supported organizations. 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. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) 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 5a amendment to the organizing document).

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? 5b

5c 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 6

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. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in 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.
```

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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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 in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> 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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require	ed)		
6	Other distributions (describe in <b>Part VI</b> ). See instruction	ons		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in <b>Part VI</b> ). See instructions	nich the organization is respon	sive (provide	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

115		
nich the organization is respon	sive (provide	
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
	Underdistributions	Distributable
		ich the organization is responsive (provide

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

**a** Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . . e Excess from 2019. . . . .

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. . . . . . **b** From 2015. . . . . . . . . . c From 2016. . . . . . **d** From 2017. . . . . . . e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Schedule A	(Form 990 or 990-EZ)	2019 Page <b>8</b>
Part VI	Section A, lines 1, 2, Part IV, Section D, lir	rmation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; nes 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See
		Facts And Circumstances Test
990 Sche	dule A, Supplemer	ntal Information
Re	turn Reference	Explanation
	A, PART II, LINE 10,	MISCELLANEOUS INCOME - 2015 AMOUNT: \$ 14,318. 2016 AMOUNT: \$ 30,237. 2017 AMOUNT: \$ 6,159. 2018

AMOUNT. \$ 23,040. 2019 AMOUNT. \$ 20,336. INCOME:

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493321014970

Schedule D (Form 990) 2019

Cat. No. 52283D

OMB No. 1545-0047

2019

### **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.

Open to Public

Department of the Treasury

(Form 990)

terna	al Revenue Service	► Go to <u>www.irs.gov/Forn</u>	<u>1990</u> for instructions and the latest infor	mation.	Inspection
	me of the organ			Employer identifica	tion number
	ROIT POLICE ATHLE ORPORATED	ETIC LEAGUE		38-3314318	
Pa			sed Funds or Other Similar Funds o		
	Comple	ete if the organization answered "Ye			
			(a) Donor advised funds	(b) Funds and ot	:her accounts
		end of year			
		e of contributions to (during year)			
<b>i</b> 1		e of grants from (during year)			
	33 3	e at end of year			
•			rs in writing that the assets held in donor ad clusive legal control?		☐ Yes ☐ No
•	charitable purp	oses and not for the benefit of the donor	onor advisors in writing that grant funds can or donor advisor, or for any other purpose c 	be used only for conferring impermissible	
251	·	rvation Easements.			☐ Yes ☐ No
Q.		ete if the organization answered "Ye	es" on Form 990, Part IV, line 7.		
		onservation easements held by the orga			
	☐ Preservati	ion of land for public use (e.g., recreation	n or education) $\Box$ Preservation of an	historically important la	and area
	☐ Protection	of natural habitat	Preservation of a c	certified historic structur	·е
	☐ Preservati	on of open space			
2	Complete lines	' '	qualified conservation contribution in the for		nd of the Year
а		f conservation easements		2a	nd of the Year
b				2b	
c	-	ervation easements on a certified histori	L	2c	
d	Number of cons	ervation easements included in (c) acquing the National Register		2d	
1	Number of constax year ▶	servation easements modified, transferre	ed, released, extinguished, or terminated by t	the organization during	the
ı	Number of state	es where property subject to conservation	on easement is located <b>&gt;</b>		
			ne periodic monitoring, inspection, handling o	of violations.	
		nt of the conservation easements it hold		□ <b>Y</b> e	s 🗆 No
;	Staff and volun	teer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	onservation easements o	during the year
,	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enforcing conserv	vation easements during	g the year
	· <del></del>	servation easement reported on line 2(d)	above satisfy the requirements of section 17	70(h)(4)(B)(i)	
	and section 170	O(h)(4)(B)(ii)?		☐ Ye	es 🗌 No
)	balance sheet,		servation easements in its revenue and exper footnote to the organization's financial state ts.		
ar		izations Maintaining Collections ete if the organization answered "Ye	of Art, Historical Treasures, or Others" on Form 990, Part IV, line 8.	er Similar Assets.	
.a	If the organizat art, historical tr	tion elected, as permitted under SFAS 11 reasures, or other similar assets held for	6 (ASC 958), not to report in its revenue sta public exhibition, education, or research in fincial statements that describes these items.		
b	If the organizat	tion elected, as permitted under SFAS 11	6 (ASC 958), to report in its revenue statem lic exhibition, education, or research in further	ent and balance sheet verance of public service	works of art, , provide the
,	-	nts relating to these items:			
(i					
2	following amou	nts required to be reported under SFAS			
а	Revenue includ	ed on Form 990, Part VIII, line 1		<b>&gt;</b> \$	
b	Assets included	l in Form 990, Part X		▶\$	

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

**d** Equipment .

Sch	edule D (Form 990) 2019						Page <b>2</b>
Pai	rt III Organizations Maintai	ning Collections of	Art, Histor	ical Treas	sures, or Other	Similar Assets	(continued)
3	Using the organization's acquisition items (check all that apply):	, accession, and other re	ecords, check	any of the	following that are a	significant use of	its collection
а	Public exhibition		d	☐ Loa	in or exchange prog	ırams	
b	Scholarly research		е	☐ Oth	er		
С	Preservation for future gener	ations					
4	Provide a description of the organize Part XIII.	ation's collections and e	explain how th	ey further t	he organization's ex	xempt purpose in	
5	During the year, did the organization assets to be sold to raise funds ration					_	Yes 🗌 No
Pa	Escrow and Custodial Complete if the organiza X, line 21.		on Form 990	O, Part IV,	line 9, or reporte	ed an amount o	n Form 990, Part
1a	Is the organization an agent, truste included on Form 990, Part X?					_	Yes 🗌 No
b	If "Yes," explain the arrangement i	n Part XIII and complete	a the following	table:		Amou	nt
c	, , <u>-</u>	·	•		1c	Alliou	
d							
е	- '						
f	- · · · · · · · · · · · · · · · · · · ·				1.5		
2a	Did the organization include an am	ount on Form 990. Part	X. line 21. for	escrow or i	custodial account lia	ability?	Yes 🗆 No
b						_	
	art V Endowment Funds.	THE ATT. CHECK HEICT	ii tile explaita	cion nas bec	in provided in rare?	<u> </u>	
	Complete if the organiza	tion answered "Yes"	on Form 990	O, Part IV,	line 10.		
		(a) Current		Prior year	(c) Two years back	(d) Three years ba	
	Beginning of year balance	· •	25,468	28,146	25,608	25,13	27,327
	Contributions		4,662	-1,228	4,032	2,00	27 -722
	Net investment earnings, gains, and	losses	· ·	-		· ·	
	Grants or scholarships		1,199	1,184	1,193	1,2	76 1,255
	Other expenditures for facilities and programs						
	Administrative expenses		133	266			73 220
g	End of year balance		28,797	25,468	· · · · · · · · · · · · · · · · · · ·	25,60	25,130
2	Provide the estimated percentage of	•	palance (line 1	.g, column (	(a)) held as:		
а	Board designated or quasi-endowm	nent ►					
b	Permanent endowment   87.0	00 %					
C	, ,	***************************************					
3a	The percentages on lines 2a, 2b, at Are there endowment funds not in organization by:	· ·		at are held a	and administered fo	r the	Yes No
	(i) unrelated organizations					1	3a(i) Yes
	(ii) related organizations					ŀ	<b>3a(ii)</b> No
b			quired on Sch	edule R? .			3b
4	Describe in Part XIII the intended u	uses of the organization's	s endowment	funds.			<del></del> -
Pa	art VI Land, Buildings, and E						
	Complete if the organiza						
	Description of property (a	) Cost or other basis (investment)	( <b>b)</b> Cost or othe	ı Dasis (Otner	) (c) Accumulated o	repreciation	(d) Book value
1-	Land						
	Buildings			16,059,64	.1	679,304	15,380,337
	Leasehold improvements			10,000,04	-	0.5,501	
-	Ecoponicia improvenicino				1	1	

371,929

160,331

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

214,202

72,874

157,727

87,457

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV/ lin	e 11h See Form 990	art X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method	d of valuation: year market value
	ıl derivatives			
(2) Closely- (3)Other <u> </u>	held equity interests			
(A)				
(B)		+ +		
(C)		+		
(D)		+		
(E)		+		
(F)		+		
(G)		+ +		
(H)		+		
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related.	<u> </u>		
	Complete if the organization answered 'Yes' on Form 990,  (a) Description of investment	Part IV, lin	e 11c. See Form 990, F	Part X, line 13.  (c) Method of valuation:
	(a) bescription of investment		(b) book value	Cost or end-of-year market value
(1)				Value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(h) worst and France 000 Bart V and (D) line (2)			
Part IX	Other Assets.		<b>▶</b>	
	Complete if the organization answered 'Yes' on Form 990, (a) Description	Part IV, line	: 11d. See Form 990, Par	t X, line 15.  (b) Book value
[1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col.(B) line 15.)			<b>•</b>
Part X	Other Liabilities.			<u> </u>
L.	Complete if the organization answered 'Yes' on Form 990, (a) Description of liability	Part IV, IINE	e lie or lif.See Form	(b) Book value
<del>-</del>	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col.(B) line 25.)		•	5,15
	or uncertain tax positions. In Part XIII, provide the text of the footno 's liability for uncertain tax positions under FIN 48 (ASC 740). Check			

Part XI

2

а

b

e

b

C 5

1

2

b

C

d

е

3

Part XII

3

4

Schedule D (Form 990) 2019

Page 4

328,132

4,330,888

-259,278

4,071,610

4,583,981

582,748

4,001,233

#### Recoveries of prior year grants . . . . . c d

Net unrealized gains (losses) on investments . . . . Donated services and use of facilities . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Add lines **4a** and **4b** . . . . . .

Donated services and use of facilities . . .

Prior year adjustments . . . . .

Other losses . . . . .

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Return Reference

See Additional Data Table

Other (Describe in Part XIII.) . .

Add lines 2a through 2d . . . . . Subtract line 2e from line 1 . . . . . . . . . .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Total expenses and losses per audited financial statements . . . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2c Amounts included on Form 990, Part VIII, line 12, but not on line 1:

2d Investment expenses not included on Form 990, Part VIII, line 7b . 4a

2a

2b

4b

2a

2b

2c

2d

Explanation

2e -259,278

4.662 323,470

323,470

259,278

3 4c Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

2e

3

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Schedule D (Form 990) 2019

4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b b Add lines **4a** and **4b** . . . . . . . . . . . . 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 4.001.233 Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

5 Part XIII

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

### Additional Data

Software ID: Software Version:

**EIN:** 38-3314318

Name: DETROIT POLICE ATHLETIC LEAGUE INCORPORATED

E ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION. TAXES ON UNRELATED BUSINESS IN

COME ARE NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS.

**Supplemental Information** Return Reference Explanation PART X, LINE 2: DETROIT POLICE ATHLETIC LEAGUE, INC. AND DETROIT PAL FUNDRAISING FOUNDATION HAVE RECEIVED NOTIFICATIONS THAT THEY QUALIFY AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE

U.S. INTERNAL REVENUE CODE AND CORRESPONDING PROVISIONS OF STATE LAW AND, ACCORDINGLY, AR E NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. NET INCOME FROM ACTIVITIES UNRELATED TO TH

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RENTAL EXPENSES -160,022. SPECIAL EVENT EXPENSES -99,256.

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Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 99,256. RENTAL EXPENSES 160,022.

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493321014970 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization DETROIT POLICE ATHLETIC LEAGUE INCORPORATED 38-3314318 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

		(a)Event #1  CHARITY PREVIEW  (event type)	(b) Event #2  50TH  ANNIVERSARY  (event type)	(c)Other events  7 (total number)	(d) Total events (add col. (a) through col. (c))
Keverkie					
	1 Gross receipts	278,500	273,580	217,911	769,99
	2 Less: Contributions		3,905	2,151	6,05
	3 Gross income (line 1 minus line 2)	278,500	269,675	215,760	763,93
	4 Cash prizes				
	5 Noncash prizes				
200	6 Rent/facility costs				
Direct Experises	7 Food and beverages		26,586		26,58
ן ב	8 Entertainment		·		,
<u> </u>	9 Other direct expenses		67,427	5,243	72,67
- 1	<b>10</b> Direct expense summary. Add lines 4 t	hrough 9 in column (d)	·		·
	To billion oxpoline ballinia, /	in ough 5 in column (u)			99,25
	11 Net income summary. Subtract line 10				·
	11 Net income summary. Subtract line 10  Gaming. Complete if the organization	from line 3, column (d)			664,67
Pari	<b>11</b> Net income summary. Subtract line 10	from line 3, column (d)	s" on Form 990, Part I		664,67 more than \$15,000
Pari	11 Net income summary. Subtract line 10  Gaming. Complete if the organization	from line 3, column (d)		V, line 19, or reported (c) Other gaming	664,67 more than \$15,000 (d) Total gaming (add
Part	11 Net income summary. Subtract line 10  EIII Gaming. Complete if the orga on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	s" on Form 990, Part I  (b) Pull tabs/Instant		664,67 more than \$15,000 (d) Total gaming (add
Part	11 Net income summary. Subtract line 10  111 Gaming. Complete if the orgation form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye	s" on Form 990, Part I  (b) Pull tabs/Instant		664,67 more than \$15,000 (d) Total gaming (add
Part Kevelkie	11 Net income summary. Subtract line 10  EIII Gaming. Complete if the orga on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	s" on Form 990, Part I  (b) Pull tabs/Instant		664,67 more than \$15,000 (d) Total gaming (add
Part Heveline	11 Net income summary. Subtract line 10  111 Gaming. Complete if the orgation form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye	s" on Form 990, Part I  (b) Pull tabs/Instant		664,67 more than \$15,000 (d) Total gaming (add
Part Sast Sast Sast Sast Sast Sast Sast Sas	11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye	s" on Form 990, Part I  (b) Pull tabs/Instant		664,67 more than \$15,000 (d) Total gaming (add
Alfect Expenses Keverkie	11 Net income summary. Subtract line 10  Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye	s" on Form 990, Part I  (b) Pull tabs/Instant		
Alfect Expenses Keverkie	11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye  (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	664,67 more than \$15,000 (d) Total gaming (add
Cirect Expenses Reveiled	11 Net income summary. Subtract line 10  Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye	s" on Form 990, Part I  (b) Pull tabs/Instant	(c) Other gaming	664,67 more than \$15,000 (d) Total gaming (add
Part Exherises Keverille	Gaming. Complete if the organ on Form 990-EZ, line 6a.  Gross revenue	from line 3, column (d) anization answered "Ye  (a) Bingo  Yes	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	664,67 more than \$15,000 (d) Total gaming (add
Part Exherises Keverille	11 Net income summary. Subtract line 10  Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye  (a) Bingo  Yes	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	664,67 more than \$15,000 (d) Total gaming (add
Part Tybellogs Kevelkle	Gaming. Complete if the organ on Form 990-EZ, line 6a.  Gross revenue	from line 3, column (d) anization answered "Ye  (a) Bingo  Yes	(b) Pull tabs/Instant bingo/progressive bingo  Yes %  No	(c) Other gaming  Yes % No	664,67 more than \$15,000 (d) Total gaming (add
Part Dailo	Gaming. Complete if the organization on Form 990-EZ, line 6a.  Gaming. Complete if the organization on Form 990-EZ, line 6a.  Gross revenue	from line 3, column (d) anization answered "Ye  (a) Bingo  Yes	S" on Form 990, Part I  (b) Pull tabs/Instant bingo/progressive bingo  Yes %  No  n (d)	(c) Other gaming  Yes % No	664,67 more than \$15,000  (d) Total gaming (add col.(a) through col.(c))
a a a a a a a a a a a a a a a a a a a	Gaming. Complete if the organization form 990-EZ, line 6a.  Gross revenue	from line 3, column (d) anization answered "Ye  (a) Bingo  Yes %  No  Chrough 5 in column (d) t line 7 from line 1, column on conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes	(c) Other gaming  Yes % No	664,67 more than \$15,000  (d) Total gaming (add col.(a) through col.(c))
Circu Experises Reversite	Gaming. Complete if the organization on Form 990-EZ, line 6a.  Gaming. Complete if the organization on Form 990-EZ, line 6a.  Gross revenue	from line 3, column (d) anization answered "Ye  (a) Bingo  Yes %  No  Chrough 5 in column (d) t line 7 from line 1, column on conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes	(c) Other gaming  Yes % No	664,67 more than \$15,000  (d) Total gaming (add col.(a) through col.(c))
ari Cherises Keverne	11 Net income summary. Subtract line 10  Gaming. Complete if the organization licensed to conduct games.  Gaming. Complete if the organization licensed to conduct games.	from line 3, column (d) anization answered "Ye  (a) Bingo  Yes %  No  Chrough 5 in column (d) t line 7 from line 1, colum on conducts gaming activities in each of	yes	(c) Other gaming  Yes % No	664,67 more than \$15,000  (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 2019						F	Page 3
11	Does the organization conduct ga	ming activities with nonmember:	5?			Yes	Пио	
12	Is the organization a grantor, ber formed to administer charitable g		member of a partnership or other e	entity 		□Yes		
13	Indicate the percentage of gamin	g activity conducted in:						
а	The organization's facility .				13a			%
b	An outside facility				13b			%
14	Enter the name and address of th	e person who prepares the orga	nization's gaming/special events boo	oks and re	cords:			
	Name •							
	Address P							
15a	Does the organization have a con revenue?	tract with a third party from who	om the organization receives gaming				П.	
b			anization 🕨 \$			∟ Yes	⊔ но	
	amount of gaming revenue retain							
c	If "Yes," enter name and address	of the third party:						
	Name ►							
	Address •							
16	Gaming manager information:							
	Name ►							
	Gaming manager compensation	<b>*</b> \$						
	Description of services provided	<b>&gt;</b>						
	☐ Director/officer	☐ Employee	☐ Independent contrac	tor				
17	Mandatory distributions:							
а			stributions from the gaming proceed			□Yes	Пио	
b	Enter the amount of distributions	required under state law distribu	uted to other exempt organizations	or spent		L les	□ 1NO	
	in the organization's own exempt		•					
Pai			ions required by Part I, line 2b, licable. Also provide any additio					 s.
	Return Reference		 Explanation					

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SCHEDUL (Form 990 or EZ)	990- Complete to p	rovide information fo	tal Information to Form 990 or 990-EZ  ovide information for responses to specific questions on or 990-EZ or to provide any additional information.						
Department of the T	<b>&gt;</b> Co to	➤ Attach to Forr	n 990 or 990-EZ. <u>90</u> for the latest information.		Open to Public Inspection				
<b>Name</b> l <b>Brtherofg</b> DETROIT POLICE A INCORPORATED				Employer identi 38-3314318	fication number				
990 Schedule	e O, Supplemental Informati	on							
Return Reference			Explanation						
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE IS TARY AND THE CHAIRMAN OF AND PUBLIC RELATIONS).		· · · · · · · · · · · · · · · · · · ·	*	•				

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 11B

FORM 990, PART VI, 90 BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS PROVIDED WITH COMPARABLE COMPENSATION RATES FOR CHIEF EXECUTIVES OF COMPARABLY SIZED NONPROFIT ORGANIZATIONS IN METROPOLITAN DE TROIT. BASED ON THOSE RECORDS, AS WELL AS THE ANNUAL REVIEW OF THE CHIEF EXECUTIVE OFFICER 'S PERFORMANCE, PERFORMED ANNUALLY BY THE CHAIR OF THE BOARD OF DIRECTORS, THE EXECUTIVE C OMMITTEE SETS A COMPENSATION RATE. IF A CHANGE IN COMPENSATION IS APPROVED, THE CHAIR NOTI FIES THE DIRECTOR OF FINANCE. THE CHIEF EXECUTIVE OFFICERS SETS THE COMPENSATION RANGES FO R ALL OTHER EMPLOYEES AT THE ORGANIZATION, BASED ON THE BI-ANNUAL COMPENSATION SURVEY OF M ICHIGAN NONPROFIT ORGANIZATIONS PERFORMED BY THE MICHIGAN NONPROFIT ASSOCIATION. ACTUAL COMPENSATION RATES ARE SET BASED ON THE FINANCIAL HEALTH OF THE ORGANIZATION, AS WELL AS THE RESULTS OF SEMI-ANNUAL EMPLOYEE PERFORMANCE REVIEWS.

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 19

FORM 990, PART VI, SECTION C,

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

▶ Attach to Form 990.

OMB No. 1545-0047 2019

DLN: 93493321014970

Open to Public Inspection

Name of the organization DETROIT POLICE ATHLETIC LEAGUE INCORPORATED							<b>Emplo</b> 38-33:	-	ntification	number		
Part I Identification of Disregarded Entities. Complete	e if the orgar	nization answ	ered "Yes	s" on Fori	m 990, Part	IV, line 3						
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary ad	tivity	Legal dor	(c) nicile (state n country)	(d) Total inco	) (e) come End-of-year assets		) ar assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizat related tax-exempt organizations during the tax year		ete if the org	anization	answere	d "Yes" on I	orm 990,	Part IV	, line 34	because	it had one or	more	
(a) Name, address, and EIN of related organization		(b) y activity	Legal domi or foreign	cile (state	(d) Exempt Code		(e) ublic charit section 50	y status	Dire	<b>(f)</b> ct controlling entity	Section (13) co	
(1)DETROIT PAL FUNDRAISING FOUNDATION 1680 MICHIGAN AVENUE	FUNDRAISING	G SUPPORT	M	II	501(C)(3)	LIN	NE 7			OLICE ATHLETIC CORPORATED	Yes Yes	No
DETROIT, MI 48216 81-1513695											<u> </u>	
											<u> </u>	
For Paperwork Reduction Act Notice, see the Instructions for Forr	n 990.		L Ca	t. No. 501	 35Y				Sche	dule R (Form	990) 2	019

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	<b>artnership.</b> during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	ıse it h	ad
(a) Name, address, and EIN of related organization	Name, address, and EIN of		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	f Share of end-of-year assets		n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Gener mana partr	alor Pe	<b>(k)</b> ercentage wnership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	<b>orporation</b> a corporatio	or Trus n or tru	<b>t.</b> Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Le don (state d	c) egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	<b>(f)</b> Share of total income		(g) of end- year assets	of- Percer owne	ntage	(13)	(i) lon 512(b) controlled entity?
			,,									16	S NO
				-						Calcadada D	<b>/</b> E	- 000)	2010

Schedule R (Form 990) 2019		Pa	ge <b>3</b>
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
	-		

e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	<b>1</b> g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	<b>1</b> i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p	No
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q	No

k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)				11	No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1p	No
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q	No
r Other transfer of cash or property to related organization(s)				1r	No
s Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this li	ne, including covered	relationships and tra	ansaction thresholds.		
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	amount involv	ved
(1)DETROIT PAL FUNDRAISING FOUNDATION	С	1,330,834	CASH		
		1	1		

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.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Form 990) 2019				
Part VII	Supplemental Info	ormation		
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).		
Retu	ırn Reference	Explanation		