Click on the question-mark icons to display help windows. The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

► Go to www.irs.gov/Form990EZ for instructions and the latest information. A For the 2017 calendar year, or tay year beginning

-		2011 0010110	ar year, or tax year beginning	017, and ending			, 20	
В	B Check if applicable.		C Name of organization		D Emp	loyer ide	entification number	
H	Address		100 Black Men of Greater Detroit, Inc.			3	83124115	
H		e change Number and street (or P.O. box. if mail is not delivered to street address) Room				E Telephone number		
Ħ	Final retu	m/terminated	1 Ford Place		1	313	3-874-4811	
ŏ	Amended		City or town, state or province, country, and ZIP or foreign postal code		F Gro	up Exer	notion	
	Application	on pending	Detroit, MI 48202			nber >		
G	Accoun	ting Method:	✓ Cash	и			the organization is not	
	Website	e: > www	100blackmendetroit org					
JI	ax-exer	mpt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 4947(a)	(1) or 527			I-EZ, or 990-PF).	
		organization:			(1 01111 0	50, 550	LE, 01 330-F1).	
L	Add line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200 nor	or more or if tot	al accore			
(Pa	rt II, co	lumn (B) below	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	or more, or in tot	ai assets			
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bal	nnnn / th	· In-a	5		
		Check if	the organization used Schedule O to respond to any quest	ances (see the	Instru	ctions	for Part I)	
12	1	Contributio						
12	2	Program se	envice revenue including as	6 BK 34 B	15 15	1	132,578	
17	3	Membersh	ip dues and assessments		* P	2	0	
100		Investment	income		6 36	3	19.926	
	5a		unt from colo of seasts atherets		55 (18)	4		
	b	Less' cost	or other basis and sales expenses	5a				
	c	Gain or flor	or other basis and sales expenses	5b				
	6	Gamino an	ss) from sale of assets other than inventory (Subtract line 5b frod fundraising events	om line 5a)		5c	0	
	,							
9		\$15,000)	ome from gaming (attach Schedule G if greater than	5 4				
E a	b	Gross inco	mo from fundadata	6a				
Revenue		trom funds	me from fundraising events (not including \$	of contributio	ns			
Œ		sum of suc	aising events reported on line 1) (attach Schedule G if the the gross income and contributions exceeds \$15,000)			- 1		
	_			6b	12,135	7.5		
	d	Net incom	t expenses from gaming and fundraising events	6c	5.541			
		line 6c)	e or (loss) from gaming and fundraising events (add lines 6a	and 6b and su	btract			
	7-			7.7.7.8.8	(A)	6d	6,594	
	7a	Gross sale		7a				
	ь		of goods sold	7b				
	C	Gross profi	t or (loss) from sales of inventory (Subtract line 7b from line 7a			7c	0	
	8	Other rever	nue (describe in Schedule O)		2017	8	0	
_	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8 8 8 8 B	. >	9	159,098	
	10	Grants and	similar amounts paid (list in Schedule O)		540 54	10		
	11	Benefits pa	ild to or for members			11		
Expenses	12	Salaries, of	her compensation, and employee benefits 🔟			12	0	
en	13	Professiona	al fees and other payments to independent contractors			13	9,100	
άx	14	Occupancy	rent, utilities, and maintenance		a a	14	30,101	
ш	15	Printing, pu	blications, postage, and shipping	* * * * * *	4 2	15	1,150	
	16	Other expe	nses (describe in Schedule O) 🌃			16	124,632	
_	17	Total expe	nses. Add lines 10 through 16			17	164,983	
ts	18	LACESS OF	dericit) for the year (Subtract line 17 from line 9)			18	(5.885)	
Se	19	ivel assets	or fund balances at beginning of year (from line 27 column	(A)) (must agree	e with		(3,005)	
Net Assets	Lacra	enu-bi-yea	rilgure reported on prior year's return)	* * * * *	12 2	19	163,010	
Vet	20	Other chan	ges in net assets or fund balances (explain in Schedule O)			20	163,010	
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	A 10 10 10 14		21		
For	Paper	work Reducti	on Act Notice, see the separate instructions.			21	157,125	

Part		anization used 5	schedule O to	respond to a	ny question in	this F	Part II			
	Check if the org	jurnication acca o					101.0			
22 (Cash savings and in	vootmants				-	(A) Beginning of year	-	_	End of year
	Cash, savings, and in						134,0	50 2	2	142,600
	Land and buildings .			eemga		. L		0 2	3	(
	Other assets (describ	e in Schedule O)	79 20 12 10 1	8 - 45 /WC 24 1 W			28,9	60 2	4	14,52
	Total assets	* * * * * *					163,0	10 2	5	157,125
	Total liabilities (desc							0 2	6	-
27 1	Net assets or fund b	alances (line 27 o	of column (B) r	nust agree wit	th line 21) .	. [163,0	_	_	157.12
Part II	Statement of F	Program Service	Accomplish	ments (see the	he instructions	for P		-	_	
	Check if the or	ganization used S	Schedule O to	respond to a	inv question in	this !	Part III		E	xpenses
Vhat is	the organization's pr	imary exempt puri	pose? Men	toring including	financial education	on & H	ealth & Wellness		Require	ed for section
Describ is mea persons	be the organization's asured by expenses. s benefited, and other	program service a In a clear and co r relevant informati	accomplishme oncise manne tion for each p	ents for each of er, describe the program title.	of its three larg	est no	maram services) and 501(c)(4) ations; optional fo
28 H	lealth & Wellness - include	des heath screenings	s, prostrate awa					-		
E 70	@	***************************************	·····					-		
	Grants \$) If this	s amount inclu	ides foreign gr	ants, check her	re .	▶ 🗆	2	8a	11.83
29 P	roject Success - mentor	ng young men in mid	ddle/high schoo	Includes tutor	ing, business lea	dership	and conflict			
re	esolution									
***		***************************************					***************************************			
	Grants \$) If this	s amount inclu	ides foreign gr	ants, check her	re .	> [2	9a	93.25
30 F	inancial education progr	am - financial literacy	y in schools and	in the communi	ity			-		
550										
(G	Grants \$				ants check her	re		1 2	100	10.53
) If this	s amount inclu	ides foreign gr	ants, check he			3	0a	19,53
31 01	ther program services) If this s (describe in Sche	s amount inclued	ides foreign gr		ar n	* * * * * *			19,53
31 Of	ther program services Grants \$) If this s (describe in Sche	s amount incluedule O) .	ides foreign gr	ants check her	ne .		3	1a	
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31 Ot (G 32 To	ther program services Grants \$ otal program service V List of Officers, I) If this s (describe in Sche) If this e expenses (add lin Directors, Trustees	s amount incluedule O) s amount incluines 28a throus, and Key Emp	ides foreign gr ides foreign gr igh 31a)	ants, check her	re .	pensated—see th	3	11a	124 63
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Milliam Ford F Kevin C Ford F Antione Ford F Dennis I	ther program services Grants \$ otal program services List of Officers, I Check if the org (a) Name E Luse - Presodent Place, Detroit, MI 48202 Claxton - Vice President Place Detroit, MI 48202 List Specific MI 48202 Williams - Secretary Place, Detroit, MI 48202 Williams - Secretary Place, Detroit, MI 48202) If this is (describe in Sche) If this expenses (add lin Directors, Trustees ganization used S and title	s amount incluedule O) s amount incluines 28a throus, and Key Employment incluines 28a throus, and Key Employment incluines 28a throus, and Key Employment incluing including in	ides foreign gr ides foreign gr igh 31a) ployees (list each prespond to a (b) Average nours per week voted to position 8 8	ants, check here on one even if no ony question in (c) Reportation compensation (Forms W-2/1099	t comp t this l this l this l this l on l-MISC) er -0-1	pensated — see the Part IV (d) Health beneficontributions to employment plans, and deferred compens	3 ae inst	11a 32 tructio	124,632
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Milliam Ford F Gevin C Ford F Pennis N Ford F	ther program services Grants \$ otal program services List of Officers, I Check if the org (a) Name E Luse - Presodent Place, Detroit, MI 48202 Claxton - Vice President Place Detroit, MI 48202 List Specific MI 48202 Williams - Secretary Place, Detroit, MI 48202 Williams - Secretary Place, Detroit, MI 48202) If this is (describe in Sche) If this expenses (add lin Directors, Trustees ganization used S and title	s amount incluedule O) s amount incluines 28a throus, and Key Employment incluines 28a throus, and Key Employment incluines 28a throus, and Key Employment incluing including in	ides foreign gr ides foreign gr igh 31a) ployees (list each prespond to a (b) Average nours per week voted to position 8 8	ants, check here on one even if no ony question in (c) Reportation compensation (Forms W-2/1099	t comp t this l this l this l this l on l-MISC) er -0-1	pensated — see the Part IV (d) Health beneficontributions to employment plans, and deferred compens	3 ae inst	11a 32 tructio	124,632

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s in th	ne	age (
	, and the second of the second to any question in this	o r ait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		165	140
	detailed description of each activity in Schedule O	33		,
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		~
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		V
ь	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		V
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		-
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	300		
	during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	-	100000	000
ь	Did the organization file Form 1120-POL for this year?	37b	Consultation of	~
88a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	0.0	V. (C. (1))	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	DATE OF THE OWNER,	-
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved			0000
39	Section 501(c)(7) organizations. Enter:		9000	
а	Initiation fees and capital contributions included on line 9			
ь	Gross receipts, included on line 9, for public use of club facilities	1		
l0a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912	40b		-
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T			
1	List the states with which a copy of this return is filed ▶ MI	40e		V
2a	The proprietable books are in core of b. Despit M. Forman	249.60	2 254	
	Located at ► 1432 Oakmont Ct Lake Orion ZIP + 4 ►	248-69	362	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority, over	400	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial, account)?	42b	165	V
	If "Yes," enter the name of the foreign country: ▶	720	arous a	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶	42c		V
3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		, 1	- [
		_	Yes	No
4a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		165	NO
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		_
C	Did the organization receive any payments for indeed to allow to allow the property of the pro	44b		~
	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Sahadrida O	44c		V
्य	explanation in Schedule O	A DOOR		WW
5a		44d		~
ь	Did the organization receive any payment from or engage is any tessession 512(b)(13)?	45a		V
ST.	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).			
	- the first of the	45h		

							Yes	No
16	Did the organization engage, directly or in	idirectly, in political of	campaign activities or	behalf of o	r in opposit	ion		
art V	to candidates for public office? If "Yes," of Section 501(c)(3) organizations	complete Schedule C	Parti			. 46		~
ant			entions 47 40h	FO				
	All section 501(c)(3) organization 50 and 51.	s must answer que	stions 47-49b and	52, and co	implete the	e tables f	or line	S
	Check if the organization used Sch	nedule O to respon	to any question in	this Doct VII				
	one of the organization association	reduce o to respon	a to any question in	ITIIS PAIT VI				~
17	Did the organization engage in lobbying	activities or have a	section 501(h) election	on in effect	during the	tav [Yes	No
	year? If "Yes," complete Schedule C, Par		Section Serving Clock			. 47		
18	is the organization a school as described in					48		-
19a	Did the organization make any transfers to	o an exempt non-cha	aritable related organi	zation?		49a		~
b	If "Yes," was the related organization a se	ection 527 organizati	on?			49h		V
50	Complete this table for the organization's	five highest comper	sated employees (ot)	ner than offic	ers directo	ors truste	es, and	key
	employees) who each received more than	\$100,000 of compe	nsation from the orga	inization. If t	here is non	e, enter "N	lone."	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions benefit plans,	benefits, to employee and deferred insation	(e) Estimate other con		
_				-				

	Total number of other employees paid ov		•					
1	Complete this table for the organization'	s five highest comp	ensated independent	t contractors	s who each	received	more	than
51	Total number of other employees paid ov Complete this table for the organization' \$100,000 of compensation from the orga	s five highest comp	ensated independent one, enter "None."	t contractors	s who each	received	more	than
51	Complete this table for the organization'	s five highest comp inization. If there is n	ensated independent one, enter "None."			received		than
51	Complete this table for the organization' \$100,000 of compensation from the organization	s five highest comp inization. If there is n	one, enter "None."					than
51	Complete this table for the organization' \$100,000 of compensation from the organization	s five highest comp inization. If there is n	one, enter "None."					than
51	Complete this table for the organization' \$100,000 of compensation from the organization	s five highest comp inization. If there is n	one, enter "None."					than
51	Complete this table for the organization' \$100,000 of compensation from the organization	s five highest comp inization. If there is n	one, enter "None."					than
51	Complete this table for the organization' \$100,000 of compensation from the organization	s five highest comp inization. If there is n	one, enter "None."					than
51	Complete this table for the organization' \$100,000 of compensation from the organization	s five highest comp inization. If there is n	one, enter "None."					than
51	Complete this table for the organization' \$100,000 of compensation from the organization	s five highest comp inization. If there is n	one, enter "None."					than
51	Complete this table for the organization' \$100,000 of compensation from the organization	s five highest comp inization. If there is n	one, enter "None."					than
51	Complete this table for the organization' \$100,000 of compensation from the organization	s five highest comp inization. If there is n	one, enter "None."					than
51	Complete this table for the organization' \$100,000 of compensation from the orga (a) Name and business address of each independent	s five highest comp inization. If there is n dent contractor	(b) Type of ser					than
51 d	Complete this table for the organization' \$100,000 of compensation from the orga (a) Name and business address of each independent Total number of other independent contra	s five highest comp inization. If there is n dent contractor	one, enter "None." (b) Type of ser	vice	(c)	Compensati		than
d 52	Complete this table for the organization' \$100,000 of compensation from the orga (a) Name and business address of each independent Total number of other independent contra Did the organization complete Schedu	s five highest comp inization. If there is n dent contractor	one, enter "None." (b) Type of ser	vice	(c)	Compensati		than
d d 52	Complete this table for the organization's 100,000 of compensation from the orga (a) Name and business address of each independent contract of the organization complete Scheducompleted Schedule A	s five highest compunization. If there is nuterior dent contractor dent contra	(b) Type of ser	vice Anizations in	(c)	Compensation a	on	
d d	Complete this table for the organization' \$100,000 of compensation from the orga (a) Name and business address of each independ Total number of other independent contra Did the organization complete Schedu completed Schedule A nalties of perjury, I declare that I have examined this of	s five highest companization. If there is no dent contractor d	one, enter "None." (b) Type of ser over \$100,000 ection 501(c)(3) organization	vice ▶ anizations in	nust attach	Compensation a	on	
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d d 22	Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independent (a) Name and business address of each independent contract of the organization complete Scheducompleted Schedule A nalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than Signature of officer	s five highest companization. If there is no dent contractor d	one, enter "None." (b) Type of ser over \$100,000 ection 501(c)(3) organization	vice ▶ anizations in	nust attach	Compensation a	on	
d 2 der pe e, com	Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independent (a) Name and business address of each independent contraction of prepared to the organization complete Schedule A natties of perjury, I declare that I have examined this rect, and complete. Disclaration of preparer (other than	s five highest companization. If there is no dent contractor d	one, enter "None." (b) Type of ser over \$100,000 ection 501(c)(3) organization	anizations n	nust attach	Compensation a	on	
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d d 552	Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independent (a) Name and business address of each independent contral to the organization complete Schedule A (b) Inalties of perjury, I declare that I have examined this rect. and complete Declaration of preparer (other than signature of officer (b) Kevin Claxton - Vice President (Type or print name and title (Print/Type preparer's name (item)).	s five highest companization. If there is no dent contractor dent dent dent dent dent dent dent dent	one, enter "None." (b) Type of ser over \$100,000 ection 501(c)(3) organizing schedules and statemormation of which preparer	anizations notes any knowled bas any knowled bat atte	nust attach	T a Yes nowledge and	on	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

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

OMB No. 1545-0047 2017

Open to Public

Internal Revenue Service Inspection Name of the organization Employer identification number 100 Black Men of Greater Detroit, Inc. 38-3124115 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. ☐ Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (iii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions instructions) Yes No (A) (B) (C) (D) (E)

Total

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.)

Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 237,232 132,320 184,031 159,047 159,098 871,728 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Secti	on A. Public Support			m, picase co	inpicto i art i	1.)	
1 Gifts, grants, contributions, and membeship fees received. [On on tricules ary rususal grants.] 2 Giross receipts from admissions, mechanices sold or services performed, or facilities furnished in any activity that is related to the grants received. [On on one of the grants received from the execution [13] and unrelated triangle is accessing from activities that are not an unrelated triangle is accessing from activities that are not an unrelated triangle is accessing from activities that are not an unrelated triangle is accessing from activities that are not an unrelated triangle in the proper of the organization without charge. 4 Tax revenues levied for the organization or expended on its behalf or expended on its	Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
2 Gross receipts from admissions, merchandises sold or services performed, or facilities furnished in any activity that is related to the organization's bare-erise purpose. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on its behalf or expended on its behalf or the organization without charge. 5 The value of services or facilities furnished by a governmental unit to the organization of the organization, check this box and stop here or not the business is regularly carried on 153 to 14 (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 237.732 132.330 184.031 159.047 159.098 871.728 (a) 237.232 132.330 184.031 159.047 159.098 871.728 (a) 237.232 132.330 184.031 159.047 159.098 871.728 (c) 237.232 132.330 184.031 159.047 159.09	1					(-/ /	(0) 2011	(i) rotal
2 Gross receipts from admissions, merchandise sold or services performed. or facilities furnished in any activity that is related to the odd of the composition and the enempt proces. 3 Gross receipts from activities that are not an unrelated make of business under section 513 4 Tax revenues levied for the organization of the organization. Proceedings of the organization. Proceedings of the organization. Proceedings of the organization without charge. 5 The value of services or facilities furnished by a governmental unit to the organization. Proceedings of the organization. Proceedings of the organization of the organization of the organization. Proceedings of the organization of the organization of the organization of the organization. Proceedings of the organization of the organization of the organization. Proceedings of the organization of the organization. Proceedings of the organization of the organization of the organization. Proceedings of the organization of the organization of the organization. Proceedings of the organization of the organization of the organization. Proceedings of the organization of the organization of the organization. Proceedings of the organization of the organization of the organization of the organization. Proceedings of the organization of the organization of the organization of the organization. Proceedings of the organization of the organization. Proceedings of the organization organization of the organization organization of the organization of the organization of the organization organization of the organization organization organization organization organization organization organization organizatio		received. (Do not include any "unusual grants.")	237,232	132,320	184,031	159.047	159.098	871 728
3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7a Amounts included on lines 2, 2, and 3 received from disqualified persons b Amounts included on lines 2, 2, and 3 received from other than disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2	sold or services performed, or facilities furnished in any activity that is related to the	0	0.				
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	3	Gross receipts from activities that are not an	0				35-	- 0
The value of services or facilities furnished by a governmental unit to the organization without charge	4	organization's benefit and either paid to						0
Total. Add lines 1 through 5 . Amounts included on lines 2 and 3 received from disqualified persons b. Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c. Add lines 7a and 7b . Public support. (Subtract line 7c from line 6.] Section B. Total Support Calendar year (or fiscal year beginning in) ▶ [a) 2013	5	furnished by a governmental unit to the	0	0	0	0		0
Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year C. Add lines 7a and 7b. Amounts from line 6. Brotic support. (Subtract line 7 of from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 3ayments received on securities loans, rents, royalties, and income from similar sources. D Unrelated business taxable income (less section 511 taxes) from businesses accounted after June 30, 1975. C Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Total. Add lines 1 through 5	237,232	132,320	184,031	159.047		871 728
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, shock this box and see line 14.	ь	33'/3% support tests - 2016. If the organiza	ation did not ch	eck a box on li	ne 14 or line 19	a and line 16	is more than 33	11 n 04 n n d
	20	Private foundation. If the organization did	not check a h	ox on line 14	19a or 10b of	as a publicly su	pported organiz	ation •

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

100 Black Men of Greater Detroit, Inc.

Schedule of Contributors

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

Employer identification number

38-3124115

Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	100 Black Men of America 141 Auburn St Atlanta, GA 30303	\$ 36,500	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	One Energy Plaza Detroit, MI 48265	\$ 28,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	General Motors 300 Renaissance Center Detroit, MI 48265	\$\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Comcast 1701 JFK Blvd Philadelphia, PA 19103	\$ 15,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Ally Financial 200 Renaissance Center Detroit, MI 48265	\$ 10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Blue Cross Blue Shield of Michigan 600 Lafayette East Detroit, MI 48226	\$ 10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate co	ppies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Advance America 8951 Woodbury Laingsbury, MI 48848	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Health Alliance Plan 2850 West Grand Blvd Detroit, MI 48226	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	P O Box 1758 Dearborn, MI 48121	\$ 5000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
******		s	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
100 Black Men of Greater Detroit, Inc	38-3124115
Form 990EZ - Line 14 @ \$30,101 represents bank fees, national membershi	p fees, general insurance, conference fees, travel to conferences and
conference expenses, hotel accomodations plus membership and board mea	
The place membership and board me	113.
Form 990EZ - Line 16 @ \$124.632 represents program expenses as noted o	n Page 2 of Form 990EZ
Form 990EZ - Line 24 @ \$14,525 represents receivables for membership du	es.
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