	Acknowledgement and General Information for Entities That File Returns Electronically	2022
Name(s) as shown on return		Employer Identification Number
BLACK LEADERS D	LIKUII	**-***4445
8425 W MCNICHO	LS	
<u>Detroit, MI 48</u> Thank you for part	221 cicipating in IRS e-file.	
1. 🕱 2022990 The electronic filir	income tax retum for <b>Federal</b> was filed end of the services were provided by <b>GUIDING LIGHT TAX</b>	lectronically.
	income tax retum was accepted on <u>11-10-2023</u> using a Person ature. The entity entered a PIN or authorized the Electronic Retum Originator (ERO) to en D assigned to this retum is <u>38629120233140uxz125</u>	

)

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of	f the Treasu
Internal Pover	Nuo Sonvico

		ue Service	Go to w	ww.irs.gov/Form990 for instruct	tions and the lates	t informatio	on.		Inspection
A For the 2022 calend			lar year, or tax year begi	nning	, <b>2022</b> , a	and ending			, 20
в	Check if a	applicable:	C Name of organization B	LACK LEADERS DETROIT			0	Empl	oyer identification number
	Address of	change	Doing business as						84-2514445
	Name cha	ange	Number and street (or P.O. b	ox if mail is not delivered to street address)		Room/suite	E	Telep	hone number
	Initial retu	Irn	8425 W MCNICH	OLS		202	2		(313)346-2779
	Final retu							G Gros	s receipts
	Amended	return	Detroit, MI 4	8221				\$	1,339,620
	Applicatio	n pending	F Name and address of principa	al officer:		H(a	a) Is this a gro	oup return	for subordinates? Yes X No
							) Are all su	Ibordinat	es included? Yes No
I	Tax-exem	npt status: X	501(c)(3) 501(c) (	) (insert no.) 4947(a)(1) or	527		If "No," at	ttach a lis	st. See instructions
J	Website:	www	.blackleadersdet	roit.org		H(c	;) Group ex	emption	number
к	Form of o	rganization: X	Corporation Trust As	sociation Other	L Year of formati	ion: 2019	M St	ate of leg	gal domicile: <b>MI</b>
Pa	art I	Summar	у У						
	1	Briefly descr	ibe the organization's miss	sion or most significant activities:	To provide f	inancia	l supp	ort	for diverse
		social a	nd community impa	act projects originate					
Ce									
nar									
Governance	2	Check this b	ox 🗌 if the organization	discontinued its operations or dispo	sed of more than 25	5% of its net	assets.		
ő	3	Number of v	oting members of the gov	erning body (Part VI, line 1a) .				3	5
ა ა	4			rs of the governing body (Part VI, I				4	4
itie	5	Total numbe	r of individuals employed i	n calendar year 2022 (Part V, line :	2a)			5	3
Activities &	6	Total numbe	r of volunteers (estimate if	necessary)				6	4
Ā	7a	Total unrelat	ted business revenue from	Part VIII, column (C), line 12 .				7a	0
	b	Net unrelate	d business taxable incom	e from Form 990-T, Part I, line 11.				7b	0
							rior Year		Current Year
	8	Contribution	814,	,177	1,339,620				
e	9	Program ser	vice revenue (Part VIII, lin	e 2g)					0
Revenue	10			A), lines 3, 4, and 7d)					0
Rev	11			nes 5, 6d, 8c, 9c, 10c, and 11e)					0
	12			(must equal Part VIII, column (A), li			814	,177	1,339,620
	13	Grants and s	similar amounts paid (Part	IX, column (A), lines 1-3)			197		184,432
	14	Benefits paid	d to or for members (Part I	X, column (A), line 4)					0
	15	Salaries, oth	er compensation, employe	e benefits (Part IX, column (A), line	es 5-10)		154,	,823	391,835
ses	16a	Professional	fundraising fees (Part IX,	column (A), line 11e)					1,680
Expenses	b	Total fundrai	ising expenses (Part IX, co	blumn (D), line 25)	224,975				
Ă	17	Other expen	ses (Part IX, column (A), li	nes 11a-11d, 11f-24e)			179,	,365	231,307
	18	Total expens	ses. Add lines 13-17 (mus	t equal Part IX, column (A), line 25)	)		531,		809,254
	19	Revenue les	s expenses. Subtract line	18 from line 12			282,		530,366
	es					Beginning	g of Currer	nt Year	End of Year
ets c	20 g	Total assets	(Part X, line 16)				371,	,602	1,055,094
Net Assets or	ື້ 21	Total liabilitie	es (Part X, line 26)					193	153,319
		Net assets of	or fund balances. Subtract	t line 21 from line 20			371,	,409	901,775
Pa	art II	Signatu	re Block						
				urn, including accompanying schedules and s ficer) is based on all information of which pre		of my knowledg	ge and belie	ef, it is	
	,,								
<u>.</u>			IE DANDRIDGE						03-11-2023
Sig	-	Signature of office	cer					Da	te
Не	re		IE DANDRIDGE, CEO	)					
		Type or print na		Γ					
		Print/Type pre	eparer's name	Preparer's signature	Date		Check	if	PTIN
Pa		ANITA I	DAVIS		12-16-20	23	self-empl	oyed	P00103308
	eparer		GUIDING	LIGHT TAX		Firm's	EIN		
Us	e Only	Firm's addres	s 24100 S	OUTHFIELD RO SUITE 205		Phone	e no.		
			Southfie	eld MI 48075				313-	279-5258
May	/ the IRS	S discuss this	return with the preparer s	hown above? See instructions .					X Yes No

Form	n 990 (2022) <b>BLACK LEADERS DETROIT</b>	84-2514445	Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	To provide financial support for diverse social and community impact projects	originated	and led
	by Detroiters of African descent.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	🗌 Yes	x No
	If "Yes," describe these new services on Schedule O.	🔤 ies	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	🗌 Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a		-	
	Program service includes providing financial support for underfunded business		
	community. Black Leaders Detroit distributed 29 grants totaling \$193,182 and		
	\$501,450. Black Leaders Detroit distributed \$18,000 in gift certificates purch		
	retailers to community members. Funds were distributed to 54% of women entreps		
	supported 244 jobs. Black Leaders Detroit also successfully executed the Ride	IOT EQUITY	and
	Detroit Drip fundraisers.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 485,552	,	
EEA		Form	n <b>990</b> (2022)

Form 990 (2022) BLACK LEADERS DETROIT 84-2514445				age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	5		
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		x
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	- '		x
U	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
5	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
<b></b>	If "Yes," complete Schedule G, Part III	19		x
20 a				x
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>

		1-25144	45	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)				
		r		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	1	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		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	••••	2.70		<u> </u>
250	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		25a		v
h		••••	ZJa		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		0.51		
~~	If "Yes," complete Schedule L, Part I	• • • •	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	• • • •	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,				
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M.		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	••••	31		x
	Did the organization refutate, terminate, or dissolve and cease operations? <i>If Test, complete Schedule N, Fall</i> ?	••••	51		
32			22		v
22	complete Schedule N, Part II	• • • •	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		~		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	• • • •	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	••••	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		х
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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O		38	x	
Par					
i ui	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	o		. 03	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
c c	Did the organization comply with backup withholding rules for reportable payments to vendors and				
U	reportable gaming (gambling) winnings to prize winners?		1c	x	
		• • • •			(2022)

Form	990 (2022) BLACK LEADERS DETROIT 84-25144	45	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
~	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ũ	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		~
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?	76 7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h		79 7h		 
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	70		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
~	sponsoring organization have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.	0.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-		
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	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?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Forr	m 990 (2022) BLACK LEADERS DETROIT 84-2514	445	F	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	ra "No	"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructi	ons.		
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	<u>.</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe on 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	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	x	
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	x	
b	Other officers or key employees of the organization	15b	x	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Michigan			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	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.			
	KEN ELKINS (313)346-2779, 8425 W MCNICHOLS SUITE 202, Detroit, MI 48221			

Form 990 (202	2) BLACK LEADERS DETROIT	84-2514445	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highe	st Compensated Employee	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensate	ed Employees	
1a Complete	his table for all persons required to be listed. Report compensation for the calendar year ending	g with or within the	
organization's	tax year.		
<ul> <li>List all of</li> </ul>	the organization's current officers, directors, trustees (whether individuals or organizations), re	gardless of amount of	
compensation.	Enter -0- in columns (D), (E), and (F) if no compensation was paid.		

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

	icu organizai		npens	Juic	u a	ily cull	UII		10360.	
				(	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					nan one s both an		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	or In	In	q	Ke	en Hi	Fo	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for	dire	stitut	Officer	er	ghes	Former	1099-NEC)	1099-NEC)	related organizations
	related organizations	ctor	iona		Key employee	st co				
	below	Individual trustee or director	Institutional trustee		yee	mpe				
	dotted line)	ě	stee			Highest compensated employee				
						ed				
(1) LESLIE D_DANDRIDGE	50.00									
CEO					х			115,000	0	0
(2) KEN ELKINS										
<u>C00</u>					х			102,500	0	0
(3) DUAN'TE ANDERSON										
DIRECTOR		х						0	0	0
(4) DOMINIQUE CAMPBELL										
DIRECTOR		х						0	0	0
(5) QUAN NELOMS	10.00									
DIRECTOR		х						0	0	0
(6) SHANNON GASTON	10.00									
TREASURER				x				0	0	0
(7) KIM_UHURU	10.00									
BOARD CHAIR				х				0	0	0
<u>(8)</u>										
(0)				-						
(9)										
(10)										
				_						
(11)										
(12)										
<u>(13)</u>										
( <u>14</u> )	 		+							
										Form 000 (2022)

Form 9												4-2514			9age <b>8</b>
Part	VII	Section A. Officers, Directors, T	rustees,	Key E	Emp	plo	yee	es, ar	nd I	Highest Comp	ensated	Emple	oyees	(cont	tinued,
		(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	, unles er and	Po eck r ss pe d a d	erson i lirector	han one s both a r/trustee	n )	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reporta compens from rela organization 1099-MI 1099-NE	able ation ated ns (W-2/ ISC/	cor f orga	(F) nated am of other mpensat rom the nization d organiz	ion and
			dotted line)		e			ated							
(15)				-											
<u>(16)</u>															
(17)				-											
(18)															
(19)															
(20)															
(21)				-											
(22)				-											
(23)															
(24)				-											
(25)				-											
1b c d		otal		· · · · · · · · · · · · · · · · · · ·	••• •••	•••	••• •••	••••	•	217,500		0			0
2	Total	number of individuals (including but not limit table compensation from the organization								ore than \$100,000	of				2
3	Did th emplo	ne organization list any <b>former</b> officer, direc byee on line 1a? <i>If "Yes," complete Schedu</i> ny individual listed on line 1a, is the sum of re	le J for sucl	h individ	dual	•••		•••					3	Yes	No X
5	orgar <i>indivi</i> Did a	ization and related organizations greater th dual	nan \$150,00	0? If "Y	′es,″ ••• • any	' <i>cor</i> • • •	mple	te Sch · · · · ed org	edu  aniz	le J for such			4	 	x x
Secti		Independent Contractors	s, complete	, oonea		0 101	1 000	in pore				<u></u>	U		л
1		lete this table for your five highest compensa ensation from the organization. Report comp										ax vear			
	comp	(A) Name and business address				ur y		inding		(B) Description of service			(C) Compens	ation	
													Southerg		
2		number of independent contractors (includin ved more than \$100,000 of compensation fro	-		thos	se lis	sted	above	) wh	0					

Form 9	<u>90 (</u> 20	D22) BLACK	LE	ADERS D	ETRO	IT			84-25144	45 Page 9
Part	VIII	Statement of Rev	enu	le						
		Check if Schedule O co	ontair	ns a respons	se or n	ote to any line in this	s Part VIII			
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .	••		1a					
ŝ	b	Membership dues	•••		1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	••		1c	48,075				
s, G Amo	d	J			1d					
Gift	е	· · · · · · · · · · · · · · · · · · ·			1e					
ons, Simi	f		-							
her (		and similar amounts not i			1f	1,291,545				
a of it	g	Noncash contributions inclusion lines 1a-1f			1g	¢				
	h						1,339,620			
	+		••	<u></u>	• • •	Business Code	1,555,020			
	2a									
ice	b									
Serv	c					1				
Program Service Revenue	d									
ogra Re	е									
Ϋ́Α		All other program service								
	g	Total. Add lines 2a-2f .	••							
	3	Investment income (includ								
		other similar amounts)				F				
	4	Income from investment of			•	F				
	5	Royalties	· ·	(i) Rea						
	63	Gross rents	6a	(I) Rea	al	(ii) Personal				
		Less: rental expenses								
		Rental income or (loss)	6c							
		Net rental income or (loss)	) .							
	7a	Gross amount from		(i) Securit		(ii) Other				
		sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
ne		and sales expenses								
sver		Gain or (loss)	-							
Other Revenue		Net gain or (loss)			•••	••••				
the	8a	Gross income from fundra events (not including \$	-							
0		of contributions reported of		48,075	-					
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .								
	с	Net income or (loss) from	fundı	raising even	ıts .					
	9a	Gross income from gaming	g							
		activities, See Part IV, line	19		9a					
		Less: direct expenses .				)				
	С	Net income or (loss) from	gami	ng activities	\$ <u></u>					
	10a	Gross sales of inventory, I								
		returns and allowances .								
		Less: cost of goods sold				-				
	C	Net income or (loss) from	sales	s or inventor	у	Business Code				
<i>(</i> 0	112					Dusiness Code				
Jou	b									
scellanoi Revenue	c									
Miscellanous Revenue	-	All other revenue								
Σ	е	Total. Add lines 11a-11d	_ •	<u> </u>	<u>.</u>	<u></u>				
		Total revenue. See instru					1,339,620	0	0	0

Failin	Jia	lement of Fu	incuonai	Expen	1262			
0		. =						

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX

	<u>1501(c)(3) and 501(c)(4) organizations must complete all controls of the control of the cont</u>	· · · · · · · · · · · · · · · · · · ·	•	•••••	
Do not	include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				· ·
а	nd domestic governments. See Part IV, line 21	184,432	184,432		
	Grants and other assistance to domestic		-		
ir	ndividuals. See Part IV, line 22				
<b>3</b> G	Grants and other assistance to foreign				
0	rganizations, foreign governments, and				
	preign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	ustees, and key employees				
	Compensation not included above to disgualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	Other salaries and wages	341,979	152 901	68,396	110 602
	Pension plan accruals and contributions (include	371,3/3	153,891	06,00	119,692
	ection 401(k) and 403(b) employer contributions)	25 704	11 600	E 1E0	9,028
		25,794	11,608	5,158	
	· · · · · · · · · · · · · · · · · · ·	24,062	10,828	4,812	8,422
	ees for services (nonemployees):				
	1anagement				
	egal				
	obbying				
	Professional fundraising services. See Part IV, line 17 .	1,680			1,680
	nvestment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25, column				
	A) amount, list line 11g expenses on Schedule O.)	17,775	9,084	8,691	
<b>12</b> A	dvertising and promotion	17,877	9,832		8,045
<b>13</b> C	Office expenses	6,933		6,933	
<b>14</b> Ir	nformation technology				
<b>15</b> R	Royalties				
<b>16</b> C	Occupancy	7,521	5,264	2,257	
<b>17</b> T	ravel	10,502	5,041		5,461
<b>18</b> P	ayments of travel or entertainment expenses				
fc	or any federal, state, or local public officials				
<b>19</b> C	Conferences, conventions, and meetings	14,570	9,607		4,963
<b>20</b> Ir	nterest				
<b>21</b> P	ayments to affiliates				
<b>22</b> D	Depreciation, depletion, and amortization	1,387		1,387	
	nsurance	1,093		1,093	
	Other expenses. Itemize expenses not covered	,			
	bove (List miscellaneous expenses on line 24e. If				
	ne 24e amount exceeds 10% of line 25, column				
	A), amount, list line 24e expenses on Schedule O.)				
	rogram expenses	153,649	85,965		67,684
b b		133,049	05,905		07,004
с					
d _	ll other evenence				
	Il other expenses		405		001 07-
	otal functional expenses. Add lines 1 through 24e	809,254	485,552	98,727	224,975
	oint costs. Complete this line only if the rganization reported in column (B) joint costs				
fr	rom a combined educational campaign and				
fu	undraising solicitation. Check here 🔲 if				
fc	bllowing SOP 98-2 (ASC 958-720)				

orm 990 ( Part X	BLACK LEADERS DETROIT Balance Sheet				4-251	4445 Page ?
	Check if Schedule O contains a response or note	e to ar	y line in this Part X			[
	·			(A)		(B)
				Beginning of year		End of year
1	Cash - non-interest-bearing			367,716	1	387,93
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net		[		4	350,00
5	Loans and other receivables from any current or former	officer,	director,			
	trustee, key employee, creator or founder, substantial co	ntribute	or, or 35%			
	controlled entity or family member of any of these perso	ns			5	
6	Loans and other receivables from other disqualified pers	ons (a	s defined			
	under section 4958(f)(1)), and persons described in sec	tion 49	58(c)(3)(B)		6	
7	Notes and loans receivable, net				7	309,65
8	Inventories for sale or use				8	
8 8	Prepaid expenses and deferred charges				9	
10;	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	9,336			
		10b		3,886	10c	7,50
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 11 .				12	
13	Investments - program-related. See Part IV, line 11 .				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 3			371,602	16	1,055,09
17	Accounts payable and accrued expenses			193	17	3,31
18	Grants payable			195	18	5751
19	Deferred revenue				19	50,00
20	Tax-exempt bond liabilities				20	50,00
21	Escrow or custodial account liability. Complete Part IV of				21	
22	Loans and other payables to any current or former office				21	
	trustee, key employee, creator or founder, substantial co					
	controlled entity or family member of any of these perso				22	
22					22	
23	Secured mortgages and notes payable to unrelated thin	•			23	100.00
24	Unsecured notes and loans payable to unrelated third p				24	100,00
25	Other liabilities (including federal income tax, payables in partice, and other liabilities pat included on lines 17, 24)					
	parties, and other liabilities not included on lines 17-24).				25	
	of Schedule D			100	25	
26	Total liabilities. Add lines 17 through 25			193	26	153,31
	Organizations that follow FASB ASC 958, check here	e X				
07	and complete lines 27, 28, 32, and 33.			050 060	07	401 55
27	Net assets without donor restrictions			279,963		401,77
28				91,446	28	500,00
	Organizations that do not follow FASB ASC 958, che	CK Ne	re 🗌			
~	and complete lines 29 through 33.				00	
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or equipmen		•••••		30	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, o				31	
32	Total net assets or fund balances			371,409	32	901,77
- 33	Total liabilities and net assets/fund balances			371,602	33	1,055,09

EEA

Form 990 (2022)

	990 (2022) BLACK LEADERS DETROIT	84-2514445	5	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	339,	620
2	Total expenses (must equal Part IX, column (A), line 25)	2		809,	,254
3	Revenue less expenses. Subtract line 2 from line 1	3		530,	,366
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		371 <b>,</b>	,409
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		901,	,775
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X 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		х
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990	(2022)

SCHEDULE	Α
(Form 990)	

## **Public Charity Status and Public Support**

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

OMB No.	1545-0047

		nt of the Treasury	Attac	h to Form 990 or Form	990-EZ.			Open to Public				
Interna	al Re	evenue Service Go to	o www.irs.gov/For	m990 for instructions a	nation.	Inspection						
Name	of th	he organization					Employer identificatio	n number				
BLAC	K :	LEADERS DETROIT					84-251444	5				
Par	t I	Reason for Public Cha	rity Status. (Al	II organizations mus	st comple	ete this p	oart.) See instructi	ons.				
The o	rgar	nization is not a private foundation b	ecause it is: (For lir	nes 1 through 12, check c	only one bo	эх.)						
1		A church, convention of churches,	or association of c	hurches described in se	ction 170(	b)(1)(A)(i)						
2	Π	A school described in section 170	)(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	)).)							
3	Π	A hospital or a cooperative hospita				(A)(iii).						
4	П	A medical research organization of	-				(b)(1)(A)(iii). Enter the					
		hospital's name, city, and state:	, ,									
5		An organization operated for the be	enefit of a college o	r university owned or ope	erated by a	a aovernme	ental unit described in					
-		section 170(b)(1)(A)(iv). (Comple			· · · · · · · · · · · · · · · · · · ·	0.						
6		A federal, state, or local governme	,	I unit described in section	on 170(b)( <sup>-</sup>	1)(A)(v).						
7	П	An organization that normally rece	-				rom the general public					
		described in section 170(b)(1)(A)										
8		A community trust described in se										
9	П	An agricultural research organizat			perated in	coniunctio	n with a land-grant col	lege				
•		or university or a non-land-grant co				•	•	.090				
		university:	nege el agricaliale	(000		eng, and e						
10	х	An organization that normally rece	ives: (1) more than	33 1/3% of its support fro	om contribu	utions. mer	mbership fees, and gros	ss				
		receipts from activities related to it	s exempt functions,	subject to certain except	tions; and	(2) no mor	e than 33 1/3% of its					
		support from gross investment inco acquired by the organization after					) from businesses					
11		An organization organized and op			•		4).					
12	Π	An organization organized and ope	-					ses of				
		one or more publicly supported or										
		the box on lines 12a through 12d th	-									
а		<b>Type I.</b> A supporting organiza	tion operated, supe	ervised, or controlled by i	ts support	ed organiz	ation(s), typically by g	ving				
		the supported organization(s)	he power to regularly appoint or elect a majority of the directors or trustees of the									
		supporting organization. You	must complete Pa	rt IV, Sections A and B								
b		<b>Type II.</b> A supporting organiza	ation supervised or	controlled in connection	with its su	pported or	ganization(s), by havir	ng				
		control or management of the	supporting organiza	ation vested in the same	persons that	at control o	r manage the supporte	d				
		organization(s). You must co	mplete Part IV, Se	ctions A and C.								
С		Type III functionally integrat	ed. A supporting of	rganization operated in c	connection	with, and	functionally integrated	with,				
		its supported organization(s) (	see instructions). Y	ou must complete Par	t IV, Section	ons A, D,	and E.					
d		Type III non-functionally inte	egrated. A supporti	ing organization operate	d in conne	ction with	its supported organiza	tion(s)				
		that is not functionally integrate	ed. The organization	n generally must satisfy a	distributio	n requirem	ent and an attentivenes	S				
		requirement (see instructions)	. You must compl	ete Part IV, Sections A	and D, an	d Part V.						
е		Check this box if the organization	ion received a writte	en determination from the	IRS that it	is a Type	I, Type II, Type III					
		functionally integrated, or Type	e III non-functionally	integrated supporting of	rganizatior	<b>).</b>		<b></b>				
f		nter the number of supported organ						• • •				
g	Ρ	Provide the following information abo	out the supported or	ganization(s).	1		1	1				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	•	(v) Amount of monetary	(vi) Amount of				
				(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)				
						1						
					Yes	No						
(A)												
(B)												
(C)												
(D)												
(E)												
Total												

Schedu	e A (Form 990) 2022 BLACK LEADE					84-2514445	
Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(	1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked th	e box on line	5, 7, or 8 of	Part I or if the	e organizatior	n failed to qua	lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease complet	te Part III.)	-
Secti	on A. Public Support			•	•		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
-	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	(4) 2010	(10) 2010	(0) 2020	(4) 2021	(0) 2022	
8	Gross income from interest, dividends,						
Ŭ	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
5	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(aaa inatruotia				12	
13	First 5 years. If the Form 990 is for the or						-)(2)
13	organization, check this box and <b>stop he</b>	-			-		
Socti	on C. Computation of Public Suppor			• • • • • • • • •		• • • • • • • • •	•••••
<u>3ecu</u> 14	Public support percentage for 2022 (line 6			11 column (f))		14	%
15	Public support percentage from 2022 (intel Public support percentage from 2021 Sch					15	%
16a	<b>33 1/3% support test - 2022.</b> If the organ						
TUa	box and <b>stop here.</b> The organization qua						
b	<b>33 1/3% support test - 2021.</b> If the organ			-			
D D	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test - 202						
17a							
	10% or more, and if the organization mee Part VI how the organization meets the fa						
	-			-	-		
L.	organization						
b	10%-facts-and-circumstances test - 202	-					
	15 is 10% or more, and if the organization					-	
	in Part VI how the organization meets the			-	-		
10	organization						
18	Private foundation. If the organization di						
	instructions						<u> </u>

Schedu	le A (Form 990) 2022 BLACK LEADE					84-251444	5 Page <b>3</b>
Part							
	(Complete only if you checked th	e box on line	10 of Part I of	or if the organ	ization failed	to qualify un	der Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please cor	nplete Part II.	)	
Secti	on A. Public Support			-			
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")			335,601	814,177	407,936	1,557,714
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						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
4							
	organization's benefit and either paid to						
F	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			335,601	814,177	407,936	1,557,714
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						1,557,714
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6			335,601	814,177	407,936	1,557,714
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 on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0		335,601	814,177	407,936	1,557,714
14	First 5 years. If the Form 990 is for the or		st second thi				
	organization, check this box and <b>stop her</b>				· · · · · · · · · · ·		_
Secti	on C. Computation of Public Suppor			<u></u>			····
15	Public support percentage for 2022 (line 8			3 column (f))		15	100.00 %
16	Public support percentage from 2021 Sch		-			16	
-	on D. Computation of Investment Inc			•••••	• • • • • • • • •		100.00 %
-			-	v line 12 colum	nn (f))	17	0.00%
17 18	Investment income percentage for <b>2022</b> (I Investment income percentage from <b>2021</b>			-		17	0.00%
	· •						0.00 %
19a	<b>33 1/3% support tests - 2022.</b> If the orga						
Ŀ	17 is not more than 33 1/3%, check this be	-	-	-			
b	<b>33 1/3% support tests - 2021.</b> If the organizati						
20	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization die	u not check à l	oux on line 14,	19a, OF 19D, Cl	IECK INS DOX A	na see instruc	aons 🗋

Page 4

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

Part	e A (Form 990) 2022 BLACK LEADERS DETROIT 84-2514445			Page
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
ecti	on B. Type I Supporting Organizations			
			Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what 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 operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	<i>VI</i> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ecti	on C. Type II Supporting Organizations	-		
011			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
	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 supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
cti	on D. All Type III Supporting Organizations	•		
• • • •			Yes	Ν
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	-		
2				
	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 line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
- 1 -	supported organizations played in this regard.	3		
	on 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 (se	e inst	ructic	ons
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instru-	ictions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	N
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> 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. <i>Answer lines 3a and 3b below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
	a second a supported organization of the or they provide details in the th			
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> <i>the role played by the organization in this regard.</i>	3b		

Part	A (Form 990) 2022     BLACK LEADERS DETROIT     Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	ations	. <b>4445</b> Page
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 <i>(exp</i>	
	instructions. All other Type III non-functionally integrated supporting organ	izatior	ns must complete Sect	
Secti	on 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		
Secti	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

EEA

Schedule A (Form 990) 2022

Schedul	e A (Form 990) 2022 BLACK LEADERS DETROIT V Type III Non-Functionally Integrated 509(a)(3)	2) Supporting Organi	84-25	<u> </u>
	on D - Distributions	b) Supporting Organ		Current Year
	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi		
4	Amounts paid to acquire exempt-use assets	una viela de la ila in Daví	4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in <b>Part</b>		
6	Other distributions (describe in <b>Part VI</b> ). See instructions.		6	
	<b>Total annual distributions.</b> Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is resp		
	(provide details in <b>Part VI</b> ). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		1(	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			
EEA				Schedule A (Form 990) 2022

	France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 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; Part IV, Section D, lines 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, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## Schedule B (Form 990)

Department of the Treasury

Schedule of Contributors

OMB No. 1545-0047

2022

### Attach to Form 990 or Form 990-PF.

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

Internal Revenue Service			
Name of the organization		Employer ider	tification number
BLACK LEADERS DEI	ROIT	84-25	L4445
Organization type (check	cone):		

Filers of:	Section:	
Form 990 or 990-EZ	501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

x For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year .....\$

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

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

Schedule B (Form 990) (20
---------------------------

Name of organization

BLACK LEADERS DETROIT

Page 2 Employer identification number 84-2514445

Part I	<b>Contributors</b> (see instructions). Use duplicate copi	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	HUNTINGTON BANK 333 W FORT ST Detroit MI 48226	\$75,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	Hudson Webber 333 W FORT STREET SUITE 1310 Detroit MI 48226	\$50,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Max and Marjorie FISHER FOUNDATION 2 TOWNE SQ Southfield MI 48076	\$50,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	KELLOGG 1 MICHIGAN AVE EAST Battle Creek MI 49017	\$50,000	PersonImage: CompletePayrollImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	NEW ECONOMY INITATIVE 333 W. FORT STREET STE 2010 Detroit MI 48226	\$67,500	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	FLAGSTAR FOUNDATION 5151 CORPORATE DR Troy MI 48098	\$150,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)

Schedule B (F	Form 990) (2022)		Page 2	
Name of organization			Employer identification number	
BLACK LEADERS DETROIT		84-2514445		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(2)	(1-)	(a)	(-1)	

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	UNITED WAY OF SOUTHEASTERN MICHIGAN 3011 W. GRAND BLVD 500 Detroit MI 48202	\$47,000	PersonImage: CompletePayrollImage: Complete(CompletePart II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	FIFTH THIRD BANK 38 FOUNTAIN SQUARE PLZ Cincinnati OH 45202	\$100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	PATHWAYS FOUNDATION 26055 NORTHPOINTE Farmington MI 48331	\$00,000	PersonImage: CompletePayrollImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	JP MORGAN CHASE FONDATION 383 MADISON AVE FI 41 New York NY 10017	\$100,000	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_11_	FORD FOUNDATION 320 E 43RD ST New York NY 10017	\$100,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

SCHEDULE D	
(Form 990)	

## **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. OMB No. 1545-0047

)22

20

Employer identification number

Attach to Form 990.	Open to Public
Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name	the organization			proyer identification number
_	LEADERS DETROIT			84-2514445
Pa				nts.
	Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 6.	
		(a) Donor ac	lvised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	n writing that the assets	held in donor advised	
	funds are the organization's property, subject to the organization	-		No
6	Did the organization inform all grantees, donors, and donor	•		
•	only for charitable purposes and not for the benefit of the do		•	
	conferring impermissible private benefit?			No
Par				
	Complete if the organization answered "Yes"	on Form 990 Part IV	/ line 7	
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recreat			prically important land area
	Protection of natural habitat		Preservation of a certi	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	lified concentration contri	bution in the form of a co	nonvation
2				
	easement on the last day of the tax year.			Held at the End of the Tax Year
a L	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic s			2c
d	Number of conservation easements included in (c) acquire	•		
•	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, r	eleased, extinguished, d	or terminated by the organ	nization during the
	tax year			
4	Number of states where property subject to conservation e		··· · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the p	• •	•	
•	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, a	ind enforcing conservation	n easements during the year
-		dian of violations and		and the state of the second
7	Amount of expenses incurred in monitoring, inspecting, han	idling of violations, and e	enforcing conservation ea	sements during the year
•			a = a + a = a + a = a = a = a = a = a =	
8	Does each conservation easement reported on line 2(d) ab			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conserva-			
	balance sheet, and include, if applicable, the text of the foot	note to the organization	s infancial statements that	t describes the
Dor	organization's accounting for conservation easements.	of Art Historiaal	Traccurac or Oth	or Similar Accoto
Par				er Similar Assets.
4-	Complete if the organization answered "Yes"			la se a la standa de la
1a	If the organization elected, as permitted under FASB ASC			
	of art, historical treasures, or other similar assets held for p			nce of public
	service, provide in Part XIII the text of the footnote to its fin			
b	If the organization elected, as permitted under FASB ASC			
	art, historical treasures, or other similar assets held for publ	ic exhibition, education,	or research in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical th		-	, provide the
	following amounts required to be reported under FASB AS	•		
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

Schedul	e D (Form 990) 2022 BLACK LEADERS 1						84-251			Page <b>2</b>
Part	t III Organizations Maintaining	Collections of	Art, Hist	torical 1	<b>Freasures</b>	, or Ot	her Similar A	Assets (c	ontini	ued)
3	Using the organization's acquisition, access	sion, and other record	ds, check ar	ny of the fo	ollowing that r	nake się	gnificant use of its	6		
	collection items (check all that apply):									
а	Public exhibition		d	🗌 Loan o	or exchange p	rogram				
b	Scholarly research		e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's of	collections and explain	in how they	further the	e organizatio	n's exen	npt purpose in Pa	rt		
	XIII.				U					
5	During the year, did the organization solicit	or receive donations	of art. histo	rical treas	sures, or other	similar				
•	assets to be sold to raise funds rather than							🗌 Ye	sП	No
Part			part of the	organizadi			<u></u>			
i ai	Complete if the organization		" on Forn	n 990 P	Part IV line	9 or	reported an a	mount on	Form	n
	990, Part X, line 21.			1 000, 1		0, 01			1 0111	•
	Is the organization an agent, trustee, custod	lion or other intermed	lion ( for oon	tributiono	or other eace	to not				
1a			-							No
	included on Form 990, Part X?				• • • • • •	• • • •	• • • • • • • • •	🗌 Ye	s 📋	No
b	If "Yes," explain the arrangement in Part XII	II and complete the fo	bilowing tab	ole:						
						-		mount		
С	Beginning balance									
d	Additions during the year						1			
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F						-			No
b	If "Yes," explain the arrangement in Part XII	II. Check here if the e	explanation	has been	provided on I	Part XIII			. 🗌	
Part										
	Complete if the organization	answered "Yes	<u>on Forn</u>	n 990, P	<u>art IV, line</u>	10.				
		(a) Current year	(b) Pric	or year	(c) Two years	s back	(d) Three years bac	k (e) Fou	r years b	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
•	programs									
f	Administrative expenses									
	End of year balance									
g	-	rentucer and belong		aalumn (a'						
2	Provide the estimated percentage of the cur		e (line rg, i	column (a	)) heid as:					
a	Board designated or quasi-endowment									
b	Permanent endowment %	)								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the poss	ession of the organiz	zation that a	are held ar	nd administere	ed for th	e			
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organi	zations listed as requ	uired on Scl	hedule R?	· · · · · · ·			3b		
4	Describe in Part XIII the intended uses of the	he organization's end	dowment fu	nds.						
Part	t VI Land, Buildings, and Equip	pment.								
	Complete if the organization	answered "Yes'	" on Forn	n 990, P	Part IV, line	11a. S	See Form 990	), Part X,	line 1	0.
	Description of property	(a) Cost or oth			or other basis		Accumulated	(d) Boo		
		(investm			(other)	• • •	lepreciation			
1a	Land									
b	Buildings									
c	Leasehold improvements		2,312						2	312
d	Equipment		7,024				1,835			189
			/,024				1,033		э,	109
e Total	Other		rt V colum	n (D) lin-	100)					E 0 1
i otal.	Aud lines ta through te. (Column (d) must	equal Form 990, Pa	п л, сошт	н ( <i>D),</i> IIne	100.,				7,	501

EEA

Part VII

**Investments - Other Securities.** 

## Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value

	,
(1) Financial derivatives	
(2) Closely-held equity interests	
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).	

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990. Part X. col. (B) line 13.).		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Fe	ederal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (C	Column (b) must equal Form 990. Part X. col. (B) line 25.).	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . .

Schedul	le D (Form 990) 2022 BLACK LEADERS DETROIT	84-2514445	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,339,620
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,339,620
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,339,620
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	809,254
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments         2b		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	809,254
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	809,254
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCH	EDULE G	Supplement	al Informatio	n Regardi	ng Fundr	aising or Gami	ng Activities	OMB No. 1545-0047
(Forr	n 990)	Complete if	the organization an organization enter	nswered "Yes ed more than	" on Form 99 \$15,000 on F	0, Part IV, line 17, 18, orm 990-EZ, line 6a.	or 19, or if the	2022
	ment of the Treasury		Attach to Form 990 or Form 990-EZ.					Open to Public
	I Revenue Service	G	So to www.irs.gov/l	<i>-orm990</i> for in	structions ar	id the latest informati	On. Employer identifi	Inspection
	K LEADERS DE	TDOTT.					84-25	
Par			Complete if th	e organiz	ation ansv	vered "Yes" on I	Form 990, Part IV	
		-EZ filers are not	•	-				,
1	Indicate whether	the organization rais	ed funds through	any of the fol	lowing activit	ies. Check all that a	pply.	
а	Mail solicitatio			e	-	of non-government	-	
b		mail solicitations		f		of government gran	ts	
c d	Phone solicita			g	Special fun	draising events		
2a	<u> </u>	tion have a written or	oral agreement w	ith anv indivi	dual (includir	a officers. directors	trustees.	
	-	s listed in Form 990,	-	-		-		🗌 Yes 🗌 No
b	If "Yes," list the 1	0 highest paid individ	luals or entities (fu	Indraisers) p	ursuant to ag	reements under whi	ch the fundraiser is to	be
	compensated at I	least \$5,000 by the o	organization.					
	(i) Name and addres or entity (fun		(ii) Activity	custody c	draiser have r control of putions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
							col. (i)	
1				Yes	No	-		
•								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total								
3	List all states in w registration or lice	-	n is registered or I	icensed to so	olicit contribu	tions or has been no	otified it is exempt fron	1

BLACK LEADERS DETROIT

84-2514445 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with aints ater th 

		gross receipts greater than	\$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Ride for Equ (event type)	Detroit Drip (event type)	(total number)	(add col. <b>(a)</b> through col. <b>(c)</b> )
Revenue	1	Gross receipts	48,075	11,791		59,866
_	2 3	Less: Contributions Gross income (line 1 minus				
		line 2)	48,075	11,791		59,866
	4	Cash prizes				
	5	Noncash prizes				
sesu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	53,142	26,889		80,031
	10	Direct expense summary. Add lin	es 4 through 9 in column (c	d)		80,031
	11	Net income summary. Subtract li	ne 10 from line 3, column (c	d)		(20,165)
Pa	rt II					nore than
		\$15,000 on Form 990-EZ, I	ine 6a.			
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enue			(a) Dirigo	bingo/progressive bingo		col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	□ Yes% □ No	□ Yes% □ No	□ Yes% □ No	
	7	Direct expense summary. Add lin	es 2 through 5 in column (o	d)	•••••	
	8	Net gaming income summary. Su	ubtract line 7 from line 1, co	lumn (d)		
9		Enter the state(s) in which the organiz	zation conducts coming oct	ivitios		
	a l	s the organization licensed to conduct f "No," explain:	t gaming activities in each	of these states?		Yes 🗌 No
	-					
10		Nere any of the organization's gamin f "Yes," explain:	g licenses revoked, susper	-		🗌 Yes 🗌 No
	-					

Page 2

SCHEDULE I	1				o Organization		I	OMB No. 1545-0047
(Form 990)		Gover		2022				
Department of the Treasury	,	Complete	if the organization a	Swered "Yes" on For Attach to Form 990.	m 990, Part IV, line 21	or 22.	C	Open to Public
Internal Revenue Service			Go to www.irs.g	ov/Form990 for the la	atest information.			Inspection
Name of the organization							Employer identifica	
BLACK LEADERS DI		Grants and Assist	ance				84-2514445	
		o substantiate the amour		stance, the grantees' eli	aibility for the grants or	assistance, and		
_			-	-				. 🗴 Yes 🗌 No
		ocedures for monitoring t						
Part II Grants	and Other Assistan	nce to Domestic Org	anizations and Do	mestic Governmer	ts. Complete if the c	organization answered	"Yes" on Form 99	0,
Part IV,	line 21, for any recip	pient that received mo	re than \$5,000. Par	t II can be duplicate	d if additional space	is needed.		
1 (a) Name and addr		<b>(b)</b> EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or gove	mment		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) LAM HIPE 1938 FRANKLIN SU	ITTE 103							impact
Detroit MI 4820				5,000				project
(2)								
(-)								
(3)								
(4)								
()								
(5)								
(6)								
()								
(7)								
(8)								
(9)								
(10)								
-								
		nd government organization		table		••••••••••••	••••••	
3 Enter total numbe	r of other organizations	s listed in the line 1 table						29

Schedule I (F	orm 990) (2022) BI	LACK LEADERS	DETROIT			84-2514445
Part III	Grants and O	ther Assistand	e to Domestic Individuals.	Complete if the organization answered "Y	es" on Form 990,	Part IV, line 22.

Part III can be duplicated if a	dditional space is needed		-		
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

## SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**Open to Public** 

Inspection

Employer identification number

84-2514445

Department of the Treasury Internal Revenue Service

Name of the organization

#### BLACK LEADERS DETROIT

#### 01. Officer, directors, etc. family relationship (Part VI, line 2)

The Board Chair, Kimberly Uhuru, is married to the CEO Leslie D. Dandridge

02. Governing body meeting documentation (Part VI, line 8a)

Meeting minutes are used to document decision making by the governing body.

03. Form 990 governing body review (Part VI, line 11)

The governing body reviews the 990 prior to submission

#### 04. Conflict of interest policy compliance (Part VI, line 12c)

The conflict of interest policy is a part of its bylaws.

#### 05. CEO, executive director, top management comp (Part VI, line 15a)

The independent members of the board determine approve the compensation of top management.

#### 06. Other officer or key employee compensation (Part VI, line 15b

The members of the board determine and approve the compensation of CEO.

#### 07. Governing documents, etc, available to public (Part VI, line 19)

Documents are made available on the organization's wwebsite or upon request.

990	<b>Overflow Statement</b> (This page is not filed with the return. It is for your records only.)	202	<b>2</b> Page 1
Name(s) as shown on return		FEIN	Fage 1
BLACK LEADER	RS DETROIT		84-2514445
Description			Amount
Foundation I	Donations	\$	1,206,478
Americorp			44,35
<u>Detroit Drip</u>			
100 Hroes Me			370
MEMBER DONA			28,548
	Total	: \$	1,291,54
Description	agementa	<u>~</u>	Amount
<u>Grant disbu</u>		<u> </u>	184,43
	TOTAL	• •=	184,43
Deservintion			<b>Descurs</b> to
Description		\$	Amount 6,369
401k		\$	5,23
<u>+01K</u>	Total	: \$	11,608
Description			Amount
<u>Health</u>		\$	
<u>401K</u>			2,32
	Total	: \$	5,15
Dogodintion			<b>Descurs</b> to
<b>Description</b> health		ප	Amount 4,95
401k			1 071
10117	Тота	• \$	9,02
	10041	· · ·	

990	<b>Overflow Statement</b> (This page is not filed with the return. It is for your records only.)	202	<b>22</b> Page 2
Name(s) as shown on return		FEIN	
BLACK LEADER	S DETROIT		84-2514445
Description Professional		<u>\$</u>	<b>Amount</b> 7,28
<u>Contractor</u>	·	<del>ك</del>	7,28
	Tota	1: \$	9,08
Description			Amount
Professional		\$	
Legal and pr		¥_	6,45
		1: \$ <u></u>	8,69
		<u>.</u>	Amount
Bank fees	ica	<u>\$</u>	10
<u>Office Suppl</u> Payroll proc			<u> </u>
FAYLULL PLOC	.CS21119	t	<u> </u>
<b>Description</b> Rent		<u>-</u>	<b>Amount</b> 3,21
Utilities			2,05
	Tota	1: \$	5,26
Description		<u></u>	Amount
<u>Utiliites</u> Rent		<u>\$</u>	88
	тота	1: \$	2,37
		* <u>-</u>	2,23

(This page is not filed with the return. It is for your records only.) DETROIT training Total:	FEIN 84-25 <u>Amou</u>	ge 3 514445 14445 8,70 90 9,60
training Total:	Amou \$	<b>int</b> 8,70 90
training Total:	\$	<u>8,70</u> 90
training Total:	\$	<u>8,70</u> 90
Total:		90
	\$ <u></u>	_9,60
	7	
	<u>Amo</u> ເ \$	<u>4,68</u>
	<u>Y</u>	<u>4,08</u> 27
Total:	\$	4,96
ost e y	\$  	<b>int</b> 7,20 5,44 4,44 5,00 47,00 16,86 <b>85,96</b>
	Amoi	int
	\$	3,31
У		36,26
		12,14
		15,95
Total:	\$	67,68
	<u>Amoı</u>	
	<u> </u>	<u>1,43</u> 5,59
Total:	\$	
	y Total: y elopment Total:	ost       \$         e