Inter	nal R	evenu	e Service	Go to v	vww.irs.gov	//Form990 fo	r instructions an	d the latest i	nformati	on.		Inspectio	n
Α	For the 2023 calendar year, or tax year beginning , 2023, and ending								, 20				
в	Che	ck if ap	oplicable:	C Name of organization E	BLACK LE	ADERS DET	ROIT				D Emplo	over identification nun	nber
	Addr	ress ch	nange	Doing business as								84-2514445	
	Initial return 2050 15th Street 202							E Teleph	ione number				
								202		(313) 550-43	343		
$\overline{\Box}$									G Gross				
X	Ame	ended r	return	Detroit, MI 4		•					\$	2,08	3,363
Ē	Appl	lication	pending	F Name and address of princip						H(a) Is this a g	group return fo	or subordinates? Yes	
_										H(b) Are all	subordinate	s included?	
ı	Tax-	exemp	ot status: X	501(c)(3) 501(c) () (inser	t no.) 4	947(a)(1) or	527				t. See instructions	_
J	Web	osite:		.blackleadersdet	roit.or	<u>л</u>				H(c) Group e	exemption r	number	
к	Forn	n of or	ganization: 🗴	Corporation Trust A	ssociation	Other		L Year of formati	ion: 201	9 м з	State of lega	al domicile: MI	
Pa	art	I	Summar								-		
		1	Briefly descri	be the organization's mis	sion or mos	significant ad	ctivities: To	provide f	inanci	al sup	port f	or diverse	
			social a	nd community imp	act proj	ects ori							
Activities & Governance													
rna													
ove.		2	Check this be	ox 🔲 if the organization	discontinue	d its operatio	ns or disposed of	more than 25°	% of its n	et assets.			
Ŭ		3	Number of vo	oting members of the gov	erning body	(Part VI, line	1a)				3		5
ŝ		4	Number of in	dependent voting membe	ers of the go	verning body	(Part VI, line 1b)				4		4
/itie		5	Total number	of individuals employed	in calendar <u>y</u>	year 2023 (Pa	art V, line 2a)				5		7
cti		6	Total number	of volunteers (estimate it	f necessary)						6		
∢		7a	Total unrelate	ed business revenue from	n Part VIII, c	olumn (C), lin	e 12				7a		0
		b	Net unrelated	d business taxable incom	e from Form	990-T, Part I	, line 11 • • •				7b		0
										Prior Year		Current Year	•
		8	Contributions	s and grants (Part VIII, line	e1h)					1,339	,620	2,08	3,363
ani		9	Program ser	vice revenue (Part VIII, lir	ne 2g) 🛛 🔒								0
Revenue		10	Investment ir	ncome (Part VIII, column	(A), lines 3,	4, and 7d)							0
Re		11	Other revenu	ie (Part VIII, column (A), I	ines 5, 6d, 8	8c, 9c, 10c, ar	nd 11e) • • • •						0
	•	12	Total revenue	e - add lines 8 through 11	(must equa	l Part VIII, col	umn (A), line 12)			1,339	,620	2,08	3,363
	•	13	Grants and s	imilar amounts paid (Part	IX, column	(A), lines 1-3))			184	,432	32	2,637
	· ·	14	Benefits paid	to or for members (Part l	IX, column (A), line 4)							0
		15	Salaries, oth	er compensation, employ	ee benefits	(Part IX, colur	mn (A), lines 5-10)		391	,835	51	8,049
ses		16a	Professional	fundraising fees (Part IX,	column (A)	line 11e)				1	,680		0
Expenses		b	Total fundrais	sing expenses (Part IX, co	olumn (D), li	ne 25)		203,259					
ы		17	Other expension	ses (Part IX, column (A),	lines 11a-11	d, 11f-24e)				231	,307	44	8,821
	·	18	Total expens	es. Add lines 13-17 (mus	t equal Part	IX, column (A	A), line 25) •			809	,254	1,28	9,507
		19	Revenue les	s expenses. Subtract line	18 from line	e 12 • • •				530	,366	79	3,856
ŗ	ces								Begir	ning of Curro	ent Year	End of Year	
sets	alan	20	Total assets	(Part X, line 16) • • •						1,055	5,094	1,81	9,654
t As	Fund Balances	21	Total liabilitie	s (Part X, line 26) • •						153	8,319	12	4,023
		_		r fund balances. Subtract	line 21 from	line 20 .				901	,775	1,69	5,631
	art			re Block									
				lare that I have examined this re claration of preparer (other than o					of my know	edge and belie	ef, it is		
		Í			,			, ,					
Sig	n	F		IE D DANDRIDGE									
	-		Signature of offic	er							Date	e	
Не	re	┝		IE D DANDRIDGE,	CEO								
			Type or print nam			· .					<u> </u>		
	:		Print/Type pre	parer's name	Preparer's	signature		Date		Check	L if	PTIN	
Pa			ANITA D					02-05-20	25	self-em	ployed	P00103308	
		arer	Firm's name	GUIDING	LIGHT	TAX			F	irm's EIN			
US	e C	Dnly	Firm's addres	-		RD SUITE	: 185		P	hone no.			
					ELD MI						313-2	279-5258	<u> </u>
May	y the	RS	discuss this	return with the preparer s	hown above	? See instruct	tions					X Yes	No

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Open to Public

2023

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990**

Department of the Treasury

Form 990 (2023)

Form	n 990 (2023) BLACK LEADERS DETROIT	84-2514445	Page 2
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 project	s 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.		
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 measure	ed by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 922,028 including grants of \$ 322,637) (Revenu	e \$ 2.08 [.]	3 363)
14	Black Leaders Detroit ("BLD") issued over \$950,000 no-interest loans and \$32	/	<u> </u>
	helped provide a significant financial boost to Black owned businesses and r		
	often struggle to access adequate funding. BLD proudly welcomed college inte		
	dynamic planning and development of our *Rising Black Leaders* program-an en	ntrepreneurial	
	initiative designed to empower and invest in high school school scholars the	ough transfor	mative
	grants. We also celebrated the spirit of entrepreneurship in style with $Details$		
	high-energy grant competition that showcased and honored over 70 of Detroit		
	fashion designers and retailers. BLD also spearheaded a series of activation		
	promoting the importance of shopping local and supporting our vibrant Black		
	These initiatives are all part of our commitment to fueling creativity, inno	ovation, and e	conomic
	empowerment across Detroit.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenu	e \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenu	e \$)
4d			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 922,028		

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
5	candidates for public office? If "Yes," complete Schedule C, Part I	3		v
				x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	-		
	VII, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
u	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	114	~	
b		11b		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	44.5		
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
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		х
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		х
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		х
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			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · ·	18	v	
10		10	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
0 0 -		19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2023)

BLACK LEADERS DETROIT

84-2514445 Page 3

Form		-25144	45	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	•••	22		<u>x</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J	• • •	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		244		
h	through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24a 24b		x
b		•••	240		
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?		240 24d		
d 25a		•••	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		25a		
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		254		x
b					
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	• • •	200		<u>x</u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		26		v
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	•••	20		Х
21	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		v
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule	•••	21		X
20	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				
a	"Yes," complete Schedule L, Part IV		28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		 X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		200		
Ũ	"Yes," complete Schedule L, Part IV		28c		х
29	Did the organization receive more than \$25,000 in noncash 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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		<u> </u>		
02	complete Schedule N, Part II		32		х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · ·		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		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					
	Check if Schedule O contains a response or note to any line in this Part V				Π
				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	35			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and				
-	reportable gaming (gambling) winnings to prize winners?		1c	х	

Form	990 (2023) BLACK LEADERS DETROIT 84-25144	45	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
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		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial 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		х
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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
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			1
	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
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Forr	n 990 (2023) BLACK LEADERS DETROIT 84-25144	45	P	age 6
Pa	Int VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, a	and fo	ra"N	0"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	See in:	structi	_
_	Check if Schedule O contains a response or note to any line in this Part VI			х
See	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 1a 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 1 1 1 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	•		
3	any other officer, director, trustee, or key employee?	2	х	
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		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			<u> </u>
	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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
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 O	9		х
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		<u>x</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44 -	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a ה	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	x	
ь 12а	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?	12a	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12.5	~	
•	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	х	
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	х	
b	Other officers or key employees of the organization	15b	х	
	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	401		
Sec	organization's exempt status with respect to such arrangements?	16b		
<u>3ec</u> 17				
18	List the states with which a copy of this Form 990 is required to be filed <u>Michigan</u> 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 X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
-	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.			
	SHAREA AYERS (313)550-4343, 2050 15TH STREET, Detroit, MI 48216			

Form 990 (2023) BLACK LEADERS DETROIT	84-2514445 Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, High	st Compensated Employees, and
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A. (Officers, Directors, Trustees, Key Employees, and Highest Compensa	ed Employees
1a Complete th	s table for all persons required to be listed. Report compensation for the calendar year ending w	th or within the
organization's ta	x year.	

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

					(C)	<u>, , , , , , , , , , , , , , , , , , , </u>				
(A)	(B)			Pos	sition			(D)	(E)	(F)
Name and title	Average	`				nan one s both ar	,	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week (list any							from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	Individual trustee or director	Instit	Office	Key	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	related	recto	Institutional trustee	ë,	Key employee	est c loyee	ler	1099-NEC)	1099-INEC)	related organizations
	organizations below	r	al tru		oyee	ompe				
	dotted line)	lee	istee			ensat				
						ed				
(1)LESLIE D_DANDRIDGE	40.00									
CEO					х			120,792	0	0
(2) DOMINIQUE CAMPBELL	10.00									
DIRECTOR		х						0	0	0
(3) QUAN_NELOMS	10.00									_
DIRECTOR		х						0	0	0
(4) KIM UHURU	10.00							<u> </u>		
DIRECTOR	10.00	х						0	0	0
(5) DUAN'TE_ANDERSON TREASURER	10.00			x				o	o	0
	10.00								0	0
PRESIDENT				x				0	0	0
								-		
_(8)										
(10)										
<u>(11)</u>										
(12)										
<u>(13)</u>										
<u>(14)</u>										

Name and title Average hours is box, unless person is both an officer and a director/trustee) Reportable Reportable Estimate 0 nours officer and a director/trustee) compensation compensation officer and a director/trustee) 0 per week (list any hours for 0 1099-MISC/ 1099-MISC/ 1099-MISC/	
(A) Name and title (B) Average hours per week (list ary dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation granizations (W-2) 1099-MISC/ (E) Reportable compensation granizations (W-2) 1099-MISC/ (15)	continuea)
(users) (users)	=) d amount other ensation
(16) (17) (17) (18) (19)	ation and ganizations
(17)	
(18) (19)	
(19)	
(20) (21)	
(21)	
<u>(22)</u>	
<u>(23)</u>	
<u>(24)</u>	
<u>(25)</u>	
1b Subtotal	
d Total (add lines 1b and 1c)	0
2 Iotal number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	1
	es No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated	
employee on line 1a? If "Yes," complete Schedule J for such individual 3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the	<u> </u>
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	
individual	x
 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	
for services rendered to the organization? If "Yes," complete Schedule J for such person	X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of	
compensation from the organization. Report compensation for the calendar year ending with or within the organization's ta	x year.
(A) (B) (C)	
Name and business address Description of services Compensation	n
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	

Form 99	90 (2023) BLACK LEADERS DETROIT			84-25144	145 Page 9
Part					
	Check if Schedule O contains a response or note to any	(A) Total revenue	(III	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 1,962,815 g Noncash contributions included in lines 1a-1f 1g \$	-			
Program Service Revenue	2a Business Code b				
	f All other program service revenue				
	4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross rents	-			
	b Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss)	-			
enue	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses 7a c Gain or (loss) 7c				
Other Revenu	d Net gain or (loss)				
	b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b Less: direct expenses				
	c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b	_			
Miscellanous Revenue	c Net income or (loss) from sales of inventory Business Code 11a				
Σ	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	2,083,363	0	0	0

BLACK LEADERS DETROIT

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or n	ole to any fine in this		<u></u>	<u>•••••</u>
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	322,637	322,637		
2	Grants and other assistance to domestic	,	,		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	448,958	239,166	129,265	80,527
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	32,757	14,741	6,551	11,465
10	Payroll taxes	36,334	16,351	7,266	12,717
11	Fees for services (nonemployees):			.,200	
а	Management				
b					
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule O.)	29,135	19,150	5,707	4,278
12	Advertising and promotion	26,467	14,556	5,707	11,911
13	Office expenses	32,920	19,806	9,533	3,581
14	Information technology	52,520			5,501
15	Royalties				
16	Occupancy	11,930	8,350	3,580	
17	Travel	11,510	5,525	3,580	5,985
18	Payments of travel or entertainment expenses	11,510	5,525		5,905
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22 001	14,821		7 090
20		22,801	14,021		7,980
20	Payments to affiliates				
22	Depreciation, depletion, and amortization	2 210		0.010	
23		2,318		2,318	
23 24	Other expenses. Itemize expenses not covered				
24					
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
-	(A), amount, list line 24e expenses on Schedule O.)	211 540	0.4.6 .005		C4 015
a	Program expenses	311,740	246,925		64,815
b					
C L					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,289,507	922,028	164,220	203,259
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				

Form 990	(2023)	BLACK	LEADERS	DETROIT
Part X	Balance Shee	ət		

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Page 11

Par	t X	Balance Sheet					_
		Check if Schedule O contains a response or note	to ar	y line in this Part X			· · · · · · · · · · · []
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing		-	387,936	1	813,188
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			350,000	4	50,000
	5	Loans and other receivables from any current or former of					
		trustee, key employee, creator or founder, substantial cor				-	
		controlled entity or family member of any of these person				5	
	6	Loans and other receivables from other disqualified perso under section 4958(f)(1)), and persons described in secti				6	
	-	Notes and loans receivable, net		- · · · · · ·	200 655	7	050 100
ets	7	Inventories for sale or use			309,657	8	950,139
Assets	8	Prepaid expenses and deferred charges				0 9	
∢	9					9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	100	10,400			
	h	Less: accumulated depreciation	10a 10b	10,480	7 501	10c	C 207
	b	Investments - publicly traded securities		4,153	7,501	11	6,327
	11 12	Investments - publicly traded securities				12	
	13	Investments - program-related. See Part IV, line 11				12	
	14	Intangible assets		E		14	
	14	Other assets. See Part IV, line 11		-		14	
	16	Total assets. Add lines 1 through 15 (must equal line 33)			1 055 004	16	1 910 654
	17	Accounts payable and accrued expenses			<u>1,055,094</u> 3,319	17	1,819,654
	18	Grants payable			5,319	18	24,023
	19	Deferred revenue			50,000	19	
	20	Tax-exempt bond liabilities			50,000	20	
	21	Escrow or custodial account liability. Complete Part IV of				21	
s	22	Loans and other payables to any current or former officer					
Liabilities		trustee, key employee, creator or founder, substantial cor					
lide		controlled entity or family member of any of these person				22	
Ľ	23	Secured mortgages and notes payable to unrelated third		F		23	
	24	Unsecured notes and loans payable to unrelated third pa			100,000	24	100,000
	25	Other liabilities (including federal income tax, payables to		F	2007000		100,000
	_	parties, and other liabilities not included on lines 17-24).					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			153,319	26	124,023
		Organizations that follow FASB ASC 958, check here					
Se		and complete lines 27, 28, 32, and 33.					
nce	27				401,775	27	1,270,631
3ala	28	Net assets with donor restrictions		[500,000	28	425,000
Ыd		Organizations that do not follow FASB ASC 958, chec	ck her	e 🗌 🛛	· · · · · ·		
Net Assets or Fund Balances		and complete lines 29 through 33.		_			
or	29					29	
ets	30	Paid-in or capital surplus, or land, building, or equipment	fund			30	
Ass	31	Retained earnings, endowment, accumulated income, or		funds		31	
et /	32	Total net assets or fund balances			901,775	32	1,695,631
z	33	Total liabilities and net assets/fund balances	<u></u> .	<u></u>	1,055,094	33	1,819,654
							Form 990 (202

EEA

Form 990 (2023)

-	990 (2023) BLACK LEADERS DETROIT	84-2514445	5	Pa	age 12
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	2,	083,	363
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	289,	507
3	Revenue less expenses. Subtract line 2 from line 1	3		793,	856
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		901,	775
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	1,	695,	631
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
		1		Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🕱 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
_	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		0.		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
2-					
зa	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?		2-		
F			3a		X
O	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		26		l
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		(0000)

EEA

Form 990 (2023)

SCHE	DULE	A
(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.

Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number BLACK LEADERS DETROIT 84-2514445 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. а Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). g (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

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

OMB No. 1545-0047

	e A (Form 990) 2023 BLACK LEADE					84-251444	
Part							
	(Complete only if you checked th						lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease complet	te Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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	Total. 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	1		1	1	·	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10					40	
12	Gross receipts from related activities, etc.	•	,			12	(2)
13	First 5 years. If the Form 990 is for the or						
Socti	organization, check this box and stop her on C. Computation of Public Suppo	t Porcontag	• • • • • • • • •	<u></u>			· · · · · · L
14	Public support percentage for 2023 (line 6			1 column (f))		14	%
14	Public support percentage from 2023 (inne to Public support percentage from 2022 Sch					15	%
16a	33 1/3% support test - 2023. If the organ						
	box and stop here . The organization qual						
b	33 1/3% support test - 2022. If the organ						
	this box and stop here . The organization						
17a	10%-facts-and-circumstances test - 202		• • • •	-			
-	10% or more, and if the organization mee	•					
	Part VI how the organization meets the fa					•	
	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					•	
	organization						
18	Private foundation. If the organization di	d not check a l	pox on line 13,	16a, 16b, 17a,	or 17b, check	this box and se	e
	instructions						[

Schedu	le A (Form 990) 2023 BLACK LEADE					84-2514445	Page 3
Part							
	(Complete only if you checked th	e box on line	10 of Part I of	or if the organ	nization failed	to qualify und	er Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part I	l.)	
Secti	on A. Public Support				•		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	(-,	((-)	(-)		
	received. (Do not include any "unusual grants.")		335,601	814 177	1,139,620	2,083,362	4,372,760
2	Gross receipts from admissions, merchandise		333,001	014/1//	1,135,020	2,003,302	4,372,700
_	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		335,601	814,177	1,139,620	2,083,362	4,372,760
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.)						4,372,760
Secti	on B. Total Support					LL	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6		335,601	814,177	1,139,620	2,083,362	4,372,760
10a	Gross income from interest, dividends,			011/11/			
	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						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
13	•• •						
44	and 12.)	0	335,601		1,139,620		<u>4,372,760</u>
14	First 5 years. If the Form 990 is for the or	•			•		`′ _
Secti	organization, check this box and stop her						· · · · · · L
	on C. Computation of Public Suppor			0			0/
15	Public support percentage for 2023 (line 8		•	())		15	100.00 %
<u>16</u>	Public support percentage from 2022 Sch					16	100.00 %
	on D. Computation of Investment In						
17	Investment income percentage for 2023 (li					17	0.00 %
18	Investment income percentage from 2022					18	0.00 %
19a	33 1/3% support tests - 2023. If the organ						
	17 is not more than 33 1/3%, check this be	-	-	-		•••••	nization <u>x</u>
b	33 1/3% support tests - 2022. If the organization						
	line 18 is not more than 33 1/3%, check this box	-	-	• •	• • • •	•	· · · · · · []
20	Private foundation. If the organization die	d not check a b	oox on line 14,	19a, or 19b, cl	neck this box a	nd see instruction	ons
						Cabadula	(Eorm 000) 2023

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

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

Part V.)			
	Vee	Na	
	Yes	No	
1			
-			
2			
3a			
3b			
3c			
4a			
4a			
4b			
-			
4c			
-			
5a			
5b			
50 50			
6			
7			
8			
9a			
9b			
9c			
10a			
10b			

-	BLACK LEADERS DETROIT 84-2514445		F	age 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44 -		
Soctio	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Secin	on B. Type i Supporting Organizations		Yes	No
1	Did the reversing body members of the governing body officers esting in their official conseity or membership of one or		Tes	NO
•	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i>			
	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	<u> </u>		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	<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		
Sectio	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI	2		
2	how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sectio	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 (see i	instru	iction	is).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions	s).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	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 Part VI the reasons for the organization's position that its supported organization(s) would	<i>.</i>		
-	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>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u></u>		
ŀ-	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	24		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			,
	instructions. All other Type III non-functionally integrated supporting organized	zation	s must complete Section	
ecti	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		
ecti	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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	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-functiona	llv inte	grated Type III suppor	ting organization

EEA

Schedule A (Form 990) 2023

Schedul	e A (Form 990) 2023 BLACK LEADERS DETROIT) Supporting Organi	84-25		15 Page 7
	, , , , , , , , , , , , , , , , , , ,	b) Supporting Organi		<u>"</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supporte			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi		3	
	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.	the organization is rean		7	
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	the organization is resp		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10			(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2023		Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
<u> </u>	From 2020				
d	From 2021				
<u>e</u>	From 2022				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years			_	
	Applied to 2023 distributable amount				
<u> i</u>	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from				
4	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
a	Applied to 2023 distributable amount			_	
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
•	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				
EEA				Sch	nedule A (Form 990) 2023

Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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 Internal Revenue Service

Nome of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or Form 990-PF.

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

2023Employer identification number

Name of the organization		inployer identification number
BLACK LEADERS DET	TROIT	84-2514445
Organization type (check	(one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not 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 i	is covered by the General Rule or a Special Rule.	
Note: Only a section 501(c) instructions.	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. Se	эе
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,0 ey or property) from any one contributor. Complete Parts I and II. See instructions for determining I 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. EEA

(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	\$ <u>75,000</u>	Person Image: 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	\$ <u> </u>	PersonPayrollNoncash(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	\$ <u> </u>	PersonImage: Complete Part II for noncash contributions.)
(a)	(h)	(-)	
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 KELLOGG 1 MICHIGAN AVE EAST	Total contributions	Type of contribution Person Image: Contribution Payroll Image: Contribution Noncash Image: Contribution (Complete Part II for
<u>No.</u> <u>4</u> (a)	Name, address, and ZIP + 4 KELLOGG 1 MICHIGAN AVE EAST Battle Creek MI 49017 (b)	Total contributions \$50,000 (c)	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 4 (a) No.	Name, address, and ZIP + 4 KELLOGG 1 MICHIGAN AVE EAST Battle Creek MI 49017 (b) Name, address, and ZIP + 4 NEW ECONOMY INITATIVE 333 W. FORT STREET STE 2010	Total contributions	Type of contribution Person Image: Contribution Payroll Image: Contribution (Complete Part II for noncash contributions.) Image: Contribution (d) Type of contribution Person Image: Contribution Person Image: Contribution Noncash Image: Complete Part II for (Complete Part II for Image: Complete Part II for

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

84-2514445

Schedule B (Form 990) (2023) Name of organization

Part I

BLACK LEADERS DETROIT

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	UNITED WAY OF SOUTHEASTERN MICHIGAN 3011 W. GRAND BLVD 500 Detroit MI 48202	\$47,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	FIFTH THIRD BANK <u>38 FOUNTAIN SQUARE PL</u> <u>Cincinnati OH 45202</u>	\$105,000	PersonImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	PATHWAYS FOUNDATION 26055 NORTHPOINTE Farmington MI 48331	\$100,000	PersonPayrollNoncash(Complete Part II for noncash contributions.)		
(-)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
No.	Name, address, and ZIP + 4 JP MORGAN CHASE FONDATION 383 MADISON AVE FI 41	Total contributions	Type of contribution Person x Payroll		
<u>No.</u>	Name, address, and ZIP + 4 JP MORGAN CHASE FONDATION 383 MADISON AVE FI 41 New York NY 10017 (b)	Total contributions \$ 100,000 (c) (c)	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)		
No. 10 (a) No.	Name, address, and ZIP + 4 JP MORGAN CHASE FONDATION 383 MADISON AVE FI 41 New York NY 10017 (b) Name, address, and ZIP + 4 FORD FOUNDATION 320 E 43RD ST	Total contributions \$ 100,000 (c) Total contributions	Type of contribution Person Image: Colspan="2">Image: Colspan="2" Type of contribution <th colspan="2" contri<="" of="" td="" type=""></th>		

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number 84-2514445

Schedule B (Form 990) (2023)

Part I

Name of organization
BLACK LEADERS DETROIT

SCHE	DULE 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.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name o	f the organization			Employ	er identification number	
BLACE	LEADERS DETROIT			8	4-2514445	
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Si	imilar Funds or Acc	counts		
	Complete if the organization answered "Yes" of	on Form 990, Part	IV, line 6.			
		(a) Donor	advised funds		(b) Funds and other accounts	6
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	writing that the assets	s held in donor advised			
	funds are the organization's property, subject to the organiza	-			🗌 Yes	🗌 No
6	Did the organization inform all grantees, donors, and donor a	-		ed		_
	only for charitable purposes and not for the benefit of the dor	-	•			
	conferring impermissible private benefit?		, , ,			∏ No
Par						
	Complete if the organization answered "Yes" of	on Form 990, Part	IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (for example, recreation			historica	lly important land area	
	Protection of natural habitat	,	Preservation of a		• •	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation con	tribution in the form of a	a conserv	ration	
-	easement on the last day of the tax year.				Held at the End of the	Tay Year
а	Total number of conservation easements			🗖	2a	
b	Total acreage restricted by conservation easements				2b	
c	Number of conservation easements on a certified historic str				20 20	
d	Number of conservation easements included on line 2c, acqui			·· ⊢	20	
u	on a historic structure listed in the National Register	•			2d	
3	Number of conservation easements modified, transferred, re				-	
5		leased, extiliguisiled,	or terminated by the of	ganizatio		
4	tax year Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the pe	_	postion bandling of			
5	violations, and enforcement of the conservation easements i				Yes	∏ No
6	Staff and volunteer hours devoted to monitoring, inspecting,					
U	Stan and volunteer nours devoted to monitoring, inspecting,	nandling of violations		allon ca	sements during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations and	enforcing conservation		ants during the year	
'	Amount of expenses incurred in monitoring, inspecting, nanc	ang of violations, and	remotioning conservation	reaserine	ents during the year	
8	Does each conservation easement reported on line 2d above	a satisfy the requirem	onte of soction 170/h)//	1)(B)(i)		
0	and section 170(h)(4)(B)(ii)?	•	. , .	,, ,,,,	🗌 Yes	
9	In Part XIII, describe how the organization reports conservati					
9	sheet, and include, if applicable, the text of the footnote to the					
	organization's accounting for conservation easements	e organization s inan		ระกษอร แ		
Par		of Art Historic	al Treasures or (Other 9	Similar Assets	
- ai	Complete if the organization answered "Yes" of					
1a	If the organization elected, as permitted under FASB ASC 95			halance	sheet works	
ia	of art, historical treasures, or other similar assets held for pul					
	service, provide in Part XIII the text of the footnote to its finar					
b	If the organization elected, as permitted under FASB ASC 95			ance she	et works of	
U U	art, historical treasures, or other similar assets held for public	•				
	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 tre		-	ain, prov		
_	following amounts required to be reported under FASB ASC	-			٠	
a	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X				\$	

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

Schedul	e D (Form 990) 2023 BLACK LEADERS						84-251		Page 2
Part	t III Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or Ot	her Similar A	ssets (co.	ntinued)
3	Using the organization's acquisition, access	ion, and other record	ds, check a	ny of the fo	llowing that ma	ike sigr	ificant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan o	r exchange pro	gram			
b	Scholarly research		е	Other					
с	Preservation for future generations								
4	Provide a description of the organization's of	collections and explai	n how they	further the	organization's	exemp	t purpose in Part		
	XIII.	1	,		5	'			
5	During the year, did the organization solicit	or receive donations	of art histo	orical treasu	ires or other si	imilar			
Ũ	assets to be sold to raise funds rather than		-		-			. 🗌 Yes	
Part				ngamzation				. [] 163	
	Complete if the organization	•	" on Forr	n 990 P	art IV line 9) or re	eported an an	nount on F	orm
	990, Part X, line 21.					, 01 10	oportoù an an		onn
12	Is the organization an agent, trustee, custo	lian or other intermed	diany for co	atributions	or other accets	not			
1a									
						• • •		· · 📋 Yes	∐ No
b	If "Yes," explain the arrangement in Part XII	and complete the to	bliowing tab	le.					
								nount	
С	Beginning balance								
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on I	Form 990, Part X, line	e 21, for es	crow or cus	stodial account	liability	?	. 🗌 Yes	🗌 No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the e	xplanation	has been p	provided on Pa	rt XIII			
Part	t V Endowment Funds								
	Complete if the organization	answered "Yes	" on Forr	n 990, Pa	art IV, line 1	0.			
•		(a) Current year	(b) Pr	ior year	(c) Two years b	back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance			,					
b	Contributions								
c	Net investment earnings, gains, and								
Ŭ									
А									
d	Grants or scholarships		+						
е	Other expenditures for facilities and								
-	programs		+						
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cu	-	ce (line 1g,	column (a))) held as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment%	0							
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	re held and	administered	for the			
	organization by:							Γ	Yes No
	(i) Unrelated organizations?							. 3a(i)	
	(ii) Related organizations?							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz							. 3b	
4	Describe in Part XIII the intended uses of th								
Par		0	ownoncia	140.					
. i an	Complete if the organization	-	" on Forr	n 990 P	art IV line 1	la S	ee Form 990	Part X lir	ne 10
	· · · ·			1					
	Description of property	(a) Cost or oth (investm		1	or other basis	• •	Accumulated epreciation	(d) Book	value
			ionit)	"	other)	de			
1a									
b	Buildings	· ·							
С	Leasehold improvements	••	2,311						2,311
d	Equipment	••	8,169				4,153		4,016
е	Other								
Total.	Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part2	X, line 10c,	column (B)					6,327

Schedule D	(Form 990)	2023

Schedule D (Fo	rm 990) 2023 BLACK LEADERS DETROIT			84-2514445	Page 3
Part VII	Investments - Other Securities				lin . 40
	Complete if the organization answered "Yes" on	Form 990, Part I	V, line 11b. S	see Form 990, Part X,	line 12.
	 (a) Description of security or category (including name of security) 	(b) Book valu	e	(c) Method of valuation: Cost or end-of-year market value	<u>م</u>
(1) Financial				Oust of end-of-year market value	<u> </u>
	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, line 12, col.(B))				
Part VIII	Investments - Program Related				
	Complete if the organization answered "Yes" on	Form 990, Part I	<u>V, line 11c. S</u>	ee Form 990, Part X,	line 13.
	(a) Description of investment	(b) Book valu	e	(c) Method of valuation:	
				Cost or end-of-year market value	e
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Tatal (Calum					
Part IX	n (b) must equal Form 990, Part X, line 13, col. (B)) •••••• Other Assets	•			
Faitix	Complete if the organization answered "Yes" on	Form 990 Part I	V line 11d S	See Form 990 Part X	line 15
	· · ·	1 Onn 330, 1 art i	v, inte tru. e		
(1)	(a) Description			(b) Bool	k value
(1) (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, line 15 col. (B))				
Part X	Other Liabilities				
	Complete if the organization answered "Yes" on	Form 990, Part I	V, line 11e or	⁻ 11f. See Form 990, F	Part X,
	line 25.				
1.	(a) Description of liability (b) E	Book value			
(1) Federal	income taxes				
(2)					
(3)					
(4)					

Total. (Column (b) must equal Form 990, Part X, line 25 col. (B))

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

(5) (6) (7) (8) (9)

-		84-2514445	Page 4
Part		r 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	
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	
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 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
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	
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		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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.) ••••••••••••••••••••••••••••••••••		
C	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
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	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047	
(Forr	n 990)	Complete if	the organization an organization entered	swered "Yes"	on Form 990, \$15,000 on Fo	, Part IV, line 17, 18, or orm 990-EZ, line 6a,	r 19, or	if the	2023	
Depart	ment of the Treasury		-	organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.					Open to Public	
Interna	Revenue Service		Go to www.irs.gov/F	orm990 for ins	structions and	d the latest informatio	n		Inspection	
Name o	f the organization							Employer identifie	cation number	
	K LEADERS DE		O	· · · · · · · · · ·				84-25		
Par		sing Activities. 0-EZ filers are n	•	-		/ered "Yes" on F	-orm	990, Part IV	, line 17.	
1	Indicate whether	the organization rais	ed funds through a	iny of the follo	owing activiti	es. Check all that ap	ply.			
а	Mail solicitatio	ns		е [Solicitation	of non-government	grants			
b	Internet and e	mail solicitations		f	Solicitation	of government gran	ts			
С	Phone solicita	tions		g 🗌] Special fun	draising events				
d	In-person soli	citations								
2a	Did the organizat	ion have a written or	oral agreement wi	th any individ	ual (including	g officers, directors,	trustee	es,		
	or key employees	listed in Form 990,	Part VII) or entity ir	n connection	with professi	onal fundraising serv	vices?		🗌 Yes 🗌 No	
b	If "Yes," list the 10) highest paid individ	luals or entities (fu	ndraisers) pu	rsuant to agr	eements under whic	h the	fundraiser is to b	e	
	compensated at I	east \$5,000 by the o	rganization.							
			•							
	(i) Name and addres or entity (fun		(ii) Activity	custody or	draiser have control of utions?	(iv) Gross receipts from activity	(o	Amount paid to or retained by) draiser listed in	(vi) Amount paid to (or retained by) organization	
				Yes	No			col. (i)		
1				165	NO	-				
2										
-										
3										
4										
5										
6										
7										
8										
9										
10									+	
10										
			1	1		+ +			+	
Totol										
Total 3		hich the organization					ified it	is avainat from		
3	registration or lice	-	n is registered of II	Senseu lo SOI			meu il	is evenihr nom		

	(Form 990) 2023
Part II	Fundraisi

BLACK LEADERS DETROIT

84-2514445

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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 gross receipts greater than \$5,000.

		gross receipts greater than	\$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Ride for Equ	Detroit Drip	None	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
one						
Revenue	1	Gross receipts				
Å	•					
	2					
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
suac						
Exp	7	Food and beverages				
Direct Expenses						
Di	8	Entertainment				
	9	Other direct expenses				
	3	Other direct expenses				
	10	Direct expense summary. Add line	es 4 through 9 in column (d)			
	11	Net income summary. Subtract lin	• • • • • • • • • • • • • • • • • • • •			
Pa	rt III	Gaming. Complete if the or	ganization answered "Y	es" on Form 990, Part I	V, line 19, or reported mo	ore than
		\$15,000 on Form 990-EZ, li	ne 6a.			
е			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enu			(u) 5go	bingo/progressive bingo		col. (a) through col. (c))
Revenue						
	1	Gross revenue				
	2	Cash prizes				
ses	2					
Direct Expenses	3	Noncash prizes				
Exp						
rect	4	Rent/facility costs				
Di		-				
	5	Other direct expenses				
			☐ Yes %	☐ Yes %	☐ Yes%	
	6	Volunteer labor	∐ No	No	No	
	_					
	7	Direct expense summary. Add line	s 2 through 5 in column (d)			
	8	Not coming income summery Sul	htraat ling 7 from ling 1 ool	ump (d)		
	0	Net gaming income summary. Sul		(u) · · · · · · · · · · · · ·		
9	Fn	ter the state(s) in which the organiz	ation conducts gaming activ	vities:		
		.,	t gaming activities in each o			Yes No
	a lst		0 0			
	b lf" — a We	No," explain:			e tax year?	🗌 Yes 🗌 No
10	b lf" — a We	No," explain:		led, or terminated during the	e tax year?	Yes No

Schedule G (Form 990) 2023

SCHEDULE I		Gra	nts and Other	Assistance to	Organizations	S,	1	OMB No. 1545-0047
(Form 990) Governments, and Individuals in the United States							2023	
· ,	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Department of the Treasury Internal Revenue Service								
Name of the organization			ee te ti ti ti eige				Employer identificati	Inspection on number
BLACK LEADERS DET							84-2514445	
		Grants and Assist	tance				04 2314443	
1 Does the organization	on maintain records to	substantiate the amoun	It of the grants or assista	ance, the grantees' elic	ibility for the grants or a	ssistance, and		
-	used to award the gra		-					. 🗙 Yes 🗌 No
2 Describe in Part IV	•		e use of grant funds in t	he United States.				
					s. Complete if the or	ganization answered "	Yes" on Form 990,	
Part IV, lir	ne 21, for any recipi	ent that received mo	re than \$5,000. Part I	I can be duplicated	if additional space is	s needed.		
1 (a) Name and addres	s of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or govern			(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) JANNA KAY CHAR	CUTERIE BOXES							Community
18252 BITMORE ST								impact
Detroit MI 48235				10,000				project
(2) REYZ LLC								Community
10721 E JEFFERSON	1							impact
Detroit MI 48219				10,000				project
(3) MOSTYN COMM DE	V SERV							Community
16878 GLASTONBURY	Č							impact
Detroit MI 48219				10,000				project
(4) THREE THIRTEEN	DETROIT							Community
19495 LIVERNOIS								impact
Detroit MI 48221				10,000				project
(5) RHINO DYNO								Community
4304 ARETHA AVE								impact
Detroit MI 48201				10,000				project
(6) HIRED MUSCLE								Community
2200 HUNT ST								impact
Detroit MI 48207				10,000				project
(7) EASTSIDE COMMU	NITY NETWORK							Community
4401 CONNER ST								impact
Detroit MI 48215				10,000				project
(8) DETRIT COCOA B								Community
2200 HUNT ST STE	406							impact
Detroit MI 48207	-			9,800				project
(9) DEVELOPING KID	S							Community
19321 W CHICAGO								impact
Detroit MI 48228				7,500				project
(10)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (F	orm 990) 2023	BLACK	LEADERS	DETROIT
	•				

84-2514445						
	0	1_1	2 5	1 /	A A	5

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide	the information r	equired in Part I, lin	e 2; Part III, columr	i (b); and any other add	itional information.

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

Department of the Treasury Internal Revenue Service

Name of the organization

BLACK LEADERS DETROIT

01. Amended return information

Return was amended to reflect update to functional expenses.

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

Director Kimberly Uhuru, is married to the CEO Leslie D. Dandridge

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

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

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

The governing body reviews the 990 prior to submission

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

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

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

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

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

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

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

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



Employer identification number 84-2514445