Form **990**

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.

Depa	rtment o	of the Treasury nue Service		Form990 for instructions and	•	•		Open to Public Inspection			
			ar year, or tax year beginning		ending						
	Check if pplicable	c Name o	f organization			D Employer ide	ntificati	on number			
	Addre	ss S.A.	Y. DETROIT								
	Name chang		usiness as			20-478	6626				
F	Initial return		and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone nur					
F	Final return	2083	6 TELEGRAPH ROAD	mvorou to otroot addresso;	Troom, care	313-99		00			
	termin ated		own, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		3,041,530.			
	Ameno	ded COTTIT	HFIELD, MI 48034	g p		H(a) Is this a grou	up returi				
	Applic		nd address of principal officer: MAR	K MENDELSOHN		for subordinates? Yes X No					
	pendir		AS C ABOVE			H(b) Are all subordinates included? Yes N					
1.7	Гах-ех	empt status: [X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	1		See instructions			
J١	Nebsi t	te: WWW.	SAYDETROIT.ORG			H(c) Group exem	ption nu	umber			
KF	orm of	organization:	X Corporation Trust A	ssociation Other	L Year	of formation: 200	6 м St	ate of legal domicile: MI			
Pa	art I	Summary									
a)	1		e the organization's mission or most								
Governance		NEEDIES	T CITIZENS THROUGH	SHELTER, FOOD,	MEDICA	L CARE, V	OLUN	TEER			
rne	2	Check this bo	x if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its ne	t assets				
ŏ.	3		ting members of the governing body	, , , , , , , , , , , , , , , , , , , ,			3	11			
ر ق	1 -		dependent voting members of the go				4	11			
Activities &			of individuals employed in calendar y				5	0			
ĭ₹			of volunteers (estimate if necessary)				6	500			
Act			d business revenue from Part VIII, co				7a	0.			
	b	Net unrelated	business taxable income from Form	990-T, Part I, line 11			7b	0.			
						Prior Year	_	Current Year			
ě	ı					4,848,03		2,756,652.			
Revenue	1	•				99,56	0.	0. 145,143.			
Re.			come (Part VIII, column (A), lines 3, 4				0.	-33,248.			
	1		e (Part VIII, column (A), lines 5, 6d, 8d			4,947,59		2,868,547.			
			- add lines 8 through 11 (must equal			764,75		570,037.			
	ı		milar amounts paid (Part IX, column (to or for members (Part IX, column (A				0.	0.			
	45					823,67		1,320,885.			
Expenses	162	Professional f	r compensation, employee benefits (i undraising fees (Part IX, column (A), l ing expenses (Part IX, column (D), lin	line 11e)			0.	0.			
en	h	Total fundrais	ing expenses (Part IX, column (D) lin	230 2	35.			<u> </u>			
Ĕ	17	Other expense	es (Part IX, column (A), lines 11a-11d	11f-24e)	551	1,269,84	9.	1,352,318.			
			es. Add lines 13-17 (must equal Part I			2,858,27		3,243,240.			
	1		expenses. Subtract line 18 from line			2,089,32		-374,693.			
or es			<u> </u>			ginning of Current Ye		End of Year			
Net Assets or	20	Total assets (F	Part X, line 16)			10,220,38		9,821,876.			
ASS	21	-	s (Part X, line 26)			170,69	2.	180,401.			
Net	22	Net assets or	fund balances. Subtract line 21 from	line 20		10,049,69	0.	9,641,475.			
Pa	art II	Signature	e Block								
Und	er pena	alties of perjury,	I declare that I have examined this return	, including accompanying schedule	s and stateme	ents, and to the best o	of my kno	owledge and belief, it is			
true	, correc	t, and complete	. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowledge.					
Sig	n	Signature of o				Date					
Her	е		NDELSOHN, CHIEF FI	NANCIAL OFFICER							
		Type or print n		T	1 -	Ooto I.		I DTIN			
	_	Print/Type pre		Preparer's signature		Date Chec		PTIN			
Paid			R. WRIGHT, CPA	DG				P00175481			
	arer	Firm's name	4 4 4 4	PC		Firm's EIN	<u>აგ</u> –	2656556			
use	Only	Firm's address	1301 W LONG LAKE TROY, MI 48098	KUAD, STE 200		Dhana	2/12	952-0200			
		1	INCI, MI HOUSO			i Pilotte 110.	440_	JJ4 U4UU			

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No

Form	1 990 (2022) S.A.Y. DETROIT 2	10-4786626 F	Page 2
Pai	rt 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 FUND TANGIBLE, TOUCHABLE PROJECTS TO HELP THE HOMELESS	IN THE	
	DETROIT AREA BY PROVIDING SHELTER, FOOD, MEDICAL CARE, VOL	UNTEER	
	EFFORTS, AND EDUCATION		
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 2	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 Z	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 mea	asured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t		
	revenue, if any, for each program service reported.	ne total expenses, and	
4a	1 (00 (63		١
4 a	REHABILITATING THE LIPKE CENTER IN DETROIT AND TURNING IT		, N
	S.A.Y. PLAY CENTER. THE S.A.Y. PLAY CENTER OFFERS EDUCATI		•
	ATHLETIC PROGRAMS TO STUDENTS AGED 8-18. STUDENTS MUST ME		
	ACADEMIC REQUIREMENTS IN ORDER TO PARTICIPATE IN THE ATHLE		2
	ACADEMIC REQUIREMENTS IN ORDER TO TARTICITATE IN THE ATHLE	IIC INOGNAME	<i>.</i>
	·		
	·		
	(Code:) (Expenses \$		
4b	(Code:) (Expenses \$470,631. including grants of \$) (Revenue \$ FUND OPERATIONS OF THE S.A.Y. DETROIT FAMILY HEALTH CLINIC		,
	NATION'S FIRST FULL-TIME MEDICAL CLINIC FOR HOMELESS CHILD	•	TD
	MOTHERS. PROVIDES A FULL-TIME DAY CARE CENTER FOR THE CHI		LK
	HOMELESS WOMEN WHO ARE IN TRANSITION OR SEARCHING FOR WORK		
	HOMELESS WOMEN WHO ARE IN TRANSITION OR SEARCHING FOR WORK	. •	
_	601 004 570 007		
4c	(Code:) (Expenses \$ 681,024. including grants of \$ 570,037.) (Revenue \$)
		WITH THE	
	ORGANIZATION'S MISSION.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses 2,752,318.	Form 99 () (0000)
		Form 930	• (ZUZZ)

Form 990 (2022) S.A.Y. DETROIT Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
	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		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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
h	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 asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the appropriation projection of the control of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 7 a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		_v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	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		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> X</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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			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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		37	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			\ _{3,7}
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			.
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		₩
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	, ,	32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		125
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-7		34	х	
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
-	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?	300		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
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	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		_	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
			$\Omega\Omega\Omega$	

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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,				110					
	filed for the calendar year ending with or within the year covered by this return	2a 0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur		2b							
			3a		х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x					
b	If "Yes," enter the name of the foreign country	,								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (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	ction?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any contributions that were not tax deductible as charitable contributions?		6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons 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 ser	vices provided to the payor?	7a		X					
			7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required								
	to file Form 8282?	1 1	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7e							
е	7, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,									
f	3 , 3 , 71 , 71 , 7 , 7 , 7 , 1									
_	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g 7h							
_										
8										
sponsoring organization have excess business holdings at any time during the year?										
	9 Sponsoring organizations maintaining donor advised funds.									
			9a 9b							
10	Section 501(c)(7) organizations. Enter:		90							
	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1							
11	Section 501(c)(12) organizations. Enter:	100	1							
	Gross income from members or shareholders	11a								
	Gross income from other sources. (Do not net amounts due or paid to other sources against		1							
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a							
	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	13b	_							
С	Enter the amount of reserves on hand	13c								
14a			14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune									
	excess parachute payment(s) during the year?		15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.				17					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17	l	I					

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If "Yes," complete Form 6069.

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S.A.Y. DETROIT Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line out, ob, or real below, about the directioned, proceeding, or charged on contention of			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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			
	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 on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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 one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	, , , , , , , , , , , , , , , , , , , ,	12a	X	
b	,	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	Х	77
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?		77	
a	The organization's CEO, Executive Director, or top management official	15a	X	37
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	46		v
_	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MI Outline 01014 and in the state of the stat	! >		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	avaılal	ые
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X 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	inand	ciai	
00	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 MARK MENDELSOHN - 313-993-4700			
	29836 TELEGRAPH ROAD, SOUTHFIELD, MI 48034			

Form **990** (2022)

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c , unle:	Pos heck i ss per	ition		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer B	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) RICHARD KELLEY	40.00	-		Х				140,769.	0.	0.
(2) MARC ROSENTHAL	20.00			^				140,769.	0.	0.
COO	20.00	1		х				0.	79,000.	0.
(3) MARK MENDELSOHN	10.00								,	
CONTROLLER				х				0.	21,000.	0.
(4) ROB ORLEY	1.00								-	
PRESIDENT		Х		Х				0.	0.	0.
(5) ARN TELLUM	1.00									
DIRECTOR		Х						0.	0.	0.
(6) CYNTHIA FORD	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(7) CHARLES ROTHSTEIN	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(8) DENNIS ARCHER	1.00	ļ								
DIRECTOR	1 00	Х	_					0.	0.	0.
(9) AL PAPA	1.00	.,								
DIRECTOR	1 00	Х						0.	0.	0.
(10) DAVID PROVOST	1.00	. ,		37					_	_
SECRETARY (11) CHAD AUDI	10.00	Х		Х				0.	0.	0.
DIRECTOR	10.00	Х						0.	0.	0.
(12) MITCH ALBOM	4.00	Λ	\vdash					0.	0.	0.
TREASURER	1.00	Х		Х				0.	0.	0.
(13) CARMEN HARLAND	1.00									•
DIRECTOR		х						0.	0.	0.
(14) BENJAMIN CARTER	1.00								<u> </u>	
DIRECTOR		Х						0.	0.	0.
										Form 990 (2022)

Form **990** (2022)

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Pai	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(C				(D)	(E)		(F)	
	Name and title	Average	(do		Posi		l than d	ne	Reportable	Reportable		Estimat	ed
		hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation		amount	of
		week	_	cer an	d a di	irecto	r/trus	iee)	from	from related		othe	
		(list any	rector						the	organizations		compens	
		hours for related	or dir	e e			ated		organization	(W-2/1099-MISC		from th	
		organizations	ustee	trust		gy.	bens		(W-2/1099-MISC/	1099-NEC)		organiza	
		below	ual tr	ional		ploye	t con		1099-NEC)		Ι.	and rela organizat	
		line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				Jigailizai	.10113
		<u> </u>	=	=	0	¥	工业	ш.			_		
		<u> </u>									-		
											_		
											_		
	Cultitatal	L				<u> </u>			140,769.	100,000	+		0.
10	Subtotal								0.): 		0.
С.	440 750 400 000								0.				
	Total (add lines 1b and 1c)								140,769.	100,000	<i>)</i> •		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			4
	compensation from the organization											1.,	1
												Yes	No
3	Did the organization list any former officer,	•		•	•	•	-	_		•			
	line 1a? If "Yes," complete Schedule J for s	uch individual									. 🗀	3	<u> </u>
4	For any individual listed on line 1a, is the su	•							•	•			
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J fo	or such individual			4	X
5	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes." com	nplete Schedule	e J f	or su	ıch r	oers	on .					5	X
Sec	tion B. Independent Contractors	•											
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt cc	ontra	actor	s th	at received more than \$	100,000 of comper	nsatio	n from	
	the organization. Report compensation for												
	(A)								(B)			(C)	
	Name and business	address	N	ONE	3				Description of s	ervices	Con	npensatio	on
								\dashv					
								\dashv					
								\dashv					
2	Total number of independent contractors (in	ncluding but n	ot lir	nited	to t	thos	e lis	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organization	zation				()						

Form **990** (2022)

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			Ctotomont of Povonus				20 4700	020 Fage 0
Pa	ιιV	Ш	_					
			Check if Schedule O contains a response	or note to any lin		(D)		
					(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
(2, (2)	-	_	Federated campaigns 1a					000110110 0 12 0 1 1
, Grants mounts	'				-			
يج ق			Fundraising events 1b	94,900.	-			
Contributions, Gifts, and Other Similar Ar			Related organizations 1d	J = 1 J O O •	-			
ig ig					-			
Sir			Government grants (contributions) All other contributions gifts grants and		-			
Ltic er		T	All other contributions, gifts, grants, and	661 752				
章				,661,752.	-			
o b		9	Noncash contributions included in lines 1a-1f		2,756,652.			
O a		n	Total. Add lines 1a-1f	Business Code	2,730,032.			
	_			Business Code				
Program Service Revenue	2	а						
er v		b						
n S		С						
Jrar Be		d						
Į.		е						
ъ.		f	All other program service revenue					
	_	g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter		145 142			145 143
			other similar amounts)		145,143.			145,143.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal	-			
			Gross rents 6a		-			
		b	Less: rental expenses 6b		-			
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other	-			
			assets other than inventory 7a		-			
		b	Less: cost or other basis					
ne			and sales expenses					
Revenue		С	Gain or (loss) 7c					
Be		d	Net gain or (loss)					
Other	8	а	Gross income from fundraising events (not					
₹			including \$ 94 , 900 . of					
			contributions reported on line 1c). See					
			Part IV, line 18	139,735.				
		b	Less: direct expenses 8t	172,983.				
		С	Net income or (loss) from fundraising events		-33,248.			-33,248.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	1				
		b	Less: direct expenses 9t					
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances10	а				
		b	Less: cost of goods sold 10	b				
			Net income or (loss) from sales of inventory					
			•	Business Code				
snc	11	а						
Miscellaneous Revenue		b						
ella		С						
<u> </u>			All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		2,868,547.	0.	0.	111,895.

Form 990 (2022) S.A.Y. DETROIT Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, 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	205 524	205 524		
	and domestic governments. See Part IV, line 21	395,524.	395,524.		
2	Grants and other assistance to domestic	454 540	454 540		
	individuals. See Part IV, line 22	174,513.	174,513.		
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	0.4.0 = 6.0		105 100	405 555
	persons described in section 4958(c)(3)(B)	240,769.		135,192.	105,577
7	Other salaries and wages	1,080,116.	1,035,728.		44,388.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	549.	549.		
С	Accounting	66,510.		66,510.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	88,565.	41,348.	47,217.	
12	Advertising and promotion	48,418.	29,407.		19,011.
13	Office expenses	13,904.	13,662.	242.	
14	Information technology	14,083.	3,876.		10,207
15	Royalties				
16	Occupancy	157,246.	157,246.		
17	Travel	3,597.			3,597.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	05 604	= 0 0= 0		
22	Depreciation, depletion, and amortization	85,601.	78,279.	7,322.	
23	Insurance	19,211.	18,044.	1,167.	
24	Other expenses. Itemize expenses not covered 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 0.)	225 200	225 200		
a	SPORTS AND EDUCATIONAL	335,288.	335,288.		
b	TRANSPORTATION	126,949.	126,949.		
C	OTHER SPECIAL PROJECTS	109,364.	109,364.		
d	FOOD	70,931.	70,931.	2 027	17 155
e		212,102.	161,610.	3,037.	47,455. 230,235.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	3,243,240.	2,752,318.	400,00/•	430,435
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 following SOP 98-2 (ASC 958-720)				
-	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022

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Par	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,472,156.	1	4,874,444.
	2	Savings and temporary cash investments			409,327.	2	409,357.
	3	Pledges and grants receivable, net		3,666,182.	3	2,808,383.	
	4	Accounts receivable, net		67,824.	4	42,490.	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns	35,000.	5	35,000
	6	Loans and other receivables from other disqual	ified pers	sons (as defined			
		under section 4958(f)(1)), and persons describe		6			
က္က	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	B ::			21,341.	9	30,797
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,904,381.			
	b	Less: accumulated depreciation	1,227,082.	10c	1,299,935		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line	310,000.	12	310,000		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	11,470.	15	11,470		
	16	Total assets. Add lines 1 through 15 (must equ			10,220,382.	16	9,821,876
	17	Accounts payable and accrued expenses		170,692.	17	180,401	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
န	22	Loans and other payables to any current or form	mer office	er, director,			
≝∣		trustee, key employee, creator or founder, subs	stantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ns		22	
-	23	Secured mortgages and notes payable to unrel	ated third	d parties		23	
	24	Unsecured notes and loans payable to unrelate	-			24	
	25	Other liabilities (including federal income tax, page 1)					
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D			150 600	25	100 101
	26	Total liabilities. Add lines 17 through 25			170,692.	26	180,401.
,		Organizations that follow FASB ASC 958, ch	eck here	X			
ĕ		and complete lines 27, 28, 32, and 33.			5 050 600		6 505 204
lal	27	Net assets without donor restrictions	5,950,693.	27	6,507,324.		
B	28	Net assets with donor restrictions	4,098,997.	28	3,134,151.		
<u> </u>		Organizations that do not follow FASB ASC 9	958, che	ck here			
느		and complete lines 29 through 33.					
<u>s</u>	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			10 040 600	31	0 641 485
<u>8</u>	32	Total net assets or fund balances			10,049,690.	32	9,641,475.
	33	Total liabilities and net assets/fund balances			10,220,382.	33	9,821,876.

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Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,86				
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,24				
3	Revenue less expenses. Subtract line 2 from line 1	3	-37				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,04	9,6	90.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8	-3	3,5	22.		
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	9,64	1,4	75.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2022)		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

st. Z. Open to Public

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

Inspection
Employer identification number

OMB No. 1545-0047

		Y. DETROIT						0-4786626
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The organ	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	າ 990).)				
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general į	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)				
9 🗌	An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	unction with a	land-grant	college
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
	university:							
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
	See section 509(a)(2). (Con	mplete Part III.)						
11 🔲	An organization organized a	and operated exclusi	vely to test for public saf	fety. See	section 50	09(a)(4).		
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	509(a)(3). (Check the box on
	lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
a		anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustee	es of the su	upporting
	organization. You must o	complete Part IV, Se	ections A and B.					
b _		anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving .
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	ported
	organization(s). You mus	t complete Part IV,	Sections A and C.					
с	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
_	its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.		
d L		integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)
	that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution red	quirement and	an attentiv	veness
_	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type I	I, Type III	
	functionally integrated, or	* *	nally integrated supporting	ng organiz	ation.			
	er the number of supported o	•						
	vide the following information (i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetany	(vi) Amount of other
	organization	(ii) Liiv	(described on lines 1-10	in your governi	ng document?	support (see in	,	support (see instructions)
			above (see instructions))	Yes	No	1		
Total								
								i .

Schedule A (Form 990) 2022 S.A.Y. DETROIT 20-4786

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2139308.	2909888.	3931655.	4785891.	2756652.	16523394.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2139308.	2909888.	3931655.	4785891.	2756652.	16523394.
	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)						1795087.
6	Public support. Subtract line 5 from line 4.						14728307.
	etion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	2139308.	2909888.	3931655.	4785891.		16523394.
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			972.	42.	205.	1,219.
9	Net income from unrelated business			3 ,20			
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	. (5						
11	Total support. Add lines 7 through 10						16524613.
	Gross receipts from related activities,	etc (see instructio	ine)			12	
	First 5 years. If the Form 990 is for th			ourth or fifth tax v	•		
	organization, check this box and stop	-					
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (li			olumn (f))		14	89.13 %
	Public support percentage from 2021					15	88.54 %
	33 1/3% support test - 2022. If the o					ore, check this bo	
	stop here. The organization qualifies						77
b	33 1/3% support test - 2021. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	•					,
	meets the facts-and-circumstances te			=		viriow and organiz	
h	10% -facts-and-circumstances test	-		*	-		
	more, and if the organization meets the	_					. = . • • •
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization			. ,			
	organizatio	c. c. look a l		, ,	, 200, 01		(Form 990) 2022

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

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

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
_	check this box and stop here						<u></u>
	ction C. Computation of Publi					Т	
	Public support percentage for 2022 (I		•	column (f))		15	<u>%</u>
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					ТТ	
	Investment income percentage for 20					17	<u>%</u>
18	, ,					18	<u>%</u>
19a	a 33 1/3% support tests - 2022. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the						
20	line 18 is not more than 33 1/3%, che						H

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 box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.)

	Yes	No
1		
2		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b	<u> </u>	Щ.

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	cupper and creations (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 line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		I I	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations			
	1011 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	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		
Sec	tion 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 how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The second second			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
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	20		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	2a		
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
a				
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		- 55		
_	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	g
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	rt V Type III Non-Functionally Integrated 5	609(a)(3) Supporting Organizations (continu	ued)	
Secti	tion D - Distributions	,		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	poses of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	<u></u>	4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	•	6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	ch the organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	tion E - Distribution Allocations (see instructions)	(i) (ii) (ii) Excess Distributions Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
		110 2022		711104111101 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-	-		
	able cause required - explain in Part VI). See instructions	S		
3	Excess distributions carryover, if any, to 2022			
<u>a</u>	From 2017			
<u>b</u>	From 2018			
<u> </u>	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
<u>i_</u>	Carryover from 2017 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result great	ter		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in	n		
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
88	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

S.A.Y. DETROIT

Employer identification number 20-4786626

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	 Complete if th 	е
	organization disenses to our our coo, raintry, mis	(a) Donor advi	sed funds	(b) Funds	and other accou	nts
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 w	vriting that the assets I	neld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control	>		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically imp	oortant land area	
	Protection of natural habitat		Preservation of	a certified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	bution in the form	of a conservation	easement on th	e last
	day of the tax year.			He	ld at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and	not on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ing the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	ervation easeme	nts during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	enforcing conservat	ion easements d	uring the year	
8	Does each conservation easement reported on line 2(d) above	, ,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization	's financial stateme	ents that describe	es the	
Da	organization's accounting for conservation easements.	Aut Historical To		O::I A		
Pal	organizations Maintaining Collections of		easures, or Ot	ner Similar A	ssets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	'				
	of art, historical treasures, or other similar assets held for publ			· ·	lic	
	service, provide in Part XIII the text of the footnote to its finance					
b	, ,					
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				\$_		
2	If the organization received or held works of art, historical trea			gain, provide		
	the following amounts required to be reported under FASB AS					
	, , , , , , , , , , , , , , , , , , , ,					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	hedule D (Form	990) 2022

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ay learning to expansization is acquisition, accession, and other records, check any of the following that make significant use of its collection froms (check all that apply): Public exhibition Gircholarly research Scholarly researc		t III Organizations Maintaining C	ollections of Art	, Historical Tr	easures, or	Other S	milar Asse	ets (continue	d)
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that	make signi	ficant use of it	ts	
b Scholarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collection and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collection's via exempt purpose in Part XIII. Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is it is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is it is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is it is the organization the arrangement in Part XIII and complete the following table: C Beginning balance Is it is organization to form 990, Part X, line 21, for escrow or custodial account liability? Is obstitutions during the year Is plainted by the year balance		collection items (check all that apply):							
b Scholarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collection and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collection's via exempt purpose in Part XIII. Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is it is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is it is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is it is the organization the arrangement in Part XIII and complete the following table: C Beginning balance Is it is organization to form 990, Part X, line 21, for escrow or custodial account liability? Is obstitutions during the year Is plainted by the year balance	а	Public exhibition	d	Loan or ex	change progra	ım			
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c	_		е						
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Forested an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1c Beginning balance 1c Beginning balance 1d Additions during the year 1e Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1a Seginning of year balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1a Beginning of year balance 3 Beginning of year balance 4 Distributions 5 No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization insvereed "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 5 No Contributions 6 No Contributions 6 No Contributions 6 No Contributions 7 No Form 990, Part IV, line 10. 8 Octobributions 9 Part XIII Check here if the explanation in answered Yes" on Form 990, Part IV, line 10. 9 Other expenditures for facilities and programs 1a Beginning of year balance 9 Proof of year balance 1b Permanent endowment 9 Part XIII Check here if the organization that are held and administered for the organization by: 1c Time and programs 9 Part Again the arrangement in Part XIII Check here if the explanation in that are held and administered for the organization by: 1c Time and program			-						
Segment Segm	_		allections and explain	how they further t	he organizatio	n's exemnt	nurnose in Pa	art XIII	
To be sold to raise funds rather than to be maintained as part of the organization's collection?								21 C 7(111.	
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X?	Ū							Yes	No
reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP Ves No	Pai								
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?				to ii tiio organizati	511 G115 W 51 5 G	100 011101	111 000, 1 4111	v,o o, o.	
on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a			ary for contribution	ns or other ass	ets not incl	ıded		
b If *Yes,* explain the arrangement in Part XIII and complete the following table: Complete Fire Fi								Yes	No.
Amount	h								
c Beginning balance 1c 1d		Too, explain the arrangement in rail Air Air	and complete the lone	owing table.				Amount	
d Additions during the year 1	_	Reginning balance					10		
e Distributions during the year 1									
f Ending balance	a								
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	e								
b If "Ves." explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a] Current year									—
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years b		-				•		Yes [No
	_								
Beginning of year balance	Pai	Endowment Funds. Complete i							
b Contributions			(a) Current year	(b) Prior year	(c) Two year	s back (d)	Three years ba	CK (e) Four yea	ars back
c Net investment earnings, gains, and losses d Grants or scholarships	1a								
Complete organization by: Complete organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if Part A	b	Contributions							
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С	Net investment earnings, gains, and losses							
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d	Grants or scholarships							
f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment	е								
f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment		and programs							
g End of year balance	f								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	а								
Board designated or quasi-endowment	_		ent vear end balance	(line 1a column (a)) held as:			•	
b Permanent endowment			one your one balance		2)) 1161d do.				
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other Other 67,318. 67,318. Other	h		%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) In a sa(iii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings c Leasehold improvements 4 Equipment 6 56 718 309 881 346 837 67 318 67									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings c Leasehold improvements d Equipment c Other Ot	C		, -						
Vest	2-		•	ion that are hald a	nd administar	ad for tha			
(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value Buildings c Leasehold improvements 1,180,345. 227,247. 953,098. d Equipment 656,718. 309,881. 346,837. e Other 67,318. 67,318.	Sa		ssion of the organizat	ion that are neid a	na administer	ed for the		Ve	e No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other (ii) Related organizations 3a(ii) 3b (d) Book value (d) Book value 11a. See Form 990, Part X, line 10. (d) Book value 12a. See Form 990, Part X, line 10. (d) Book value 13a. See Form 990, Part X, line 10. (d) Book value 15a. See		•							3 140
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings C Leasehold improvements d Equipment Other									
A Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings Land Buildings Leasehold improvements Leasehold improvements Equipment Other		(ii) Related organizations						3a(ii)	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	b							3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings 5 c Leasehold improvements 1,180,345. 227,247. 953,098. d Equipment 656,718. 309,881. 346,837. e Other 67,318. 67,318. 0.				ment funds.					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	Pai								
basis (investment) basis (other) depreciation 1a Land Buildings 227,247. 953,098. c Leasehold improvements 1,180,345. 227,247. 953,098. d Equipment 656,718. 309,881. 346,837. e Other 67,318. 67,318. 0.		Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a.	See Form 990	, Part X, line	10.		
b Buildings 1,180,345. 227,247. 953,098. c Leasehold improvements 656,718. 309,881. 346,837. e Other 67,318. 67,318. 0.		Description of property	1 ' '		I		 	(d) Book va	alue
b Buildings 1,180,345. 227,247. 953,098. c Leasehold improvements 656,718. 309,881. 346,837. e Other 67,318. 67,318. 0.	1a	Land							
c Leasehold improvements 1,180,345. 227,247. 953,098. d Equipment 656,718. 309,881. 346,837. e Other 67,318. 67,318. 0.	_								
d Equipment 656,718. 309,881. 346,837. e Other 67,318. 67,318. 0.	С			1,18	30,345.	22	7,247.	953,	098.
e Other 67,318. 67,318. 0.	_								
								<i>'</i>	
								1,299.	935.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 S.A.Y. DETRO	<u>' </u>	20	-4/86626 Page
Part VII Investments - Other Securities.	5 000 B + IV II	441.0.5.000.5.18.19	
Complete if the organization answered "Yes" o		T	-f
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)		<u> </u>	
(F) (G)		<u> </u>	
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
	(2) 20011 10.00	(c) meaned or variables in coord or one	
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	•		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		
2. Liability for uncertain tax positions. In Part XIII, provide t	,		nat reports the
organization's liability for uncertain tax positions under F			·

Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

				-	-	ion number
	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form	990-EZ filers a	re not
sed funds through any of the following solicitates for Solicitates for Special solicitates for oral agreement with any individual Part VII) or entity in connection with p	ation of ation of I fundra I (includ professi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes is to be	☐ No
e organization.						
(ii) Activity	have c	ustody itrol of	(iv) Gross receipts from activity	to (or retain fundrais	ed by) to (or	mount paid retained by) anization
	Yes	No				
	•					
		utions	or has been notified	it is exempt	from registration	n
	sed funds through any of the following e Solicitars of Solicitary Special solicitary special s	complete if the organization answered "Yrt. sed funds through any of the following active Solicitation of Solicitation of Solicitation of Special fundrator or oral agreement with any individual (include Part VII) or entity in connection with professividuals or entities (fundraisers) pursuant to se organization. (iii) Activity Yes	complete if the organization answered "Yes" or the funds through any of the following activities. It is sed funds through any of the following activities. It is sed funds through any of the following activities. It is sed funds through any of the following activities. It is sed funds activities. It is sed fundraising the solicitation of gover g Special fundraising or oral agreement with any individual (including of Part VII) or entity in connection with professional fundraiser have custody or contributions? (iii) Activity	Complete if the organization answered "Yes" on Form 990, Part IV, Int. sed funds through any of the following activities. Check all that apply. e Solicitation of non-government grants of Solicitation of government grants of Government grants of Solicitation of Government grants of Solicitation of Government grants of Government	Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form rt. sed funds through any of the following activities. Check all that apply. e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events or oral agreement with any individual (including officers, directors, trustees, or Part VII) or entity in connection with professional fundraising services? viduals or entities (fundraisers) pursuant to agreements under which the fundraiser organization. (iii) Activity (iii) Did International Contributions? Ves No Yes No	Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers and it. sed funds through any of the following activities. Check all that apply. e Solicitation of non-government grants f Solicitation of government grants g Special fundralising events or oral agreement with any individual (including officers, directors, trustees, or Part VII) or entity in connection with professional fundraising services? Yes viduals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be organization. (iii) Activity Yes No Yes No Yes No

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

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990-	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			EAT DETROIT			col. (c))
<u>o</u>			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	234,635.			234,635.
	2	Less: Contributions	94,900.			94,900.
	3	Gross income (line 1 minus line 2)	139,735.			139,735.
	4	Cash prizes				
S	5	Noncash prizes	4,762.			4,762.
xpense	6	Rent/facility costs	115,311.			115,311.
Direct Expenses	7	Food and beverages				
Ц	8	Entertainment				
	9	Other direct expenses	52,910.			52,910.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			172,983.
_	11	Net income summary. Subtract line 10 from li				-33,248.
Pa	ırt I		answered "Yes" on Form	ı 990, Part IV, line 19, or ı	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	Ī	(In) Dull tobo/instant		(d) Total gaming (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
		Cook wines				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	☐ No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	۰	Not gaming income summany Subtract line 7	from line 1 column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
		No," explain:				
	_					
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·	-	ear?	Yes No
b	lf "	Yes," explain:				
	_					
	_					

232082 10-27-22 Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022 S.A.Y. DETROTT 20-4	4 / O O	0 2 0	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:	1		
а	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
С	of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. Ш	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G (Form 990)	S.A.Y. DETROIT	20-4786626 Page 4
Schedule G (Form 990) Part IV Supplemental Info	rmation (continued)	·
	(** * * * * * * * * * * * * * * * * * *	
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization S.A.Y. DE	ጥ℞∩ፐጥ						Employer identification number 20-4786626
Part I General Information on Grants a							20 4700020
Does the organization maintain records or criteria used to award the grants or assist the Describe in Part IV the organization's process.	stance? ocedures for monit	oring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than S					anization answered "	Yes" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HUMBLE DESIGN 180 N. SAGINAW STREET PONTIAC, MI 48342	27-0410088	501(C)(3)	13,500.	0.			PROVIDE FURNISHING AND DESIGN SERVICES FOR FAMILIES TRANSITIONING OUT OF HOMELESS SHELTERS
LA SED, INC 4138 VERNOR HWY DETROIT, MI 48209	38-1892670		15,000.	0.			PROMOTE SOCIAL AND ECONOMIC DEVELOPMENT WITHIN THE HISPANIC COMMUNITY
COTS/BRIGHT BEGINNINGS 26 PETERBORO DETROIT, MI 48201	38-2420565	501(C)(3)	15,000.	0.			PROVIDE FUNDING FOR HOUSING AND COMPREHENSIVE SUPPORT SERVICES FOR BOTH HOMELESS INDIVIDUALS AND
COLLEGE FOR CREATIVE STUDIES 201 E. KIRBY DETROIT, MI 48202	38-1550064	501(C)(3)	45,000.	0.			DETROIT DREAMS SCHOLAR 4-YEAR SCHOLARSHIP
WESTSIDE CULTURAL & ATHLETIC CLUB 3748 W. HANCOCK STREET DETROIT, MI 48208	38-2554384	501(C)(3)	12,000.	0.			PROVIDE SUPPORT TO YOUTH AND COMMUNITY
MICHIGAN VETERANS FOUNDATION 4626 GRAND RIVER AVE. DETROIT, MI 48208	38-2857628	501(C)(3)	15,000.	0.			SUPPORT VETERANS
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in th	ne line 1 table				

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

<u>Schedule I (Form 990)</u> S.A.Y. DETROIT 20-4786626

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASS COMMUNITY SOCIAL SERVICES 11745 ROSA PARKS DETROIT, MI 48206	38-3429921	501(C)(3)	25,000.	0.			ASSIST TO BUILD APARTMENT BUILDING TO HOUSE HOMELESS
SASHA CENTER 701 MCDOUGALL STREET DETROIT, MI 48207	27-0526985	501(C)(3)	15,000.	0.			ASSIST IN PROVIDING EDUCTATION SUPPORT GROUPS TO SURVIVORS OF SEXUAL ASSAULT
HUGS FROM HEAVEN 15888 WYOMING STREET DETROIT, MI 48238		501(C)(3)	22,500.	0.			PROVIDE SUPPORT TO CHANGE THE NARRATIVE ECONOMICALLY, ACADEMICALLY, AND
DETROIT RESCUE MISSION 150 STIMSON STREET DETROIT, MI 48201	38-1459371	501(c)(3)	25,000.	0.			OPERATIONS OF HEALTH
NOTES FOR NOTES 1900 CHURCH STREET SUITE 300 NASHVILLE, TN 37203		501(c)(3)	10,000.	0.			SUPPORT YOUTH AND MUSIC
AVALON VILLAGE, INC. 24 AVALON HIGHLAND PARK, MI 48203		501(c)(3)	7,500.	0.			SUPPORT SUSTAINABLE ECO-VILLAGE BEING CONSTRUCTED
BUILDING BETTER MEN 2504 OAKMAN BOULEVARD DETROIT, MI 48238		501(c)(3)	15,000.	0.			SUPPORT THE ENHANCEMENT OF MENTAL, SOCIAL, AND ECONOMIC DEVELOPMENT OF YOUNG MALES
DETROIT TO NEPAL FOUNDATION 2035 BAYOU DRIVE WEST BLOOMFIELD, MI 48323		501(C)(3)	7,500.	0.			TO PROVIDE ASSISTANCE TO THE ORGANIZATION TO PROVIDE SUSTAINABLE SUPPORT TO GRASSROOTS,
DETROIT HIVES 12948 BRAMELL STREET DETROIT, MI 48223		501(C)(3)	7,000.	0.			TO PROVIDE ASSISTANCE TO THE PROGRAM IN PROVIDING SAFE HOMES FOR BEE COLONIES TO LIVE, FEED,

Schedule I (Form 990)

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Schedule I (Form 990) S.A.Y. DETROIT 20-4786626

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
SOULARDARITY 181 EAST BUENA VISA HIGHLAND PARK, MI 48203		501(C)(3)	10,000.	0.			TO PROVIDE ASSISTANCE IN SUPPORTING THE MISSION OF THE ORGANIZATION FOR A SOLAR FUTURE				
UNITED SISTER OF CHARITY 39831 COALPORT CLINTON TOWNSHIP, MI 48038		501(C)(3)	10,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION				
DETROIT CULTURE YOUTH COMPANY 21737 CUSHING AVENUE EASTPOINTE, MI 48021		501(C)(3)	7,500.	0.			TO SUPPORT THE MISSION OF THE YOUTH COMPANY				
CITY OF DETROIT - MANZ PLAYFIELD CONNOR STREET DETROIT, MI 48215		501(C)(3)	9,969.	0.			TO HELP REBUILD THE BALL FIELD FOR FUTURE USE				

Page 1

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOMES GIVEN TO VETERANS	2	174,513.	0.	OTHER	DONATED HOMES ARE REHABILITATED AND GIVEN TO VETERANS WHO ARE VETTED BY THE DRMM
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT	: COTS/BR	IGHT BEGIN	NINGS		
(H) PURPOSE OF GRANT OR ASSISTANCE	: PROVIDE	FUNDING F	OR HOUSING	AND	
COMPREHENSIVE SUPPORT SERVICES FOR	вотн ном	ELESS INDI	VIDUALS AN	D FAMILIES	
NAME OF ORGANIZATION OR GOVERNMENT	: HUGS FR	OM HEAVEN			
(H) PURPOSE OF GRANT OR ASSISTANCE	: PROVIDE	SUPPORT T	O CHANGE T	HE	
NARRATIVE ECONOMICALLY, ACADEMICAL	LY, AND S	SOCIALLY TO	DEVELOP L	IFE SKILLS	
THAT WILL ASSIST IN CREATING A THR	IVING LIF	E FOR FAMI	LIES		

SCHEDULE L

Department of the Treasury

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** S.A.Y. DETROIT 20-4786626 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved (i) Written (a) Name of (b) Relationship (c) Purpose (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? То From Yes No Yes No Yes No DETROIT WATER A 100% OWNTO HELP Х 35,000. 35,000 Х Х Х 35,000. Total **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (e) Purpose of (b) Relationship between (d) Type of assistance assistance assistance interested person and the organization

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

Schedule L (Form 990) 2022

SEE PART V FOR CONTINUATIONS

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's		
	person and the organization	transaction	transaction	Yes	nues?	
Part V Supplemental Information.						
	onses to questions on Schedule L (see i	nstructions).				
SCHEDULE L, PART II, LOANS	TO AND FROM INTERES	TED PERSONS	S:			
(A) NAME OF PERSON: DETROI						
(B) RELATIONSHIP WITH ORGA	NIZATION: 100% OWNED	BY SAY DET	TROIT			
(C) PURPOSE OF LOAN: TO HE	LP PAY COSTS FOR ORG	ANIZATION				

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

S.A.Y. DETROIT

Employer identification number 20-4786626

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EFFORTS, AND EDUCATION
FORM 990, PART VI, SECTION B, LINE 11B:
EXECUTIVE DIRECTOR AND CONTROLLER REVIEWED IRS FROM 990 BEFORE IT WAS FILED
FORM 990, PART VI, SECTION B, LINE 15A:
COMPENSATION OF THE EXECUTIVE DIRECTOR WAS DETERMINED BASED ON A
CONSERVATIVE ESTIMATE OF COMPARABLE COMPENSATION FOR A SIMILARY SITUATED
AND QUALIFIED INDIVIDUAL THAT WAS MADE BY A SUB-GROUP OF INDEPENDENT
OFFICER/DIRECTORS AND APPROVED BY OFFICERS OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 18:
IRS FORM 990 IS MADE AVAILABLE UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19:
ALL FORMS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Department of the Treasury Internal Revenue Service Name of the organization

S.A.Y. DETROIT

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

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2022

20-4786626

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o	l l	I		1)
Part II Identification of Related Tax-Exempt Organiz organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one	or more r	related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity			rolled ity?
	<u> </u>			501(c)(3))	-		Yes	No
HAVE FAITH HAITI MISSION SUPPORT TRUST - 85-0701574, 29836 TELEGRAPH ROAD, SOUTHFIELD, MI 48034	TO SUPPORT SAY DETROIT ACTIVITIES INCLUDING A NEW ORPHANAGE IN HAITI	MICHIGAN	501(C)(3)	T TAND 103 T	SAY DET	IDOT#		х
5001NF1ELD, M1 40034	ORPHANAGE IN HAIII	MICHIGAN	301(C)(3)	LINE 12A, I	SAI DEI	IROIT		

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	rolling Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) (f) (g) (h) Share of total income assets Share of end-of-year assets Yes N		ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership	
		country)		sections 512-514)		Yes	No	K-1 (Form 1065)	Yes N	0

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

(a)	(b)	(c)	(d)	ing (e) Type of entity (C corp, S corp, or trust)	Share of total income	(g) Share of end-of-year assets	(h)	((i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	entity				Percentage ownership		tion b)(13) rolled tity?
		country)						Yes	No
DETROIT WATER ICE FACTORY, INC 47-4204289	_								
29836 TELEGRAPH ROAD									
SOUTHFIELD, MI 48034	SALE OF GOODS	MI	SAY DETROIT	C CORP			100%		Х
	1								
]								
	1								
	1								
	1								

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

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									
b	Gift, grant, or capital contribution to related organization(s)				1b	Х				
С	Gift, grant, or capital contribution from related organization(s)				1c		Х			
	Loans or loan guarantees to or for related organization(s)					Х				
е	e Loans or loan guarantees by related organization(s)									
f	Dividends from related organization(s)				1f		X			
	g Sale of assets to related organization(s)									
	h Purchase of assets from related organization(s)									
	i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)							Х			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X			
	Performance of services or membership or fundraising solicitations for related organization(s)									
	m Performance of services or membership or fundraising solicitations by related organization(s)									
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o	Sharing of paid employees with related organization(s)				10		Х			
р	Reimbursement paid to related organization(s) for expenses				1p		Х			
	Reimbursement paid by related organization(s) for expenses						Х			
·										
r	Other transfer of cash or property to related organization(s)				1r		Х			
s Other transfer of cash or property from related organization(s)										
	If the answer to any of the above is "Yes," see the instructions for information on w									
(a) (b) (c) (d) Name of related organization Transaction type (a-s) Amount involved Method of determining amount										
1)	DETROIT WATER ICE FACTORY	В	310,000.	COST OF INVESTMENT						
2) :	DETROIT WATER ICE FACTORY	D	35,000.	COST BASIS						
3)										
4)										
5)										
6)										

Schedule R (Form 990) 2022 S.A.Y. DETROIT 20-4786626 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership
	1								