For Paperwork Reduction Act Notice, see the separate instructions.

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.

DLN: 93493089005141 OMB No. 1545-0047

Open to Public

Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 D Employer identification number B Check if applicable: DETROIT ECONOMIC GROWTH ASSOCIATION ☐ Address change 38-2433720 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 500 GRISWOLD NO 2200 ☐ Amended return ☐ Application pending (313) 963-2940 City or town, state or province, country, and ZIP or foreign postal code DETROIT, MÍ 482263480 G Gross receipts \$ 8,243,965 Name and address of principal officer: H(a) Is this a group return for **KEVIN JOHNSON** □Yes ☑No subordinates? 500 GRISWOLD NO 2200 H(b) Are all subordinates DETROIT, MI 482263480 ☐ Yes ☐No included? **✓** 501(c)(3) 501(c)() **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.DEGC.ORG L Year of formation: 1982 M State of legal domicile: MI K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities: PROMOTE ECONOMIC GROWTH IN THE CITY OF DETROIT Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . 36 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 5,895,775 8,236,273 Ravenue 9 Program service revenue (Part VIII, line 2g) . 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12,492 7,652 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 35 40 5,908,302 8,243,965 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 2,049,097 3,278,846 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 Expenses 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 4,135,082 5,683,924 6,184,179 8,962,770 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . -275,877 -718,805 Net Assets or Fund Balances Beginning of Current Year **End of Year** 6,758,942 6,734,977 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 917,189 1,612,029 5,122,948 5,841,753 22 Net assets or fund balances. Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here KEVIN JOHNSON PRESIDENT AND C.E.O Type or print name and title Print/Type preparer's name Preparer's signature Check \square if P00966144 Paid self-employed Firm's name FGEORGE JOHNSON & COMPANY Firm's EIN > 38-2029668 Preparer Use Only Firm's address ▶ 1200 BUHL BUILDING 535 GRISWOLD Phone no. (313) 965-2655 DETROIT, MI 482263689 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions)

Cat. No. 11282Y

Form 990 (2019)

| Form | 990 (2019) | | | | | Page 2 |
|------|------------------------|--------------------------|-----------------|------------------------------|-----------------------------------|-------------------|
| Pa | rt III Statement | of Program Service | e Accomplis | hments | | _ |
| | Check if Sche | dule O contains a respo | onse or note to | any line in this Part III . | | <u> </u> |
| 1 | Briefly describe the o | organization's mission: | | | | |
| PRO | MOTION OF ACTIVITIES | S TO SPUR ECONOMIC | GROWTH AND I | REVITALIZATION IN THE | CITY OF DETROIT | |
| | | | | | | |
| 2 | Did the eventianties | undortalio any cignifica | ent neggene cor | vices during the year wh | ich ware net lieted en | |
| 2 | - | · - | | vices during the year whi | | ☐ Yes ☑ No |
| | | ese new services on Sch | | | | Lifes Life |
| 3 | | | | changes in how it conduc | rts, any program | |
| _ | services? | | | | | ☐ Yes ☑ No |
| | | ese changes on Schedu | e O. | | | |
| 4 | | - | | nts for each of its three la | argest program services, as measu | ired by expenses. |
| | Section $501(c)(3)$ an | | | | | |
| | expenses, and reven | ue, if any, for each pro | gram service re | ported. | | |
| 4a | (Code: |) (Expenses \$ | 8,498,334 | including grants of \$ | 3,278,846) (Revenue \$ |) |
| | See Additional Data | | | | | · |
| | | | | | | |
| 4b | (Code: |) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
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| | | | | | | |
| 4c | (Code: |) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
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| | - | | | | | |
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| | | | | | | |
| 4d | Other program servi | ces (Describe in Sched | ule O.) | | | |
| - | (Expenses \$ | • | uding grants of | \$ |) (Revenue \$ |) |
| 4e | Total program serv | vice expenses ▶ | 8,498,3 | 34 | | |

| orm | 990 (2019) | | | Page 3 |
|-----|---|-----|-----|--------|
| Par | 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 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | No |
| 5 | Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D.</i> Part 90 | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | | No |
| | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | | | |
| 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 | Yes | |
| 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 | | No |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2 | 11c | | No |
| | 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 3 | 11d | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 | 11e | | No |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | Yes | |
| | 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 | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |

Nο

15

| Form | 990 (2019) | | | Page 4 |
|------|--|-----|-----|---------------|
| Par | Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | _ |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| Pa | Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Vec | Nο |

1a

1b

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

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

38

0

1c

Yes

| Par | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | |
|-----|--|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | No |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | No |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| | Gross income from members or shareholders | | |
| U | against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | |
| | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | |
| | Enter the amount of reserves on hand | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess | 14b | |
| | parachute payment(s) during the year? | 15 | No |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | No |

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|-----|--|------------|-----------|---------------|
| Pai | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI | " resp | onse to l | ines 🔽 |
| Se | ction A. Governing Body and Management | | | |
| | Established with a security of the conversion basis of the condition of the formation of the condition of th | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 37 | - | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 36 | | | |
| 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 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 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 | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 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 in Schedule O | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu | e Code | e.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | No |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | No |
| b | Other officers or key employees of the organization | 15b | | No |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Se | ction C. Disclosure | | ı | |
| 17 | List the states with which a copy of this Form 990 is required to be filed▶ MI | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: •GLEN W LONG JR 500 GRISWOLD SUITE 2200 DETROIT, MI 482263480 (313) 963-2940 | | | |
| | 2 | | orm 004 | 1 (2010) |

| 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. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (C) Average hours per week (list any hours per week list any hours per week lis | Form 990 (2019) | | | | | | | | | | | Pag | ge 7 |
|--|--|---|-----------------------------------|--------------------------|-------------------------------|-------------------------|------------------------------|--------|--|---|--|-----------------------------------|-------------|
| As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o | | | Truste | es, I | Key | En | nploy | ees | , Highest Comp | ensated Employ | yees, | | |
| La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization | Check if Schedule O contains a | response or no | te to an | y line | in t | his | Part VI | ١. | | | | . [| |
| ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization 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. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi | Section A. Officers, Directors, Tru | istees, Key E | mploy | ees, | an | d H | lighe | st C | Compensated En | nployees | | | |
| ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization | year. | | • | | | | | | , , | | - | n's ta | Κ |
| List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee. | of compensation. Enter -0- in columns (D), (| E), and (F) if no | compe | nsati | on w | /as | oaid. | | ., | | | | |
| who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n | | | | | | | | | | | | | |
| ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations. | | | | | | | | | | | | | |
| Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above. | of reportable compensation from the organiz | ation and any re | elated o | rgani | zatio | ons. | | | . , | · | · | | |
| (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations) | organization, more than \$10,000 of reportab | le compensatio | n from t | | | | | | | | Э | | |
| Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer | Check this box if neither the organizatio | n nor any relate | d organ | nizatio | on co | omp | ensate | d ar | ny current officer, di | rector, or trustee. | | | |
| it steed | | Average hours per week (list any hours | than o is b | ne bo oth a direct | o no ox, u n of or/t | t che inles ficer | s pers | on | Reportable compensation from the organization | Reportable compensation from related organizations | Estimated amount of o compensat from the organization related | nated of oth nsation the | n |
| See Additional Data Table | | organizations below dotted | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | ` ' | | ated | |
| | See Additional Data Table | | | | | | | | | | | | |
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| Form 990 (2019) | | | | | | | | | | | | | Page 8 |
|--|---|-----------------------------------|--|--------------------------|--------------------------|------------------------------|----------------|-------------------------------------|------------------------|---|-------|---|---------------|
| Part VII Section A. Officers, Direct (A) Name and title | (B) Average | | | (C) |) | eck mo | | hest Comp (D Report |) | d Employees ((E) Reportable | cont. | <i>inued)</i> (F) Estima | |
| | hours per week (list any hours for related | than o | one bo | ox, u an off tor/t | unles fficer trust | ss pers | son a | compen from organiz (W-2/1 | sation the ation | compensatior from related organizations (W-2/1099- | | amount of other compensation from the organization and | |
| | organizations below dotted line) | Individua or direct | MISC) Former Highest comp employee Cofficer Institutional Tue | | | | | related organizations | | | | | |
| | | Individual trustee or director | Institutional Trustee | | oloyee | Highest compensated employee | | | | | | | |
| See Additional Data Table | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| Al Cub Tabel | | | | | | | | | | | | | |
| 1b Sub-Total | art VII, Section | | | | | • | | | | 604.41 | | | 100 703 |
| d Total (add lines 1b and 1c) | | | | | | ▶ e) who | | eived more | 0 than \$1 | 604,41 | 4 | | 109,792 |
| of reportable compensation from the | | | | | | | | | vira | | | Yes | No No |
| 3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i> | | | ee, k | ey e | mpl | oyee, | or hi | ghest comp | ensated | employee on | 3 | | No |
| 4 For any individual listed on line 1a, is organization and related organization individual | | | | | | | | | | n the | 4 | Yes | |
| 5 Did any person listed on line 1a receive services rendered to the organization | | | | | | | | | on or indi | vidual for | 5 | | No |
| Section B. Independent Contract | | | | | | | | | | 1100 000 -6 | | | |
| Complete this table for your five high- from the organization. Report comper | nsation for the c | | | | | | | | | ı's tax year. | npen | | |
| | (A) and business addre | ess | | | | | | | | (B) ription of services | | (C Compen | sation |
| GROUNDSWELL PO BOX 281 LAHASKA, PA 189310281 | | | | | | | | cc | DNSTRUCT | TON | | 1, | .313,508 |
| WCI CONTRACTORS INC 20210 CONNER | | | | | | | | cc | ONSTRUCT | TON | | | 874,672 |
| | | | | | AΓ | OMINISTRA | ATIVE SERVICES | | | 636,720 | | | |
| 500 GRISWOLD DETROIT, MI 482263480 SMITHGROUP | | | | | | | | CC | ONSTRUCT | TON | | | 418,076 |
| 500 GRISWOLD SUITE 1700 DETROIT, MI 482263480 PERKINS WILL | | | | | | | | CC | ONSULTIN | G | | | 195,346 |
| PO BOX 71181 CHIGAGO, IL 606941181 2 Total number of independent contractor | es (including but | t not lim | ited (| to th | 2058 | listed | 3h0) | (a) who rec | raived mo | era than ¢100 00 | of of | | |
| compensation from the organization > ! | | . 1100 1111. | 1100 | | | 113000 | | 76) Wile 123 | .ervea | Jie man ψ±00/00 | | Form 904 | 2 (2010) |

| | | (2019) | | | | | | | | Page 9 |
|---|---------|---|--------|--------------------|------------|---------------------|--------------------------|--|---|--|
| Part | VII | | | | recon | onse or note to an | y line in this Part VIII | | | |
| | | CHECK II SCHEC | uie | O CONTAINS & | a respo | onse of flote to an | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| , s | 1 | a Federated campa | aigns | · . [| 1 a | | | revenue | | 312 314 |
| Contributions, Gifts, Grants and Other Similar Amounts | | b Membership dues | s. | . [| 1 b | | | | | |
| ج ش ش | | c Fundraising even | its . | [| 1c | | | | | |
| ifts | | d Related organiza | | | 1d | | | | | |
| imil | | e Government grantsf All other contributio | | L | 1e | 2,441,792 | | | | |
| tion er S | | and similar amounts | | | 1f | 5,794,481 | | | | |
| ie e | | g Noncash contributio | ns in | cluded in | . | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | h Total. Add lines | 1 1 | f [| 1 g | | | | | |
| <u> </u> | | ii rotai. Add iiiles | Ia-I | | • | Business Code | 8,236,273 | | | |
| | 2a | | | | | Business code | | | | |
| El e | | | | | | | | | | |
| Program Service Revenue | b | • | | | | | | | | |
| 9 8 | ۱ , | | | | | | | | | |
| čer X | | | | | | | | | | |
| E CE | C | i | | | | | | | | |
| ogra | e | • | | | | | | | | |
| Ξ | f | All other program | serv | rice revenue. | | | | | | |
| | | Total. Add lines 2 | | | | | | | | |
| | | Investment income similar amounts) . | | luding divide | | nterest, and othe | 7,65. | 2 | | 7,652 |
| | l | Income from invest | | | | ond proceeds | > | | | , , , , , , , , , , , , , , , , , , , |
| | 5 | Royalties | _ | | • | | > | | | |
| | | | | (i) Rea | al | (ii) Personal | | | | |
| | 6a | Gross rents | 6a | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | | |
| | С | Rental income | _ | | | | | | | |
| | ١, | or (loss) d Net rental income | 6c | | | | <u> </u> | | | |
| | ` | a Net Tental Income | | (i) Securi | | (ii) Other | | | | |
| | 7 a | Gross amount from sales of | 7a | | | | | | | |
| | | assets other than inventory | ´ ` | | | | | | | |
| | b | Less: cost or | 7b | | | | | | | |
| | | other basis and sales expenses | | | | | | | | |
| | С | Gain or (loss) | 7c | | | | | | | |
| | l | d Net gain or (loss) | | | | | | | | |
| e | 8a | Gross income from fu (not including \$ | ındra | ising events of | | | | | | |
| € Fe | | contributions reported See Part IV, line 18 | | | 8a | | | | | |
| Re | | b Less: direct expen | ses | | 8b | | _ | | | |
| Other Revenue | l | c Net income or (los | | | ing ev | ents 🕨 | | | | |
| | 9a | Gross income from | aami | ing activities. | | | | | | |
| | | See Part IV, line 19 | | | 9a | | | | | |
| | l | b Less: direct expen | | | 9b | i | | | | |
| | ` | c Net income or (los | 55) Tr | om gaming | activit | ies • | | | | |
| | 10 | aGross sales of inve | entor | ry, less | | | | | | |
| | | b Less: cost of good | | | 10a 10b | | _ | | | |
| | | C Net income or (los | | | | | | | | |
| | | Miscellaneo | | | | Business Code | | | | |
| | 11 | та | | | | | | | | |
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| | (| | | | | | | | | |
| | | | | | | | | | | |
| | ۱ | d All other revenue | • | | | | 4 | 0 | | 40 |
| | • | e Total. Add lines 1 | 1a-1 | 11d | | • | 4 | 0 | | |
| | 12 | 2 Total revenue. S | ee ir | nstructions | | | 8,243,96 | 5 | 0 0 | , |
| | _ | | | | | | | | | Form 000 (2010) |

| Statement of Functional Expenses Second Stock (c) 3 and 501 (c) 4 organizations must complete column (A). Chack 7 Schadule O contains a response or note to any line in this Part IX. Do not include amounts reported on lines 6b, 100 (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d | | 1 990 (2019) | | | | Page 10 |
|--|-----------|---|---------------------|---------------------------------------|-----------------------|--------------------|
| Check if Schedule C certains a response or note to any line in this Part IX. Do not Include amounts reported on lines 5b, 70, 8b, 9b, and 10b of Part VIII. Total assertion of Careta and other assistance to domestic organizations and demestic governments. See Part IV, line 21. Careta and other assistance to foreign organizations, foreign governments, see Part IV, line 21. Screen and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 21. Benefits path to or for members. Compensation of current offices, directors, brutiers, and foreign organizations of the property of the complex of th | Pa | | amplete all columns | All other erganization | ne must complete col | ımn (A) |
| Do not include amounts reported on lines 6b, 76, 8b, 9b, and 100 of Part VIII. 1 Grants and other assistance to demetic organizations and demetic governments. See Part VI, line 21. 2 Grants and other assistance to demetic individuals. See Part IV, line 21. 3 Grants and other assistance to demetic organizations, foreign governments, and foreign individuals. See Part IV, line 21. 3 Grants and other assistance to demetic organizations, foreign governments, and foreign individuals. See Part IV, line 11. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 12. 4 Senentis 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 action 4958(c)(3)/8). 7 Other salaries and wages . 8 Pension plan accruals and contributions (include section 401 (c)) and 402(b) employer contributions). 9 Other employee benefits . 10 Payrol traxes . 11 Fees for services (non-employees): 9 Other employee benefits . 10 Compensation of current plants and contributions. 11 Fees for services (non-employees): 9 Other employee benefits . 12 Payrol traxes . 13 Fees for services (non-employees): 9 Other (If line 11g amount exceeds 10% of line 25 column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion . 13 Fees line 11g amount exceeds 10% of line 25 column (A) amount, list line 12g expenses on Schedule O) 14 Alvariance and promotion . 15 Reyalties . 10 Other cytic in the 11g expenses on Schedule O) 15 Reyalties . 16 Other cytic in the 11g expenses on Schedule O) 17 Travel . 18 Payments to affiliates . 19 Payments to affiliates . 20 Depreciation, dealeton, and amortization . 21 Payments to affiliates . 22 Depreciation, dealeton, and amortization . 23 Fees and 10 fees fire 25 column (A) amount, list line 24e expenses on Schedule O) . 24 Other expenses . 25 Total functional expenses . Add lines 1 throug | | | | _ | | |
| 1 | Do 7b, | not include amounts reported on lines 6b, | (A) | (B) Program service | (C) Management and | (D) Fundraising |
| Part IV, Ine 22 Sometia and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 15. Benefits paid to or for members Comparestation of current officers, directors, trustees, and key employees Comparestation of current officers of compositions of current officers of current of curren | 1 | | 3,272,902 | · · · · · · · · · · · · · · · · · · · | g | |
| governments, and foreign individuals. See Part IV, lines 15 and 15. and 15. 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/(13)) and persons described in section 4958(f/(13)) and persons (as defined under section 4958(f/(13)) and 493(b) employer contributions) 9 Other employee benefits 10 Payrol taxes 11 Fees for services (non-employees): 12 Fees for services (non-employees): 13 Payments (individuals) services. See Part IV, line 17 14 Lobbying 15 Payments (if line 11g amount exceeds 10% of line 25, column (A) amount, its line 11g expenses on Schedule O) 15 Office expenses 16 Occupancy 17 Travel 18 Payments of fravel or entertainment expenses for any federal, state, or local public officials 18 Payments of fravel or entertainment expenses for any federal, state, or local public officials 19 Payments to affiliates 10 Payments to affiliates 11 Payments to affiliates 12 Personation (A) personation (A) amount, list line 24e expenses on Schedule O, a CONSTRUCTION/DEMOLITION 2 Payments to affiliates 2 Depreciation, depletion, and amorbization 2 Insurance 2 Contraction (A) amount, list line 24e expenses on Schedule O, a CONSTRUCTION/DEMOLITION 2 Payments to affiliates 2 Depreciation (A) amount, list line 24e expenses on Schedule O, a CONSTRUCTION/DEMOLITION 2 Payments to affiliates 2 Depreciation (A) amount, list line 24e expenses on Schedule O, a CONSTRUCTION/DEMOLITION 2 Payments to affiliate only if the organization reported in founding in and fundraising solic | 2 | | 5,944 | 5,944 | | |
| S Comparisation of current officers, directors, trustees, and key employees Comparisation not included above, to signal-life persons (as defined under section 4958(c)(3)(8) Pension plan accruals and contributions (include section 401 (x) and 403(b) employer contributions) Pension plan accruals and contributions (include section 401 (x) and 403(b) employer contributions) Pother employee benefits D Payroll taxes C Accounting C Accounting C Lobbying | 3 | governments, and foreign individuals. See Part IV, lines 15 | | | | |
| key employees | 4 | Benefits paid to or for members | | | | |
| defined under section 4958(f)(1) and persons described in section 4958(f)(3)(8) | 5 | | | | | |
| 8 Pension plan accruals and contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management | 6 | defined under section 4958(f)(1)) and persons described in | | | | |
| (k) and 403(b) employer contributions) . 9 Other employee benefits | 7 | Other salaries and wages | | | | |
| 10 Payroll taxes | 8 | | | | | |
| 11 Fees for services (non-employees): a Nanagement | 9 | Other employee benefits | | | | |
| a Management | 10 | Payroll taxes | | | | |
| b Legal | 11 | Fees for services (non-employees): | | | | |
| d Lobbying | а | Management | 507,132 | 50,622 | 456,510 | |
| d Lobbying | b | Legal | | | | |
| e Professional fundraising services. See Part IV, line 17 f Investment management fees | C | Accounting | | | | |
| f Investment management fees | d | Lobbying | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 2,023,121 | е | Professional fundraising services. See Part IV, line 17 | | | | |
| (A) amount, list line 11g expenses on Schedule O) | f | Investment management fees | | | | |
| 13 Office expenses | g | | 2,023,121 | 2,023,121 | | |
| 14 Information technology | 12 | Advertising and promotion | 50,162 | 50,162 | | |
| 15 Royalties | 13 | Office expenses | 14,262 | 14,007 | 255 | |
| 16 Occupancy | 14 | Information technology | 4,338 | 4,338 | | |
| 17 Travel | 15 | Royalties | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 19 Conferences, conventions, and meetings | 16 | Occupancy | · · | , | | |
| federal, state, or local public officials 19 Conferences, conventions, and meetings | 17 | Travel | 21,974 | 21,974 | | |
| 20 Interest | 18 | | | | | |
| 21 Payments to affiliates | 19 | Conferences, conventions, and meetings | 4,199 | 4,199 | | |
| 22 Depreciation, depletion, and amortization | 20 | Interest | | | | |
| 7,671 7 | 21 | Payments to affiliates | | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a CONSTRUCTION/DEMOLITION b SECURITY 99,120 99,120 c d e All other expenses 25,030 25,030 25 Total functional expenses. Add lines 1 through 24e 8,962,770 8,498,334 464,436 0 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). | 22 | Depreciation, depletion, and amortization | | | | |
| miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a CONSTRUCTION/DEMOLITION b SECURITY 99,120 99,120 c d e All other expenses 25,030 25 Total functional expenses. Add lines 1 through 24e 8,962,770 8,498,334 464,436 0 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). | | - | 7,671 | | 7,671 | |
| a CONSTRUCTION/DEMOLITION 2,917,915 2,917,915 b SECURITY 99,120 99,120 c d e All other expenses 25,030 25,030 25 Total functional expenses. Add lines 1 through 24e 3,962,770 8,498,334 464,436 0 Total functional compaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720). | 24 | miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e | | | | |
| c d e All other expenses 25,030 25,030 Total functional expenses. Add lines 1 through 24e 8,962,770 8,498,334 464,436 0 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). | | · · · · · · · · · · · · · · · · · · · | 2,917,915 | 2,917,915 | | |
| d e All other expenses 25,030 25,030 25 Total functional expenses. Add lines 1 through 24e 8,962,770 8,498,334 464,436 0 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). | i | b SECURITY | 99,120 | 99,120 | | |
| d e All other expenses 25,030 25,030 25 Total functional expenses. Add lines 1 through 24e 8,962,770 8,498,334 464,436 0 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). | | | | | | |
| e All other expenses 25,030 25,030 25,030 25 Total functional expenses. Add lines 1 through 24e 8,962,770 8,498,334 464,436 0 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). | | | | | | |
| Total functional expenses. Add lines 1 through 24e 8,962,770 8,498,334 464,436 0 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). | | | 25.030 | 25 030 | | |
| 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). | | | | | 161 136 | 0 |
| reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). | | | 0,302,770 | 0,490,534 | 404,430 | |
| | 20 | reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| | | Check here ► ☐ if following SOP 98-2 (ASC 958-720). | | | | |

Form 990 (2019)

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33

Fund Balances

ō 29

Assets 30

Liabilities 22 Other assets. See Part IV, line 11

Accounts payable and accrued expenses .

Deferred revenue

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances .

Total liabilities and net assets/fund balances .

Tax-exempt bond liabilities . . .

Grants payable .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here > $\ lacksquare$ and

Unsecured notes and loans payable to unrelated third parties .

Capital stock or trust principal, or current funds . . .

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

Total liabilities. Add lines 17 through 25 . .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

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6,758,942

917,189

917,189

126,421

5,715,332

5,841,753

6,758,942

Page **11**

6,734,977

1,612,029

1.612.029

397,677

4,725,271

5,122,948

6,734,977

Form 990 (2019)

| | (A) Beginning of year | | (B) End of year |
|-----------------------------|---------------------------------|---|---------------------------|
| 1 Cash-non-interest-bearing | 347,118 | 1 | 232,66 |

| 2 | Savings and temporary cash investments | 5,979,324 | 2 | 5,116,976 |
|---|--|-----------|---|-----------|
| 3 | Pledges and grants receivable, net | 432,500 | 3 | 1,160,340 |
| 4 | Accounts receivable, net | | 4 | 225,000 |
| 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net Assets 8 Inventories for sale or use Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other

10a 3,380 basis. Complete Part VI of Schedule D 10b 3,380 b Less: accumulated depreciation 10c 11 11 Investments—publicly traded securities . 12 Investments—other securities. See Part IV, line 11 . 12 13 13 Investments—program-related. See Part IV, line 11 . 14 14

| Form | 990 (2019) | | | | Page 12 |
|------|---|---------|----|----------|----------------|
| Pai | Reconcilliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | <u> </u> | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 8 | 243,965 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 8 | 962,770 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 718,805 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 5 | 841,753 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 5 | 122,948 |
| Pa | rt XII Financial Statements and Reporting | | | | , |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | Accounting method used to prepare the Form 990: | | 2a | Yes | No No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both: | n a | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate toonsolidated basis, or both: | oasis, | | | |
| | ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sched | dule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133? | gle | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | ed | 3b | Yes | |

Additional Data

Software ID: Software Version:

EIN: 38-2433720

Name: DETROIT ECONOMIC GROWTH ASSOCIATION

Form 990 (2019)

Form 990, Part III, Line 4a:

PROMOTION OF ACTIVITIES TO SPUR ECONOMIC GROWTH AND REVITALIZATION IN THE CITY OF DETROIT.

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

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

| | l arry rours | "" | u un | CCCC | ,, ., | usice, | , | (11/ 2/1000 | (14) 2 (4.000 | 1 110111 (110 |
|----------------|---|-----------------------------------|-----------------------|------|--------------|---------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | | Key employee | Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| CONRAD MALLETT | 1.00 | Х | | x | | | | 0 | 0 | 0 |
| CHAIR | 1.00 | | | _^ | | | | 0 | 0 | |
| JOHN BLANCHARD | 1.00 | x | | x | | | | 0 | 0 | 0 |
| VICE-CHAIR | 1.00 | | | | | | | 0 | 0 | |
| ANDRA RUSH | 1.00 | x | | x | | | | 0 | 0 | 0 |
| VICE-CHAIR | 1.00 | | | Ĺ | | | | | 0 | |
| STEVEN WHITE | 1.00 | | | | | | | | | |

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| ANDRA ROSH |
|---------------|
| VICE-CHAIR |
| STEVEN WHITE |
| TREASURER |
| REUBEN MUNDAY |

SECRETARY

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MATT CULLEN

MICHAEL AARON

MARVIN BEATTY

DAVID BLASZKIEWICZ

EVA GARZA DEWAELSCHE

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and Independent Contractors

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

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

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|------------------------------|---|-----------------------------------|-----------------------|---------|--------------|---------------------|----------|----------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| MIKE DUGGAN DIRECTOR | 1.00 | Х | | | | | | 0 | 0 | 0 |
| LYDIA GUTIERREZ DIRECTOR | 1.00 | х | | | | | | 0 | 0 | 0 |
| KENNETH L HARRIS DIRECTOR | 1.00 | Х | | | | | | 0 | 0 | 0 |
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| DIRECTOR | 1.00 | | | | _ | |
| KENNETH L HARRIS | 1.00 | x | | | 0 | |
| DIRECTOR | 1.00 | | | | Ů | |
| GEORGE W JACKSON JR | 1.00 | _ | | | | |
| DIRECTOR | 1.00 | ^ | | | 0 | |
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| BIRCETOR | 1.00 | | | | |
|---------------------|------|---|--|--|--|
| KENNETH L HARRIS | 1.00 | | | | |
| | | Х | | | |
| DIRECTOR | 1.00 | | | | |
| GEORGE W JACKSON JR | 1.00 | | | | |
| | | Х | | | |
| DIRECTOR | 1.00 | ^ | | | |
| BRENDA JONES | 1.00 | | | | |

and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

RACHEL LUTZ

ERIC LARSON

NICK KHOURI

MARSHAL S KLEVEN

THOMAS LEWAND JR

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

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

and Independent Contractors

NICOLE SHERARD-FREEMAN

RONALD STALLWORTH

TERENCE A THOMAS SR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MICHAEL TYSON

TONY STOVALL

| | any nours | and | a dir | ecto | | ustee |) | organization | organizations | from the |
|----------------------------|---|-----------------------------------|-----------------------|---------|--------------|---------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| MIKE MCLAUCHLAN | 1.00 | Х | | | | | | 0 | 0 | 0 |
| DIRECTOR | 1.00 | | | | | | | | 3 | |
| DAVID E MEADOR | 1.00 | | | | | | | 0 | 0 | 0 |
| DIRECTOR | 1.00 | Х | | | | | | | 0 | 0 |
| DARRELL MIDDLETON DIRECTOR | 1.00 | Х | | | | | | 0 | 0 | 0 |
| | 1.00 | | I | I | | 1 | | 1 | | I |

| DARRELL MIDDLETON | 1.00 | v | | | 0 | 0 | |
|------------------------|------|---|--|--|-----|---|--|
| DIRECTOR | 1.00 | ^ | | | , i | 0 | |
| JERRY NORCIA | 1.00 | | | | | | |
| DIRECTOR | 1.00 | X | | | 0 | U | |
| CYNTHIA PASKY | 1.00 | v | | | 0 | 0 | |
| DIRECTOR | 1.00 | ^ | | | | | |
| NICOLE SHEDADD-EDEEMAN | 1.00 | | | | | | |

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59,104

50,688

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

and Independent Contractors

DIRECTOR

DIRECTOR

DONNA ZALEWSKI

KEVIN JOHNSON

GLEN W LONG JR

PRESIDENT AND C.E.O.

EXEC. V-P OF ADMIN. AND C.F.O.

......

| | any hours | | | | | ustee | | organization | organizations | from the |
|----------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| JAMES VELLA DIRECTOR | 1.00 | Х | | | | | | 0 | 0 | 0 |
| LINZIE VENEGAS DIRECTOR | 1.00 | х | | | | | | 0 | 0 | 0 |
| LALIT VERMA DIRECTOR | 1.00 | х | | | | | | 0 | 0 | 0 |
| ROY WILSON | 1.00 | Х | | | | | | 0 | 0 | 0 |

| LALIT VERMA | 1.00 | ~ | | | ٥ | |
|-------------|------|---|--|--|---|--|
| DIRECTOR | | ^ | | | 0 | |
| ROY WILSON | 1.00 | | | | | |
| | | X | | | 0 | |
| DIRECTOR | 1.00 | | | | | |
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| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9 | | | | | | | 3493089005141 | |
|---|---------|------------------------------|--|--|---|-------------------------------------|---|---|
| SCI | HED | ULE A | Dublic | Charity Statu | e and Dul | hlic Sunn | ort | OMB No. 1545-0047 |
| | m 99 | | Complete if the | organization is a sect 4947(a)(1) nonexe Attach to Form | tion 501(c)(3) o empt charitable 990 or Form 99 | organization or trust. 00-EZ. | a section | 2019 |
| | | the Treasury | ► Go to <u>www.</u> | <i>irs.gov/Form</i> 990 for i | nstructions and | I the latest info | ormation. | Open to Public Inspection |
| Nam | e of th | ne organiza | tion TH ASSOCIATION | | | | Employer identific | ation number |
| | | | | | | | 38-2433720 | |
| Pa Thom | | | for Public Charity Starting Public Charity Starting Public Starting Starti | | | | See instructions. | |
| 1 | rgariiz | | onvention of churches, or | • | • | | (A)(i) | |
| 2 | | · | scribed in section 170(b | | | | | |
| 3 | | | or a cooperative hospital s | | ` | , , | | |
| 4 | | · | | _ | | | • | ntor the beenitely |
| 7 | Ш | name, city, | esearch organization oper and state: | ated in conjunction with | a nospital descri | ibed in Section . | 170(D)(1)(A)(III). E | nter the hospital's |
| 5 | | | ition operated for the ben (iv). (Complete Part II.) | efit of a college or unive | rsity owned or op | perated by a gov | ernmental unit descri | bed in section 170 |
| 6 | | A federal, s | tate, or local government | or governmental unit de | escribed in sectio | on 170(b)(1)(<i>A</i> | ()(v). | |
| 7 | ✓ | | ition that normally receive 0(b)(1)(A)(vi). (Comple | | s support from a | governmental ι | init or from the gener | al public described in |
| 8 | | | ty trust described in sect | • | (Complete Part I | I.) | | |
| 9 | | | ıral research organization ant college of agriculture | | | | | ege or university or a |
| 10 | | from activit investment | ition that normally receive ies related to its exempt income and unrelated bu see section 509(a)(2). | functions—subject to cer siness taxable income (le | tain exceptions, | and (2) no more | than 331/3% of its su | ipport from gross |
| 11 | | An organiza | ition organized and opera | ted exclusively to test fo | r public safety. S | See section 509 | (a)(4). | |
| 12 | | more public | ition organized and opera ly supported organization through 12d that describ | is described in section 5 | 509(a)(1) or se | ction 509(a)(2 |). See <mark>section 509(</mark> a | |
| a | | Type I. A so | upporting organization op n(s) the power to regularl Part IV, Sections A and | perated, supervised, or c y appoint or elect a majo | ontrolled by its s | upported organi | zation(s), typically by | |
| b | | Type II. A manageme | supporting organization s nt of the supporting organ plete Part IV, Sections | upervised or controlled in the sar | | | • | - |
| c | | Type III f | unctionally integrated. organization(s) (see instru | A supporting organizatio | | | | ited with, its |
| d | | Type III n | on-functionally integra integrated. The organiza). You must complete I | ted. A supporting organ tion generally must satis | ization operated | in connection wi | th its supported organ | |
| e | | Check this | pox if the organization red or Type III non-functiona | ceived a written determir | nation from the I | | pe I, Type II, Type II | I functionally |
| f | Enter | | of supported organization | | _ | | | |
| g | Provi | de the follow | ing information about the | supported organization(| (s). | | | |
| | (i) N | lame of supp organizatior | | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | | anization listed ing document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | Yes | No | | |
| | | | | | | | | |
| | | | | | | | | |
| Tota | | | tion Act Notice, see the | | Cat. No. 11285 | | Schedule A (Form 9 | |

activities, whether or not the business is regularly carried on. . 10 Other income. Do not include gain 5,505 1,000 35 or loss from the sale of capital 419 40 6,999 assets (Explain in Part VI.). . 11 **Total support.** Add lines 7 through 27,180,397 12 45,075

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 55.070 % 15 Public support percentage for 2018 Schedule A, Part II, line 14 15 48.490 % 16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported h 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

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

10a

answer line 10b below.

the organization had excess business holdings).

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

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

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

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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

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

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

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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

| | edule A (101111 550 01 550 E2) 2015 | | | age 3 |
|----|--|--------|---------|-------|
| Pa | rt IV Supporting Organizations (continued) | | | |
| _ | | | Yes | No |
| | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | | |
| | | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | 11c | | |
| S | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that | - | | |
| 2 | operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting | 2 | | |
| | organization. | | | |
| S | ection C. Type II Supporting Organizations | | | |
| _ | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of | | | |
| | each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the | 1 | | |
| | supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | | |
| S | ection D. All Type III Supporting Organizations | | v | |
| _ | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing | | | |
| | documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax | | | |
| | year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| S | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct | ions): | | |
| | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| | b | | | |
| • | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instru | ctions) | |
| 2 | Activities Test. Answer (a) and (b) below. | ſ | Yes | No |
| • | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| ı | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's | | | |
| | involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| • | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 3a | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. | 3h | | |

3b

| 1 | Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true. | | | . Part VIV. See |
|---|--|------------|----------------|-------------------------------|
| | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization | | | |
| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Yea (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Yea (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1 b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | 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 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |

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

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

| other distributions (describe in Fare 42). See mistractions | | | | | |
|---|--|---|--|--|--|
| 7 Total annual distributions. Add lines 1 through 6. | | | | | |
| Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | | | | | |
| 9 Distributable amount for 2019 from Section C, line 6 | | | | | |
| 10 Line 8 amount divided by Line 9 amount | | | | | |
| | | | | | |
| (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 | | | |
| | Underdistributions | Distributable | | | |
| | | | | | |

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

3 Excess distributions carryover, if any, to 2019:

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

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

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

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

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

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

instructions)

See instructions.

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

\$

| Schedule A (| (Form 990 or 990-EZ) : | 2019 Pag | e 8 | | | |
|---|-------------------------------------|--|------------|--|--|--|
| Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; P Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (Se instructions). | | | | | | |
| | | | | | | |
| | | Facts And Circumstances Test | | | | |
| | | | | | | |
| 990 Sched | dule A, Supplemen | ntal Information | _ | | | |
| | turn Reference | Explanation | | | | |
| | A, PART II, LINE 10, ON OF OTHER | MICELLANEOUS INCOME - 2015 AMOUNT: \$ 5,505. 2016 AMOUNT: \$ 1,000. 2017 AMOUNT: \$ 419. 2018 AMOUNT: \$ 35. 2019 AMOUNT: \$ 40. | | | | |

INCOME:

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

As Filed Data -

DLN: 93493089005141

OMB No. 1545-0047

Supplemental Financial Statements

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

Attach to Form 990.

Open to Public Inspection

2019

Department of the Treasury Internal Revenue Service

(Form 990)

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

| | me of the organization | | Employer identification number |
|-----|--|--|--|
| DEI | FROIT ECONOMIC GROWTH ASSOCIATION | | 38-2433720 |
| Ρā | ort I Organizations Maintaining Donor Advi | | r Accounts. |
| | Complete if the organization answered "Ye | es" on Form 990, Part IV, line 6. (a) Donor advised funds | (b) Funds and other accounts |
| | Total number at end of year | (a) Donor advised failus | (b) I unus and other accounts |
| , | Aggregate value of contributions to (during year) | | |
| | Aggregate value of grants from (during year) | | |
| ı | Aggregate value at end of year | | |
| | Did the organization inform all donors and donor adviso | brs in writing that the assets held in donor adv | |
| | organization's property, subject to the organization's ex | | |
| 5 | Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit? | r or donor advisor, or for any other purpose co | |
| Pa | rt II Conservation Easements. Complete if the organization answered "Ye | es" on Form 990, Part IV, line 7. | |
| | Purpose(s) of conservation easements held by the orga | nization (check all that apply). | |
| | Preservation of land for public use (e.g., recreation | n or education) \square Preservation of an | historically important land area |
| | Protection of natural habitat | Preservation of a co | ertified historic structure |
| | ☐ Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year. | qualified conservation contribution in the form | m of a conservation Held at the End of the Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| c | Number of conservation easements on a certified histori | ic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acqu structure listed in the National Register | ired after 7/25/06, and not on a historic | 2d |
| 3 | Number of conservation easements modified, transferretax year • | ed, released, extinguished, or terminated by t | he organization during the |
| ļ | Number of states where property subject to conservation | on easement is located 🗲 | |
| ; | Does the organization have a written policy regarding the and enforcement of the conservation easements it hold: | he periodic monitoring, inspection, handling o | |
| | | | ☐ Yes ☐ No |
| • | Staff and volunteer hours devoted to monitoring, inspect | cting, nandling of violations, and enforcing col | nservation easements during the year |
| , | Amount of expenses incurred in monitoring, inspecting, > \$ | handling of violations, and enforcing conserv | ation easements during the year |
| 3 | Does each conservation easement reported on line 2(d) | above satisfy the requirements of section 17 | ⁷ 0(h)(4)(B)(i) |
| | and section $170(h)(4)(B)(ii)$? | | ☐ Yes ☐ No |
|) | In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen | footnote to the organization's financial states | |
| ar | Organizations Maintaining Collections Complete if the organization answered "Ye | of Art, Historical Treasures, or Othe | er Similar Assets. |
| .a | If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar | L6 (ASC 958), not to report in its revenue state public exhibition, education, or research in fu | |
| b | If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items: | L6 (ASC 958), to report in its revenue stateme | |
| (| (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | ii)Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, histori following amounts required to be reported under SFAS | ical treasures, or other similar assets for finan | |
| а | Revenue included on Form 990, Part VIII, line 1 | · , - | > \$ |
| b | Assets included in Form 990, Part X | | <u> </u> |

Cat. No. 52283D

Schedule D (Form 990) 2019

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

| 3 | | | | | | | | | | ssets (| |
|--|--|---|--|-------------------------------------|------------------------------|--------|------------|------------|----------------|--------------|---------------------|
| | | nthe organization's acquisition, accessic s (check all that apply): | on, and other records, | | any of | the fo | ollowing t | hat are a | significant u | use of it | s collection |
| а | | Public exhibition | | d | | Loan | or excha | ange prog | ırams | | |
| b | | Scholarly research | | е | | Othe | r | | | | |
| С | | Preservation for future generations | | | | | | | | | |
| | Provide Part | de a description of the organization's co | ollections and explain l | how the | ey furt | her th | e organiz | zation's e | xempt purpo | se in | |
| | | g the year, did the organization solicit on solicit of the sold to raise funds rather than t | | | | | | | | □ Y • | es 🗆 No |
| ar | t IV | Escrow and Custodial Arrange Complete if the organization ans X, line 21. | | m 990 | , Part | IV, I | ine 9, o | r reporte | ed an amou | | |
| .a | | e organization an agent, trustee, custod ded on Form 990, Part X? | | | | | | | | ☐ Y € | es 🗌 No |
| b | If "Ye | es," explain the arrangement in Part XII | T and complete the fo | llowina | table: | | | | A | mount | |
| c | | nning balance | | _ | | | | 1c | | | |
| d | _ | ions during the year | | | | | | 1d | | | |
| e | | butions during the year | | | | | | 1e | | | |
| f | | ng balance | | | | | | 1f | | | |
| - | | | | | | | | seeunt li | hilitu 2 | | es 🗆 No |
| a L | | he organization include an amount on F | | | | | | | • | | es 🗆 No |
| b | | es," explain the arrangement in Part XII | I. Check here if the ex | xplanat | ion has | beer | provide | d in Part | XIII | | |
| (e) | t V | Endowment Funds. Complete if the organization ans | wered "Yes" on For | m 990 | . Part | TV. I | ine 10. | | | | |
| | | complete it the organization and | (a) Current year | | rior yea | | | ears back | (d) Three year | ars back | (e) Four years bac |
| a F | Beginn | ing of year balance | | | | | | | | | |
| b (| Contrib | outions | | | | | | | | | |
| c [| Net inv | estment earnings, gains, and losses | | | | | | | | | |
| | | | | | | | | | | | |
| d (| Grants | or scholarships | | | | | | | | | |
| e (| Other (| or scholarships expenditures for facilities ograms | | | | | | | | | |
| e (| Other eand pre | expenditures for facilities | | | | | | | | | |
| e (| Other of and pro Admini | expenditures for facilities ograms | | | | | | | | | |
| e (| Other eand pro Admini | expenditures for facilities ograms istrative expenses | rent year end balance | (line 1 | g, colu | mn (a |)) held a | s: | | | |
| e (f / g E | Other of and pro Admini End of Provid | expenditures for facilities ograms | rent year end balance | (line 1 | g, colu | mn (a |)) held a | s: | | | |
| e (| Other of and provided the provi | expenditures for facilities ograms istrative expenses year balance de the estimated percentage of the curi | rent year end balance | (line 1 | g, colu | mn (a |)) held a | s: | | | |
| e (af // gg E | Other of Adminition of Provider Board Perm | expenditures for facilities ograms | rent year end balance | (line 1 | g, colu | mn (a |)) held a | s: | | | |
| e (f / g E a b | Other of Adminition of Provide Board Perm | expenditures for facilities ograms istrative expenses year balance de the estimated percentage of the curr dedesignated or quasi-endowment | | (line 1 | g, colu | mn (a |)) held a | s: | | | |
| e (a f # a a b c | Other Gand provided Provided Permodel Tempore The provided Permodel Tempore The provided Permodel Perm | expenditures for facilities ograms istrative expenses year balance de the estimated percentage of the curred designated or quasi-endowment anent endowment porarily restricted endowment percentages on lines 2a, 2b, and 2c showere endowment funds not in the possenization by: | uld equal 100%. | | | · | | | rthe | | Yes No |
| e (a f / a a b c | Other Gand provided Provided Permodel Tempore The provided Permodel Tempore The provided Permodel Perm | expenditures for facilities ograms istrative expenses year balance de the estimated percentage of the curr d designated or quasi-endowment anent endowment porarily restricted endowment percentages on lines 2a, 2b, and 2c sho there endowment funds not in the posse | uld equal 100%. | | | · | | | r the | <u> </u> | a(i) |
| e (a) and both common of the c | Other of and provided and of Provided Board Perm Temp Are thought (i) un (ii) re | expenditures for facilities ograms | uld equal 100%. ssion of the organizat | ion tha | t are h | eld ar | od admini | | r the | 3. | a(i) a(ii) |
| e (a f // aa bb c | Other of and provided and of Provided Board Perm Temp Are thought (i) un (ii) rule If "Year and provided and | expenditures for facilities ograms | uld equal 100%. ssion of the organizat | ion tha | t are h | eld ar | od admini | | r the | 3. | a(i) |
| e (a a f // gg E | Other of and provided Board Perm Temp Are the organ (ii) re If "Ye Description of the perm the perm organ or | expenditures for facilities ograms istrative expenses year balance de the estimated percentage of the curl designated or quasi-endowment anent endowment corarily restricted endowment percentages on lines 2a, 2b, and 2c sho here endowment funds not in the possenization by: nrelated organizations elated organizations es" on 3a(ii), are the related organization in the post of the corarily restricted endownent in the possenization by: | uld equal 100%. ssion of the organizat | ion tha | t are h | eld ar | od admini | | rthe | 3. | a(i) a(ii) |
| e (a a b c a b | Other of and provided and of Provided Board Perm Temp Are thought (i) un (ii) rule If "Year and provided and | expenditures for facilities ograms | uld equal 100%. ssion of the organizat | ion tha on Sche wment | t are h edule R funds. | eld ar | d admini | istered fo | | 3 | a(i) a(ii) 3b |
| e (a a b b c a a b | Other of and provided Board Perm Temp Are the organ (ii) under the perm the | expenditures for facilities ograms istrative expenses year balance de the estimated percentage of the curl designated or quasi-endowment anent endowment corarily restricted endowment percentages on lines 2a, 2b, and 2c sho here endowment funds not in the possenization by: nrelated organizations elated organizations es" on 3a(ii), are the related organization in the post of the corarily restricted endownent in the possenization by: | uld equal 100%. ssion of the organizat ins listed as required of e organization's endowent. wered "Yes" on Forther basis (b) Cost | ion tha on Sche wment m 990 | t are h edule R funds. | eld ar | id admini | istered fo | | rt X, lii | a(i) a(ii) 3b |
| e (a a b c a a a a a a a a a a a a a a a a | Other of and provided and of Provided Board Perm Temp The part organ (i) under the part of | expenditures for facilities ograms | uld equal 100%. ssion of the organizat ins listed as required of e organization's endowent. wered "Yes" on Forther basis (b) Cost | ion tha on Sche wment m 990 | t are h edule R funds. | eld ar | id admini | istered fo | rm 990, Pa | rt X, lii | a(i) a(ii) 3b |
| e (a a b b c a a l | Dther cand product of the provided Board Perm Temp The program (ii) rule (iii) rule Descrittude Board Descrittude Board (iii) rule Descrittude Board B | expenditures for facilities ograms | uld equal 100%. ssion of the organizat ins listed as required of e organization's endowent. wered "Yes" on Forther basis (b) Cost | ion tha on Sche wment m 990 | t are h edule R funds. | eld ar | id admini | istered fo | rm 990, Pa | rt X, lii | a(i) a(ii) 3b |
| e (a a b c a b b a l | Dther cand produced and provide Board Perm Temp The pare the organ (ii) in the pare | expenditures for facilities ograms | uld equal 100%. ssion of the organizat ins listed as required of e organization's endowent. wered "Yes" on Forther basis (b) Cost | ion tha on Sche wment m 990 | t are h edule R funds. | eld ar | id admini | istered fo | rm 990, Pa | rt X, lii | a(i) a(ii) 3b |
| e (a a f) a b c a b c a l | Dther of and provided and of Perm Temp The pare the organ (i) un (ii) r. If "Ye Descritt VI Descritt VI Descritt VI Descritt and Buildin Leaseh | expenditures for facilities ograms | uld equal 100%. ssion of the organizat ins listed as required of e organization's endowent. wered "Yes" on Forther basis (b) Cost | ion tha on Sche wment m 990 | t are h edule R funds. | eld ar | ine 11a. | istered fo | rm 990, Pa | rt X, lii | a(i) a(ii) 3b |

| Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, | Part IV/ | ina 11k | Saa Form 990 [| Dart Y li | no 12 |
|--|----------------------|----------|-----------------------------|---------------|--------------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | line III | (c) Metho Cost or end-of | d of valua | ation: |
| (1) Financial derivatives | | | | | |
| (3)Other(A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Related. | <u> </u> | | | | |
| Complete if the organization answered 'Yes' on Form 990, (a) Description of investment | Part IV, I | ine 110 | (b) Book value | | ine 13. ethod of valuation: |
| | | | | | end-of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. | | <u> </u> | | | |
| Complete if the organization answered 'Yes' on Form 990, (a) Description | Part IV, lii | ne 11d | . See Form 990, Par | t X, line | 15. (b) Book value |
| (1) | | | | | (1) 11000 |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | | | | • | |
| Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, | Part IV, liı | ne 11e | or 11f.See Form | 990, Pa | rt X, line 25. |
| 1. (a) Description of liability | | | | | (b) Book value |
| (1) Federal income taxes | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | I | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnotes. | ote to the o | rganizat | tion's financial state |] ments th | at reports the |
| organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check | | - | | | · |

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

Schedule D (Form 990) 2019

4b b Add lines **4a** and **4b** 4c C 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 8,243,965 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 1 8,962,770 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities . . . 2a 2b Prior year adjustments Other losses 2c C 2d d Other (Describe in Part XIII.) . . . Add lines 2a through 2d . 2e Subtract line 2e from line 1 3 8,962,770 3

4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b b Add lines **4a** and **4b** 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information

Return Reference Explanation

8.962,770 Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. See Additional Data Table

Page 4

| chedule D (Form 990) 2019 | Page 5 |
|-----------------------------|----------------------|
| Part XIII Supplemental Info | ormation (continued) |
| Return Reference | Explanation |
| | |
| | |
| | |
| | |
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| | |
| | |
| | |

Schedule D (Form 990) 2019

Additional Data

Software Version:

EIN: 38-2433720

Name: DETROIT ECONOMIC GROWTH ASSOCIATION

| | Supplemental | Information |
|--|--------------|-------------|
|--|--------------|-------------|

Explanation

Software ID:

Return Reference

PART X, LINE 2: THE DEGA'S [ORGANIZATION'S] MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS OR UNRE COGNIZED TAX BENEFITS AS OF JUNE 30, 2020 OR 2019.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

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

DLN: 93493089005141

Open to Public Inspection

| Treasury Internal Revenue Service | | ► Go to <u>ww</u> | <u>w.irs.gov/Form990</u> for | the latest information | on. | | |
|--|---------------------------------------|------------------------------------|--|--|---|------------------------------------|-------------------------------|
| Name of the organization | CCOCIATION | | | | | Employer id | lentification number |
| DETROIT ECONOMIC GROWTH A | SSOCIATION | | | | | 38-243372 | 0 |
| | | and Assistance | | | | | |
| Does the organization mai the selection criteria used | | | | | for the grants or assistant | ce, and | ☑ Yes ☐ N |
| 2 Describe in Part IV the org | · · · · · · · · · · · · · · · · · · · | | | | 1.104 | | |
| | | | ind Domestic Governme ditional space is needed. | ents. Complete if the o | rganization answered "Yes | on Form 990, Part I | V, line 21, for any recipient |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description noncash assista | |
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
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| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| | . , . , | - | | | | | 5 |
| For Paperwork Peduction Act Noti | | | <u> </u> | Cat No. 5005 | | · · · · · · · | Schedule I /Form 990\ 2019 |

(Form 990)

Department of the

Page **2**

(4) (5)

Schedule I (Form 990) 2019

(3)

(6)

(7)

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

Part IV

Return Reference

Explanation

PART I, LINE 2: GRANTS ARE FOR SPECIFIC PROJECTS; THEY REQUIRE BUDGETS AND REGULAR FINANCIAL REPORTS. Schedule I (Form 990) 2019

Additional Data

CORPORATION OF THE CITY

500 GRISWOLD SUITE 2200 DETROIT, MI 48226

OF DETROIT

| | | Software ID: Software Version: | | | | | |
|---|----------------|-----------------------------------|-----------------------------|--|---|-----|------------------------------------|
| | | EIN: | : 38-2433720 | | | | |
| | | Name: | : DETROIT ECONOMIC | C GROWTH ASSOC | ÍATION | | |
| | | | | | | | |
| | | | | | | | |
| Form 990,Schedule I, Part | II, Grants and | Other Assistance to | Domestic Organiza | cions and Domest | ic Governments. | | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | | (h) Purpose of grant or assistance |
| ECONOMIC DEVELOPMENT CORPORATION OF THE CITY OF DETROIT 500 GRISWOLD SUITE 2200 DETROIT, MI 48226 | 27-2028946 | CITY OF DETROIT | 761,704 | | N/A | N/A | MOTOR CITY MATCH |
| ECONOMIC DEVELOPMENT | 27-2028946 | CITY OF DETROIT | 415,000 | 1 | N/A | N/A | LIVERNOIS |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 38-2192028 501(C)(4) 150.000 IN/A DETROIT ECONOMIC GROWTH N/A IBUSINESS ATTRACTION

CORPORATION AND RETENTION 500 GRISWOLD SUITE 2200 DETROIT, MI 48226

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BATTLE CREEK, MI 49017

WK KELLOGG FOUNDATION 38-1359264 501(C)(3) 66.563 IN/A IGREEN GROCER N/A 1 EAST MICHIGAN AVENUE PROGRAM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance assistance other) or government

INCENTIVE

| 19 CLIFFORD STREET DETROIT, MI 48226 | 83-3431044 | 501(C)(3) | 42,500 | N/A | N/A | MOBILITY |
|--------------------------------------|------------|-----------|-----------------|-----|-----|-------------------|
| SKIDMORE STUDIO LLC | 27-1134591 | | 37 <i>.</i> 500 | N/A | N/A | CREATIVE CORRIDOR |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1555 BROADWAY 4TH FLOOR DETROIT, MI 48226

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 38-1895131 16.500 IN/A ROSSETTI ASSOCIATES N/A ICREATIVE CORRIDOR 160 WEST FORT STREET SUITE INCENTIVE 400 DETROIT, MI 48226 PRETTY LADY'S SALON 32-5621063 5.700 IN/A LIVERNOIS N/A

19367 LIVERNOIS DETROIT, MI 48221

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 38-3436456 501(C)(3) 5.000 N/A IN/A DETROIT STRATEGIC DOWNTOWN DETROIT PARTNERSHIP FRAMEWORK PLAN 600 RENAISSANCE CENTER **SUITE 1740** DETROIT, MI 48243

10,000

N/A

SMALL BUSINESS

RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

18925 LIVERNOIS LLC

18925 LIVERNOIS

DETROIT, MI 48221

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 47-3393513 10.000 N/A IN/A SMALL BUSINESS ANANI RESTAURANT GROUP LLC RELIEF 7636 GRATIOT AVENUE DETROIT, MI 48213 ANDREWS ON THE CORNER 38-2676578 10.000 N/A IN/A SMALL BUSINESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

INC

201 JOSEPH CAMPAU DETROIT, MI 48207

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

N/A

SMALL BUSINESS

RELIEF

| BEYDOUN INVESTMENTS INC 3554 WEST VERNOR | 38-3443603 | 10,000 | N/A | N/A | SMALL BUSINESS RELIEF |
|---|------------|--------|-----|-----|--------------------------|
| DETROIT, MI 48216 | | | | | |

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BROOKLYN STREET LOCAL LLC

1266 MICHIGAN AVENUE

DETROIT, MI 48226

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CASS CAF INC. 38-2815522 10.000 IN/A SMALL BUSINESS N/A RELIEF

4620 CASS AVENUE DETROIT, MI 48201 CENTRAL BAR & GRILL LLC IN/A N/A SMALL BUSINESS

47-1966116 10.000 660 WOODWARD AVENUE

DETROIT, MI 48226

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) CORRIDOR SAUSAGE 27-1227477 10,000 N/A N/A SMALL BUSINESS locuted. COMPANY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| 1801 DIVISION STREET DETROIT, MI 48207 | | | | KELIEF |
|---|------------|--------|-----|------------------------------|
| DETROIT IS THE NEW BLACK LLC 6533 EAST JEFFERSON SUITE 323 | 46-5742053 | 10,000 | N/A | SMALL BUSINESS RELIEF |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) **EASTSIDE TENNIS & FITNESS** 38-2747955 10.000 N/A IN/A SMALL BUSINESS CLUB LLC RELIEF 18201 FAST WARREN AVENUE DETROIT, MI 48224 EL PALENQUE MEXICAN 46-2980142 10.000 N/A IN/A SMALL BUSINESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RESTAURANT INC

1312 SPRINGWELLS STREET DETROIT, MI 48209

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) EL REY DE LAS AREPAS LLC. 82-4011618 10.000 IN/A SMALL BUSINESS N/A 7701 MCGRAW RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DETROIT, MI 48211

ELLIS INFINITY LLC 61-1566614 10.000 IN/A N/A SMALL BUSINESS 1545 CLAY STREET UNIT 6 RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 46-5313196 10.000 IN/A GRIND TIME FITNESS LLC N/A SMALL BUSINESS 18451 WYOMING STREET RELIEF DETROIT, MI 48221 GYROLAND LLC 38-3492099 10.000 N/A SMALL BUSINESS 200 RENAISSANCE CENTER RELIEF FOOD COURT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government HENRY THE HATTER 38-0642280 10.000 IN/A SMALL BUSINESS N/A 2472 RIOPELLE RELIEF

IN/A

N/A

SMALL BUSINESS

RELIEF

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DETROIT, MI 48207
HOSTEL DETROIT

2700 VERMONT DETROIT, MI 48216

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government JEMM INVESTMENTS INC 16-1261250 10 0001 INI/A NI/A ISMALL BUSINESS

| 655 BEAUBIEN DETROIT, MI 48226 | 40-4204338 | 10,000 | | | RELIEF |
|-----------------------------------|------------|--------|-----|-----|----------------|
| KIESLING LLC | 81-1173220 | 10,000 | N/A | N/A | SMALL BUSINESS |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

449 FAST MILWAUKEE STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

N/A

SMALL BUSINESS

RELIEF

| LE CHEF GOURMET INC 4830 CASS AVENUE DETROIT, MI 48201 | 26-1291122 | 10,000 | N/A | N/A | SMALL BUSINESS RELIEF |
|--|------------|--------|-----|-----|--------------------------|

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LOVE WEAR YOU LIVE TOO

5000 CONNER STREET DETROIT, MI 48213

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government MERCURY MERCHANTS 2 LLC 48-5111838 10.000 IN/A SMALL BUSINESS N/A RELIEF

19132 LIVERNOIS
DETROIT, MI 48221

MICHIGAN SKATELAND INC 38-2056010 10.000 N/A N/A SMALL BUSINESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5201 ALTER DETROIT, MI 48224

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 30-0778038 10.000 IN/A MIKE'S KABOB GRILLE INC N/A SMALL BUSINESS 719 GRISWOLD RELIEF DETROIT, MI 48226 MOTOR CITY BREWING 38-3177015 10.000 N/A SMALL BUSINESS WORKS INC RELIEF

470 WEST CANFIELD DETROIT, MI 48201

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 83-2644245 10.000 IN/A PESO BAR LLC N/A SMALL BUSINESS 2457 BAGLEY RELIEF DETROIT, MI 48216 RAF GLOBAL CORPORATION 27-3954939 10.000 N/A SMALL BUSINESS 660 WOODWARD AVENUE RELIEF UNIT 110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government REBEL NELL L3C 46-2825261 10.000 IN/A SMALL BUSINESS N/A RELIEF

1314 HOLDEN STREET DETROIT, MI 48202

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DETROIT, MI 48212

SAEED'S FOOD MART INC 81-4527951 10.000 IN/A N/A SMALL BUSINESS RELIEF 13347 CONANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 41-2269832 10.000 IN/A SUPINO PIZZA INC N/A SMALL BUSINESS 2457 RUSSELL STREET RELIEF DETROIT, MI 48207 SWEET POTATO SENSATIONS 38-2813034 10.000 N/A SMALL BUSINESS INC RELIEF 17337 LAHSER ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 20-3454060 10.000 IN/A TAOUERIA EL NACIMIENTO N/A SMALL BUSINESS RELIEF 7400 WEST VERNOR DETROIT, MI 48209 THE 1919 CORPORATION 59-3783904 10.000 IN/A SMALL BUSINESS

N/A

RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2638 ORLEANS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government THE CHEESE STORE 1887 LLC 45-1257101 10.000 IN/A SMALL BUSINESS N/A 2468 MARKET STREET RELIEF

IN/A

N/A

SMALL BUSINESS

RELIEF

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

THE FOOD LAB LLC

1236 MICHIGAN AVENUE DETROIT, MI 48226

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 26-2970328 10.000 IN/A THE PLYMOUTH CAFE N/A SMALL BUSINESS INCORPORATED RELIEF 16801 PLYMOUTH ROAD DETROIT, MI 48227 THE TEN NATI BAR LLC. 80-1950857 10.000 IN/A N/A SMALL BUSINESS

1215 GRISWOLD SUITE 100

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 46-1317301 10.000 IN/A TRINOSOPHES LLC N/A SMALL BUSINESS 1464 GRATIOT AVENUE RELIEF DETROIT, MI 48207 WOODHOUSE DAY SPA -57-1220739 10.000 N/A SMALL BUSINESS DETROIT RELIEF 1447 WOODWARD AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ZEEE'S EASTEDN MADKET 91-526/927 10 0001 INI/A N/A SMALL BUSINESS N/A

N/A

SMALL BUSINESS

RELIEF

| ZEFF 3 EASTERN MARKET | 01-3204037 | 10,000 | IN/A | SMALL BU |
|---------------------------------------|------------|--------|------|----------|
| CONEY INC | | | | RELIEF |
| 2469 RUSSELL STREET | | | | |
| DETROIT, MI 48207 | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |

7.500l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ALAMIN FISH MARKET LLC.

11920 CONANT

DETROIT, MI 48212

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 47-2341385 7.500l IN/A DETROIT SOUL LLC N/A SMALL BUSINESS 2900 EAST 8 MILE ROAD RELIEF DETROIT, MI 48234 FIRST YOGI'S KIDDIE KARE 37-1432177 7.500 N/A SMALL BUSINESS INC RELIEF 13668 PLYMOUTH ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government FLO BOUTIOUE COMPANY 37-1486899 7.500l IN/A SMALL BUSINESS N/A 404 WEST WILLIS RELIEF

IN/A

N/A

SMALL BUSINESS

RELIEF

7.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GO SY THAI INC

DETROIT, MI 48201

4240 CASS AVENUE SUITE 103

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 38-3354599 7.500 N/A IN/A SMALL BUSINESS GOURMET FOOD CENTER INC 15724 WEST 7 MILE ROAD RELIEF DETROIT, MI 48235 LA POSADA MEXICAN 20-8808277 7.500l IN/A N/A SMALL BUSINESS RELIEF RESTAURANT AND GROCERIES MARKET

1930 SPRINGWELLS STREET DETROIT, MI 48209

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government LA TERRAZA INC. 45-4466182 7.500l IN/A SMALL BUSINESS N/A RELIEF

8445 WEST VERNOR DETROIT, MI 48209

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DETROIT, MI 48207

LE CULTURE CAF LLC 83-1000091 7.500 IN/A N/A SMALL BUSINESS RELIEF 1428 GRATIOT AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 83-0911513 7.500l IN/A SMALL BUSINESS LOVE YOURSELE LLC N/A RELIEF

1026 RANDOLPH STREET DETROIT, MI 48226

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DETROIT, MI 48207

MACERI PRODUCE LLC 27-4265401 7.500 IN/A N/A SMALL BUSINESS RELIEF 2637 RUSSELL STREET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 83-3194104 7.500l IN/A MIDTOWN RESTAURANT N/A SMALL BUSINESS GROUP LLC RELIEF 51 WEST FOREST DETROIT, MI 48201 POP CULTURE VEGANILIC 84-4709865 7.500l IN/A N/A SMALL BUSINESS

15439 MACK AVENUE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 45-3587693 7.500l IN/A POPA'S AUTO SALES N/A SMALL BUSINESS 8000 WEST WARREN AVENUE RELIEF DETROIT, MI 48210 RIVERFRONT BUILDING 81-2198788 7.500 IN/A SMALL BUSINESS SUPPLY AND HARDWARE LLC RELIEF 14400 EAST JEFFERSON

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 46-0671898 7.500 N/A IN/A SMALL BUSINESS SHA-SHA KIDDY KORNER CHILD CARE CENTER LLC IRELIEF

| 781 EAST GRAND BOULEVARD DETROIT, MI 48207 | | | | |
|---|------------|-------|-----|--------------------------|
| SOUL'S DINING AND ENTERTAINMENT CORPORATION | 82-4978505 | 7,500 | N/A | SMALL BUSINESS RELIEF |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

17410 EAST WARREN AVENUE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 82-4787209 7.500l IN/A SOUTHWEST DONUTS LLC N/A SMALL BUSINESS 5875 WEST VERNOR RELIEF DETROIT, MI 48209 THE STACHE ENTERPRISES 46-0650419 7.500 N/A SMALL BUSINESS TLC. RELIEF 1420 EAST FISHER FREEWAY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 47-4785129 7.500 N/A IN/A SMALL BUSINESS THREE THIRTEEN DETROIT'S BRAND NAME INC RELIEF 19495 LIVERNOIS DETROIT, MI 48221

19495 LIVERNOIS
DETROIT, MI 48221

20930 MACK AVENUE INC 38-3109256 5,000 N/A N/A SMALL BUSINESS 20930 MACK AVENUE
RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GROSSE POINTE WOODS, MI

48236

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 3 D FIT INC 01-0834800 5.000 IN/A N/A SMALL BUSINESS 12425 NIXON AVENUE RELIEF RIVERVIEW, MI 48193 313 ENTERTAINMENT GROUP 61-1641087 5.000 N/A SMALL BUSINESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TLC.

1456 WOODWARD AVENUE DETROIT, MI 48226

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 359 YOGA LLC 81-2371771 5.000 IN/A SMALL BUSINESS N/A 3162 BIDDLE SUITE 200 RELIEF

IN/A

N/A

SMALL BUSINESS

RELIEF

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WYANDOTTE, MI 48192
44 BURRITO LLC

DETROIT, MI 48235

14015 WEST 8 MILE ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 81-1373046 5.000 N/A IN/A SMALL BUSINESS 5 MILE BREWING COMPANY LLC RELIEF 2515 RTOPELLE

DETROIT, MI 48207 ACE'S PROPERTY SERVICES 83-2157791 5.000 N/A IN/A SMALL BUSINESS 300 NORTH MILL STREET APT RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PLYMOUTH, MI 48170

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

N/A

SMALL BUSINESS

RELIEF

| AGI CONSTRUCTION LLC 1211 TRUMBULL DETROIT, MI 48216 | 26-3294437 | 5,000 | N/A | N/A | SMALL BUSINESS RELIEF |
|--|------------|-------|-----|-----|--------------------------|

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ALLEN PARK COLLISION INC.

16834 FCORSE ROAD

ALLEN PARK, MI 48101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) AMERICAN CYCLE & FITNESS 38-3125056 5.000 N/A IN/A SMALL BUSINESS INC RELIEF 20343 MACK AVENUE GROSSE POINTE WOODS, MI 48236

N/A

SMALL BUSINESS

RELIEF

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

AMERI-PRINT INC

LIVONIA, MI 48150

35175 PLYMOUTH ROAD

38-2832573

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 46-1044998 5.000 IN/A AMH CHIROPRACTIC PC N/A SMALL BUSINESS 15825 MIDDLEBELT ROAD RELIEF LIVONIA, MI 48154 ANGEL LAND CHILD CARE AND 38-3312467 5.0001 N/A SMALL BUSINESS PARENT INSTITUTE RELIEF 8642 LINWOOD

DETROIT, MI 48206

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 46-4300467 5.000 IN/A ANH ENTERPRISES LLC N/A SMALL BUSINESS 21538 GODDARD ROAD RELIEF 20-0145811 SMALL BUSINESS

TAYLOR, MI 48180 APPLIED CLEANING 5.0001 N/A TECHNOLOGY INC. RELIEF 40970 5 MILE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PLYMOUTH, MI 48170

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ARETEE THERAPEUTIC 20-3598363 5.000 N/A IN/A SMALL BUSINESS WELLNESS SPA & CAFE INC RELIEF 20559 MACK AVENUE GROSSE POINTE WOODS, MI 48236

N/A

SMALL BUSINESS

RELIEF

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

81-3162550

ARNAZ LLC

41580 FORD ROAD

CANTON, MI 48187

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government ART IN MOTION LLC 38-3906382 5.000 IN/A SMALL BUSINESS N/A

19452 LIVERNOIS
DETROIT, MI 48221

AUTO-AMERICA INC 38-3082302 5,000 N/A N/A SMALL BUSINESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2366 DIX-TOLEDO

LINCOLN PARK, MI 48146

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 27-3315272 5.000 IN/A SMALL BUSINESS BARNES ENTERPRISE LLC N/A 12855 LEVAN RELIEF

IN/A

N/A

SMALL BUSINESS

RELIEF

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LIVONIA, MI 48150

525 FOREST AVENUE PLYMOUTH, MI 48170

BIRCHWOOD RETAILERS LLC

82-2914465

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government BITNOA LLC 46-4721141 5.000 IN/A N/A SMALL BUSINESS 21733 GRAND RIVER AVENUE RELIEF DETROIT, MI 48219 BRECKEL'S MASSAGE INC. 82-1509045 5.0001 N/A N/A SMALL BUSINESS 16610 MACK AVENUE RELIEF

GROSSE POINTE PARK, MI

48230

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

RELIEF

| CAN YOU PICTURE THIS LLC 14221 GREENFIELD ROAD DETROIT, MI 48227 | 20-1842527 | 5,000 | N/A | N/A | SMALL BUSINESS RELIEF |
|--|------------|-------|-----|-----|--------------------------|
| CANNELLE DETROIT LLC | 82-3013137 | 5.000 | N/A | N/A | SMALL BUSINESS |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

45 GRAND RIVER AVENUE DETROIT, MI 48226

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government CAREY'S CAMP CANINE LLC. 46-5082728 5.000 IN/A SMALL BUSINESS N/A 16677 RACHO RELIEF

IN/A

N/A

SMALL BUSINESS

RELIEF

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TAYLOR, MI 48180

24513 FORD ROAD

DEARBORN, MI 48128

81-3386484

C-ASSIST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government USINESS

| CELLULAR SURGEONS INC 8680 TELEGRAPH ROAD TAYLOR, MI 48180 | 46-0919286 | 5,000 | N/A | | SMALL BUSINESS RELIEF |
|--|------------|-------|-----|-----|--------------------------|
| CENTER COURT LOUNGE INC | 38-3107269 | 5,000 | N/A | N/A | SMALL BUSINESS |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

14795 DIX-TOLEDO SOUTHGATE, MI 48195

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 27-2527571 5.000 IN/A CLIMAX SERVICES N/A SMALL BUSINESS INCORPORATED RELIEF 6725 MIDDLEBELT GARDEN CITY, MI 48135 CULINARY EO LLC 81-4077122 5.000 IN/A

N/A

SMALL BUSINESS

RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3102 VAN HORN ROAD

TRENTON, MI 48183

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 47-4751058 5.000 IN/A SMALL BUSINESS DOCK DETROIT INC. N/A RELIEF

DOCK DETROIT INC 47-4751058 5,000 N/A SMALL BUSINESS RELIEF

DETROIT, MI 48226 5,000 N/A N/A SMALL BUSINESS SMALL BUSINESS SMALL BUSINESS N/A SMALL BUSINESS N/A SMALL BUSINESS SMALL BUSINESS N/A SMALL BUSINESS SMALL BUSINESS N/A SMALL BUSINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

24800 WEST MONICHOLS

DETROIT, MI 48219

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government DANTO FURNITURE COMPANY 76-0846562 5.000 IN/A SMALL BUSINESS N/A RELIEF

7701 WEST VERNOR DETROIT, MI 48209

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LIVONIA, MI 48152

DAVID A PAULISIN DDS PC 38-2426280 5.000 IN/A N/A SMALL BUSINESS RELIEF 28807 8 MILE ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 81-1196172 5.000 N/A IN/A SMALL BUSINESS DEARBORN PREMIER NIGHT LIFE LLC RELIEF 22217 MICHIGAN AVENUE DEARBORN, MI 48124

N/A

IN/A

SMALL BUSINESS

RELIEF

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DEARBORN, MI 48124 DEE & L DEVELOPMENT 38-3649267 CORPORATION

1439 GRISWOLD DETROIT, MI 48226

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government DESIGNER WAREHOUSE 38-2776221 5.000 IN/A N/A SMALL BUSINESS CENTER INC RELIEF 35028 MICHIGAN AVENUE WAYNE, MI 48184 DETROIT BEER COMPANY LLC 45-2690618 5.000 IN/A N/A SMALL BUSINESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1529 BROADWAY

DETROIT, MI 48226

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government DETROIT CLOTHING CIRCLE 80-0911211 5.000 IN/A N/A SMALL BUSINESS LLC RELIEF 3980 SECOND AVENUE DETROIT, MI 48201 DETROIT DENIM LLC 83-4265970 5.000 IN/A SMALL BUSINESS N/A

2987 FRANKLIN STREET

DETROIT, MI 48207

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 38-2437858 5.000 IN/A SMALL BUSINESS N/A RELIEF

IN/A

N/A

SMALL BUSINESS

RELIEF

DEXTER GRINDS LLC 12041 DEXTER AVENUE DETROIT, MI 48206

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DIVA NAILS & SPA III LLC

39719 TRADITIONS DRIVE NORTHVILLE, MI 48168

82-5457205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 38-2394341 5.000 IN/A SMALL BUSINESS N/A RELIEF

DOWNRIVER OFFICE LLC 4051 FORT STREET WYANDOTTE, MI 48192

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WESTLAND, MI 48186

DPI GRAPHICS INC 30-0683132 5.000 IN/A N/A SMALL BUSINESS RELIEF 2270 SOUTH WAYNE ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) EDUCARE STUDENT SERVICES 46-2716116 5.000 N/A IN/A SMALL BUSINESS LLC RELIEF 4929 SCHAFFER ROAD

DEARBORN, MI 48126 EL RANCHO MEXICAN 38-3368869 5.000 N/A IN/A SMALL BUSINESS RESTAURANT LLC RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5900 WEST VERNOR DETROIT, MI 48209

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-2299925 5.000 IN/A ELEVATE BEAUTE' INC N/A SMALL BUSINESS 2242 WEST JEFFERSON SUITE RELIEF TRENTON, MI 48183 FILIF IRIS LLC 46-4624298 5.000 IN/A SMALL BUSINESS N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

517 MONROE

DETROIT, MI 48226

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ELLIS SLOAN INC 38-2206126 5.000 N/A IN/A SMALL BUSINESS 34824 WEST MICHIGAN RELIEF AVENUE

WAYNE, MI 48184 FALCON FILM STUDIOS LLC 82-2122164 5.000 N/A IN/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PLYMOUTH, MI 48170

SMALL BUSINESS 340 NORTH MAIN STREET RELIEF SUITE 206

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 85-0593837 5.000 IN/A SMALL BUSINESS FANCY NATIS 1 LLC N/A 18296 ALLEN ROAD RELIEF MELVINDALE, MI 48122

IN/A

N/A

SMALL BUSINESS

RELIEF

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FASHION CENTS LLC

23021 OUTER DRIVE ALLEN PARK, MI 48101 27-0371121

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 20-5112710 5.000 IN/A FEINN TIRE GROUP INC. N/A SMALL BUSINESS 28055 PLYMOUTH ROAD RELIEF LIVONIA, MI 48150 FFP INSURANCE SERVICES 37-4862105 5.0001 N/A SMALL BUSINESS 17199 NORTH LAURFL PARK RELIEF SUITE 210 LIVONIA, MI 48152

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) FULL CIRCLE FOUNDATION 45-3141975 5.000 N/A N/A SMALL BUSINESS TNC RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GROSSE POINTE WOODS, MI

48236

| 17006 MACK AVENUE GROSSE POINTE PARK, MI 48230 | | | | KLLILI |
|--|------------|-------|-----|--------------------------|
| FULL LOTUS LLC 20365 MACK AVENUE | 46-2338992 | 5,000 | N/A | SMALL BUSINESS RELIEF |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government GALUX LLC 45-5195829 5.000 IN/A N/A SMALL BUSINESS 719 GRISWOLD RELIEF DETROIT, MI 48226 GARY A SHOEMAKER DC PC 38-2775310 5.0001 N/A SMALL BUSINESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

18720 MACK AVENUE

48236

GROSSE POINTE FARMS, MI

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government GAYA INC 41-2145777 5.000 IN/A SMALL BUSINESS N/A

15923 EAST WARREN AVENUE RELIEF DETROIT, MI 48224

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GIFTCOAST II LLC 26-0542869 5.000 IN/A N/A SMALL BUSINESS RELIEF

43309 JOY ROAD

CANTON, MI 48187

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 46-4928159 5.000 IN/A GIGGLZ & WIGGLZ LLC N/A SMALL BUSINESS RELIEF 20-0949989 5.0001 N/A SMALL BUSINESS

43337 JOY ROAD CANTON, MI 48187 GIGI'S MODE LLC 960 WEST ANN ARBOR TRAIL RELIEF SUITE 1

PLYMOUTH, MI 48170

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 46-0638932 5.000 N/A IN/A SMALL BUSINESS GREAT LAKES AWARDS LLC 32635 FORD ROAD RELIEF GARDEN CITY, MI 48135 GREAT LAKES MEDICAL 13-4238444 5.000 IN/A N/A SMALL BUSINESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GREAT LAKES MEDICAL LABORATORIES INC 13530 MICHIGAN AVENUE SUITE 248

DEARBORN, MI 48126

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 26-1175656 5.000 IN/A SMALL BUSINESS GROOTKA INC. N/A RELIEF

1254 MICHIGAN AVENUE DETROIT, MI 48226 N/A SMALL BUSINESS

GUERRILLA FOOD LLC 46-5027886 5.000 IN/A 17740 WOODWARD AVENUE

DETROIT, MI 48214

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 30-0647388 5.000 IN/A HCH GROUP INC N/A SMALL BUSINESS RELIEF

3701 SOUTH TELEGRAPH
ROAD
DEARBORN, MI 48124

HELAL LLC 47-2822103 5,000 N/A N/A SMALL BUSINESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

13900 WEST WARREN AVENUE

DEARBORN, MI 48126

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) HERNANDEZ FOODS LLC 46-5345921 5.000 N/A IN/A SMALL BUSINESS 19595 MACK AVENUE RELIEF GROSSE POINTE WOODS, MI 48236

GROSSE POINTE WOODS, MI
48236

HIDER INVESTMENT GROUP
47-3395008
5,000
N/A
N/A
N/A
SMALL BUSINESS
RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

22207 MICHIGAN AVENUE DEARBORN, MI 48124

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 20-2311542 5.000 N/A IN/A SMALL BUSINESS HIGHLAND LANDSCAPE & SNOW PLOWING INC RELIEF 51005 BELMONT PARK COURT NORTHVILLE, MI 48167

N/A

IN/A

SMALL BUSINESS

RELIEF

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HONEY TREE ENTERPRISES

15440 SHELDON ROAD NORTHVILLE, MI 48168

INC

46-2111114

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government IMPACT FORCE INC. 38-3317182 5.000 IN/A SMALL BUSINESS N/A 6720 PARK AVENUE RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ALLEN PARK, MI 48101

IN & OUT TAX SERVICES INC. 81-3889917 5.000 IN/A N/A SMALL BUSINESS RELIEF 27530 7 MILE ROAD LIVONIA, MI 48152

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government SMALL BUSINESS

| 22537 MICHIGAN AVENUE DEARBORN, MI 48124 | | · | | |
|---|------------|-------|-----|-----|
| INSAF LLC | 45-4224580 | 5,000 | N/A | N/A |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PLYMOUTH, MI 48170

RELIEF ISCM LLC 38-3830640 5.0001 IN/A IN/A

SMALL BUSINESS 9075 NORTH HAGGERTY ROAD RELIEF

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ISLAMIC INSTITUTE OF 38-2414342 5.000 N/A IN/A SMALL BUSINESS KNOWLEDGE RELIEF 6345 SCHAFFER ROAD SMALL BUSINESS

DEARBORN, MI 48126 JT LAMBERT CONSTRUCTION 46-2866808 5.000 N/A IN/A PROFESSIONALS LLC RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

42320 EAST ANN ARBOR ROAD PLYMOUTH, MI 48170

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ITM LLC 27-2258025 5.000 IN/A N/A SMALL BUSINESS 17007 KERCHEVAL AVENUE RELIEF GROSSE POINTE, MI 48230 JACK'S AUTO REPAIR SHOP 27-1282407 5.0001 N/A SMALL BUSINESS INC RELIEF

3120 FORT STREET LINCOLN PARK, MI 48146

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 26-2986592 5.000 N/A IN/A JARBOU CANTON REAL ESTATE SMALL BUSINESS LLC RELIEF 41725-41865 FORD ROAD CANTON, MI 48187

N/A

IN/A

SMALL BUSINESS

RELIEF

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

JUICE BARBERSHOP LLC

DETROIT, MI 48219

18325 WEST MCNICHOLS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government JUJU INC 38-3273244 5.000 IN/A SMALL BUSINESS N/A 33885 WEST 5 MILE RELIEF

N/A

SMALL BUSINESS

RELIEF

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LIVONIA, MI 48154
JUMBO'S BAR INC

3736 THIRD STREET DETROIT, MI 48201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government K & M BOAT COMPANY I.C. 84-4912718 5.000 IN/A SMALL BUSINESS N/A 14990 TELEGRAPH ROAD RELIEF

N/A

SMALL BUSINESS

RELIEF

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

KING'S BAKERY LLC

4618 GREENFIELD ROAD DEARBORN, MI 48126

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) KYRCO INC 35-2444655 5.000 N/A IN/A SMALL BUSINESS 37155 6 MILE RELIEF LIVONIA, MI 48152 LAKEPOINTE CHIROPRACTIC 38-3507932 5.000 IN/A N/A SMALL BUSINESS

RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CLINIC PLC 20817 MACK AVENUE GROSSE POINTE WOODS, MI

48236

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government LIBERATI'S INC. 38-3612551 5.000 IN/A SMALL BUSINESS N/A 7607 ALLEN ROAD RELIEF ALLEN PARK, MI 48101

N/A

SMALL BUSINESS

RELIEF

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LIVONIA NAILS & SPA LLC

37339 6 MILE LIVONIA, MI 48152

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 38-2690066 5.000 IN/A LLOYD'S BAR AND GRILL INC N/A SMALL BUSINESS 8961 MACOMB STREET RELIEF GROSSE ILE, MI 48138 LORNA'S CAKE AND CANDY 38-2642176 5.0001 IN/A SMALL BUSINESS SUPPLY SHOPPELLC RELIEF 17434 ECORSE ROAD

ALLEN PARK, MI 48101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 38-3067867 5.000 IN/A LOYALTY INSURANCE N/A SMALL BUSINESS SERVICES INC RELIEF 415757 JOY ROAD

CANTON, MI 48187

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WESTLAND, MI 48185

LUBE CUBE AUTO CARE INC. 32-0303396 5.000 IN/A N/A SMALL BUSINESS 35440 FORD ROAD RELIEF

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LUCKY DOG LUXURY DAYCARE 80-0965215 5.000 N/A IN/A SMALL BUSINESS AND BOARDING INC RELIEF 5921 MIDDLEBELT SMALL BUSINESS

GARDEN CITY, MI 48135 LUSH YUMMIES PIE COMPANY 47-5567378 5.000 N/A IN/A RELIEF LLC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2939 RUSSELL STREET DETROIT, MI 48207

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

RELIEF

| LUXE BEAUTY LLC 37583 5 MILE LIVONIA, MI 48154 | 81-3620000 | 5,000 | N/A | l ' | SMALL BUSINESS RELIEF |
|--|------------|-------|-----|-----|---------------------------|
| M MANJO INC | 46-4445409 | 5,000 | N/A | N/A | SMALL BUSINESS |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

28825 FORD ROAD GARDEN CITY, MI 48135

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 85-0620316 5.000 N/A IN/A MAIN STREET GRILL & CONEY SMALL BUSINESS ISLAND RELIEF 1985 FAST JEFFERSON DETROIT, MI 48207

N/A

SMALL BUSINESS

RELIEF

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

20-8753347

MCL JASCO INC.

DETROIT, MI 48209

7140 WEST FORT STREET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government MELCO INC 38-2035275 5.000 IN/A N/A SMALL BUSINESS 18900 MICHIGAN AVENUE RELIEF DEARBORN, MI 48126 METRO DETROIT PHONE 47-1243628 5.0001 N/A SMALL BUSINESS REPAIR GARDEN CITY I.C. RELIEF 33135 FORD ROAD

GARDEN CITY, MI 48135

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 27-5076585 5.000 IN/A MIDTOWN YOGA DETROIT LLC N/A SMALL BUSINESS 55 WEST CANFIELD RELIEF DETROIT, MI 48201 MIDWEST RECOVERY & 38-2907207 5.0001 IN/A SMALL BUSINESS ADJUSTMENT INC. RELIEF 14666 TELEGRAPH ROAD

REDFORD, MI 48239

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

N/A

SMALL BUSINESS

RELIEF

| MILANO BAKERY INC 3500 RUSSELL STREET DETROIT, MI 48207 | 38-2661889 | 5,000 | N/A | 1 ' | SMALL BUSINESS RELIEF |
|---|------------|-------|-----|-----|--------------------------|
| 4 | | | | | |

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MILLENNIUM SALON INC

7301 SCHAFFER ROAD DEARBORN, MI 48126

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 82-2799177 5.000 IN/A SMALL BUSINESS N/A RELIEF

N/A

SMALL BUSINESS

RELIEF

MUTINY BAR LLC 4654 WEST VERNOR DETROIT, MI 48209

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

38-3509853

MY SALON INC

26854 TELEGRAPH ROAD

FLAT ROCK, MI 48134

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government NATIS ART 60-6138748 5.000 IN/A SMALL BUSINESS N/A 45480 FORD ROAD RELIEF CANTON, MI 48187

N/A

SMALL BUSINESS

RELIEF

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEHEZ RECRUITING LLC

15741 PLEASANT AVENUE ALLEN PARK, MI 48101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 38-3505103 5.000 N/A IN/A SMALL BUSINESS ODETTE CHIROPRACTIC FAMILY HEALTH CENTER PLC RELIEF

20960 ALLEN ROAD BROWNSTOWN, MI 48183 OLD WORLD OLIVE PRESS -27-2992076 5.000 N/A IN/A SMALL BUSINESS PLYMOUTH LLC RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

472 FOREST AVENUE PLYMOUTH, MI 48170

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 45-3232432 5.000 IN/A PAIGE RYAN SALON LLC N/A SMALL BUSINESS 1056 ANN ARBOR ROAD RELIEF 46-4302293 5.0001 N/A SMALL BUSINESS

RELIEF

PLYMOUTH, MI 48170 PARADIGM CARE & ENRICHMENT CENTER 2 LLC 45050 WARREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CANTON, MI 48187

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 47-4597432 5.000 IN/A PHRC PLYMOUTH INC N/A SMALL BUSINESS 47235 5 MILE RELIEF PLYMOUTH, MI 48170 PINGREE MANUFACTURING 81-4093416 5.0001 IN/A SMALL BUSINESS 1.3C RELIEF

6438 WOODWARD AVENUE DETROIT, MI 48202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 82-1141853 5.000 IN/A PINK DIAMOND BEAUTY MALL N/A SMALL BUSINESS DETROIT LLC RELIEF 17350 LIVERNOIS DETROIT, MI 48221

SMALL BUSINESS

RELIEF

N/A

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PLANET ANT THEATRE INC.

2320 CANIFF STREET

HAMTRAMCK, MI 48212

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 82-4367913 5.000 IN/A PRESTIGE NAILS N/A SMALL BUSINESS RELIEF

42118 FORD ROAD CANTON, MI 48187 PRIMP BEAUTY CONCIERGE 45-3139181 5.0001 IN/A SMALL BUSINESS TLC. RELIEF

985 WEST ANN ARBOR TRAIL PLYMOUTH, MI 48170

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government PRYDE ATHLETICS LLC 46-4656793 5.000 IN/A SMALL BUSINESS N/A 5536 RESEARCH DRIVE RELIEF CANTON, MI 48188

N/A

SMALL BUSINESS

RELIEF

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

38-3610491

PSMI GROUP LLC

8425 NORTH WAYNE ROAD WESTLAND, MI 48185

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 46-3571557 5.000 IN/A PT IN THE D LLC N/A SMALL BUSINESS 1420 WASHINGTON RELIEF BOULEVARD DETROIT, MI 48226 PVT INC 38-2564487 5.000 IN/A N/A SMALL BUSINESS

RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1384 MICHIGAN AVENUE

DETROIT, MI 48226

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government R & L COLOR GRAPHICS INC. 38-3219091 5.000 IN/A SMALL BUSINESS N/A RELIEF

18709 MEYERS DETROIT, MI 48235

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WYANDOTTE, MI 48192

RPD INCORPORATED 81-3140542 5.000 IN/A N/A SMALL BUSINESS RELIEF 3033 BIDDLE AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 46-4234666 5.000 N/A IN/A RELENTLESS HOLDINGS LLC SMALL BUSINESS 15124 KERCHEVAL AVENUE RELIEF GROSSE POINTE PARK, MI 48230 RENIS II LLC 27-1050876 5.000 IN/A N/A SMALL BUSINESS

RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4107 CASS AVENUE

DETROIT, MI 48201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 38-3554117 5.000 IN/A SMALL BUSINESS N/A RELIEF

N/A

SMALL BUSINESS

RELIEF

RICHARD J NYKIEL DDS PC 22150 ALLEN ROAD WOODHAVEN, MI 48183

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RIGHT HANDED LEFTY LLC

15 FAST KIRBY SUITE D DETROIT, MI 48202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance assistance other) or government DOCK CITY I.C 22 0402200 E 0001 INI/A NI/A CMALL DUCTNECC

RELIEF

| 4216 WOODWARD AVENUE DETROIT, MI 48201 | 32-0483200 | 5,000 | IN/A | 1 7 | RELIEF |
|---|------------|-------|------|-----|----------------|
| RUNWAY STYLES LLC | 20-5261272 | 5,000 | N/A | N/A | SMALL BUSINESS |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

13814 WEST MCNICHOLS DETROIT, MI 48235

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 38-3333424 5.000 N/A IN/A SMALL BUSINESS SAMCO SALES & SERVICE CORPORATION RELIEF 11878 BROOKFIELD STREET LIVONIA, MI 48150

SCHWARTZ'S GREENHOUSE 38-2710402 5.000 N/A IN/A SMALL BUSINESS RELIEF INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

30705 SIBLEY ROAD ROMULUS, MI 48174

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) SHAUNA RYDER DIGGS MD PC 41-2094273 5.000 N/A IN/A SMALL BUSINESS 17000 KERCHEVAL AVENUE RELIEF

SUITE 215 GROSSE POINTE, MI 48230 SHERRY'S ACADEMY OF 38-3308090 5.000 N/A IN/A SMALL BUSINESS DANCE INC RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

27369 TELEGRAPH ROAD FLAT ROCK, MI 48134

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 38-3496438 5.000 IN/A N/A SMALL BUSINESS SHERRY'S MAIN STREET

RELIEF

| CATERING INC 44944 FORD ROAD CANTON, MI 48187 | | · | · | | RELIEF |
|---|------------|-------|-----|-----|----------------|
| SHUKA LLC | 47-4506765 | 5,000 | N/A | N/A | SMALL BUSINESS |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

12118 FORT STREET

SOUTHGATE, MI 48195

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 38-2272723 5.000 N/A IN/A SMALL BUSINESS SIGN OF ZODIAC RACQUET BALL CLUB INC RELIEF 14795 DIX-TOLEDO SOUTHGATE, MI 48195

N/A

IN/A

SMALL BUSINESS

RELIEF

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SNEAKY'S SPORTS BAR AND GRILL

22301 ALLEN ROAD WOODHAVEN, MI 48183

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government SON THE TINC 38-3361192 5.000 IN/A SMALL BUSINESS N/A 581 EAST JEFFERSON RELIEF

N/A

SMALL BUSINESS

RELIEF

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DETROIT, MI 48226

22675 WICK ROAD TAYLOR, MI 48180

SPLISH SPLASH PET WASH INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 26-3989360 5.000 IN/A STATE DELI & GROCERY N/A SMALL BUSINESS 1200 WASHINGTON RELIEF BOULEVARD DETROIT, MI 48226 STEPHEN GROUP LLC 27-4731798 5.000 IN/A N/A SMALL BUSINESS 4930 SCHAEFER ROAD RELIEF

DEARBORN, MI 48126

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government STYLE N SMILE NO 10 LLC 32-0393094 5.000 IN/A SMALL BUSINESS N/A RELIEF

17026 KERCHEVAL AVENUE GROSSE POINTE, MI 48230

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CANTON, MI 48187

SWEET BIKES LLC 27-3109880 5.000 IN/A N/A SMALL BUSINESS RELIEF 39946 FORD ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government SWEET NOTHINGS LLC 34-2007882 5.000 IN/A SMALL BUSINESS N/A 145 MAPLE STREET RELIEF WYANDOTTE, MI 48192

N/A

SMALL BUSINESS

RELIEF

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

45-3234203

TAXSTARS LLC

7954 SCHAEFER ROAD DEARBORN, MI 48126

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government TDK FINANCIAL CENTER INC 30-0031399 5.000 IN/A N/A SMALL BUSINESS 13628 EUREKA ROAD RELIEF SOUTHGATE, MI 48195

SOUTHGATE, MI 48195

THE BIG SALAD FRANCHISE COMPANY LLC RELIEF

27-1404485

5,000

N/A

N/A

SMALL BUSINESS RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HARPER WOODS, MI 48225

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 38-3516818 5.000 IN/A THE CAMPBELL COMPANY LLC N/A SMALL BUSINESS 18900 MICHIGAN AVENUE RELIEF SUITE H-116 DEARBORN, MI 48126

SMALL BUSINESS

RELIEF

N/A

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

THE LENDING KEY LLC.

1165 MONROE STREET

DEARBORN, MI 48124

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government THE MAINSTAY FOUNDATION 45-4286586 5.000 IN/A SMALL BUSINESS N/A 7713 SCHAEFER ROAD RELIEF DEARBORN, MI 48126

IN/A

N/A

SMALL BUSINESS

RELIEF

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

THE NURTURING NEST LLC

15851 WEST 7 MILE ROAD

DETROIT, MI 48235

45-1272306

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government THE RED HOOK DETROIT LLC. 46-5270080 5.000 IN/A SMALL BUSINESS N/A

8025 AGNES STREET RELIEF DETROIT, MI 48214

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PLYMOUTH, MI 48170

THE WELLS GROUP LLC 32-0139075 5.000 IN/A N/A SMALL BUSINESS 1456 SOUTH SHELDON ROAD RELIEF

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government TINA NATIS INC. 50-6311414 5.000 IN/A SMALL BUSINESS N/A 22377 ECORSE ROAD RELIEF TAYLOR, MI 48180

IN/A

N/A

SMALL BUSINESS

RELIEF

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TIRANA GRILLE LLC

114 WEST ADAMS AVENUE DETROIT, MI 48226

37-1857016

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government **BUSINESS**

| 3042 BIDDLE AVENUE WYANDOTTE, MI 48192 | 01-08/0080 | | 5,000 | N/A | l ' | RELIEF |
|---|----------------|---|----------|-------|-----|--------|
| TMX2 ENTERPRISES INC | I 01-0870060 I | 1 | ! E 0001 | INI/A | | ICMAIL |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PLYMOUTH, MI 48170

46-0940718 5.000 N/A SMALL BUSINESS TOMO SUSHI INC IN/A 47249 5 MILE RELIEF

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 46-2182454 5.000 IN/A TONY V'S TAVERN LLC N/A SMALL BUSINESS 5756 CASS AVENUE RELIEF DETROIT, MI 48202 TRIPLE CROWN SPORTS BAR 47-3404384 5.0001 N/A SMALL BUSINESS

RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TLC.

17151 ALLEN ROAD MELVINDALE, MI 48122

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 47-5633040 5.000 IN/A TROPICAL MANAGEMENT MI57 N/A SMALL BUSINESS INC RELIEF

41544 ANN ARBOR ROAD PLYMOUTH, MI 48170

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PLYMOUTH, MI 48170

VANITY SALON LLC 20-8252627 5.000 IN/A N/A SMALL BUSINESS 857 PENNIMAN AVENUE RELIEF

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 27-4657305 5.000 N/A IN/A VOILA DESIGNS LLC SMALL BUSINESS 18226 MACK AVENUE RELIEF

GROSSE POINTE FARMS, MI 48236

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DETROIT, MI 48207

WARDA PATISSERIE LLC 81-4857121 5.000 IN/A SMALL BUSINESS N/A 1464 GRATIOT AVENUE RELIEF

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 27-1446411 5.000 N/A IN/A WESTBORN MICHIGAN SMALL BUSINESS AVENUE CAR WASH LLC RELIEF

RELIEF

25073 MICHIGAN AVENUE DEARBORN, MI 48124 81-4968168 5.000 IN/A N/A SMALL BUSINESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WIRELESS 4 LIFE INC. 1645 SOUTH MERRIMAN ROAD

WESTLAND, MI 48186

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government BUSINESS

| YEN KING INC 29105 FORD ROAD GARDEN CITY, MI 48135 | 38-2463638 | 5,000 | N/A | | SMALL BURELIEF |
|--|------------|-------|-----|-----|----------------|
| ZACNO ENTERPRISES INC | 27-2607835 | F 000 | N/A | N/A | CMALL BI |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PLYMOUTH, MI 48170

SMALL BUSINESS ZACNO ENTERPRISES INC 2/-269/835 5.0001 IN/A RELIEF 882 WEST ANN ARBOR TRAIL

| efil | e GRAPHIC pr | int - DO NOT PROCESS | As Filed Dat | :a - | DLN: 93 | 49308 | 39005 | 141 |
|------------|---|-------------------------------------|----------------------------|---|-------------------------|---------|--------|------|
| Sch | nedule J | Co | mpensat | ion Information | 0 | MB No. | 1545-0 | 0047 |
| (For | m 990) | For certain Office | | Trustees, Key Employees, and Hig | hest | | | |
| | | Complete if the org | Compensa anization answ | ated Employees vered "Yes" on Form 990, Part IV | , line 23. | 20 | |) |
| Б | | | ▶ Attach | n to Form 990. r instructions and the latest inforr | | Openi | | |
| • | tment of the Treasury al Revenue Service | V do to <u>www.ms.qo</u> | <u>v/1 01111990</u> 101 | mistructions and the latest mion | | Insp | ectio | n |
| | me of the organization of | ation ROWTH ASSOCIATION | | | Employer identifica | tion nu | ımber | |
| | | | | | 38-2433720 | | | |
| Pa | rt I Questi | ons Regarding Compensat | tion | | | | I | |
| 1 a | Check the appro | opiate box(es) if the organization | provided any of | f the following to or for a person liste | d on Form | | Yes | No |
| | | | | ny relevant information regarding the | | | | |
| | First-class | s or charter travel | | Housing allowance or residence for | personal use | | | |
| | _ | companions | | Payments for business use of perso | | | | |
| | | nification and gross-up payments | ; <u> </u> | Health or social club dues or initiati | | | | |
| | ☐ Discretion | nary spending account | Ш | Personal services (e.g., maid, chauf | ffeur, chef) | | | |
| b | | | | follow a written policy regarding pay ove? If "No," complete Part III to expl | | 1b | | |
| 2 | | | | or allowing expenses incurred by all | 4.2 | 2 | | |
| | directors, truste | es, officers, including the CEO/E | xecutive Directo | or, regarding the items checked on Lir | ne la? | | | |
| 3 | | | | ed to establish the compensation of the | he | | | |
| | | | | not check any boxes for methods CEO/Executive Director, but explain i | in Part III. | | | |
| | ☐ Compens | ation committee | П | Written employment contract | | | | |
| | | ent compensation consultant | | Compensation survey or study | | | | |
| | ☐ Form 990 | of other organizations | | Approval by the board or compensa | ition committee | | | |
| 4 | During the year related organiza | | 990, Part VII, Se | ection A, line 1a, with respect to the f | iling organization or a | | | |
| а | Receive a sever | ance payment or change-of-cont | rol payment? . | | | 4a | | No |
| b | | • • • | | lified retirement plan? | | 4b | | No |
| С | | | | nsation arrangement? | | 4c | | No |
| | If "Yes" to any o | of lines 4a-c, list the persons and | I provide the app | plicable amounts for each item in Par | t III. | | | |
| | Only 501(c)(3 |), 501(c)(4), and 501(c)(29) | organizations | must complete lines 5-9. | | | | |
| 5 | | | = | the organization pay or accrue any | | | | |
| | compensation c | ontingent on the revenues of: | | | | | | |
| а | | 1? | | | | 5a | | No |
| b | | anization? | | | | 5b | | No |
| 6 | For persons liste | , | | the organization pay or accrue any | | | | |
| а | The organization | n? | | | | 6a | | No |
| b | Any related orga | anization? | | | | 6b | | No |
| | • | 6a or 6b, describe in Part III. | | | | | | |
| 7 | | | | the organization provide any nonfixe art III | | 7 | | No |
| 8 | subject to the in | nitial contract exception describe | d in Regulations | red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," december 53.4958-4(a) | | | | N.s. |
| 9 | If "Yes" on line | 8, did the organization also follo | w the rebuttable | presumption procedure described in | Regulations section | 9 | | No |
| For F | Panerwork Redu | ction Act Notice, see the Ins | tructions for Fo | orm 990. Cat No ⁵ | 50053T Schedule | | 1 990) | 2019 |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

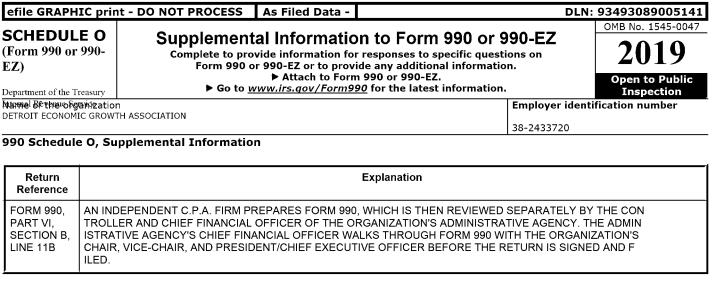
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns **(F)** Compensation in (A) Name and Title

| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | column (B) reported as deferred on prior Form 990 |
|---|------|--------------------------|-------------------------------------|---|--------------------------------|----------|------------|---|
| 1 KEVIN JOHNSON PRESIDENT AND C.E.O. | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 274,869 | 50,000 | 29,399 | 35,784 | 23,320 | 413,372 | 0 |
| 2 GLEN W LONG JR EXEC. V-P OF ADMIN. AND | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| EXEC. V-P OF ADMIN. AND C.F.O. | (ii) | 227,314 | 22,550 | 282 | 28,865 | 21,823 | 300,834 | 0 |
| | | | | | | | | |
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| | | | Schedule | J (Form 990) 2019 |
|--|--|--|----------|-------------------|





Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, GANIZATION'S ADMINISTRATIVE AGENCY, ALONG WITH THE THREAT OF TERMINATION FOR VIOLATIONS OF SECTION B, LINE 12C

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SECTION C, LINE 19

Return Explanation

990 Schedule O, Supplemental Information

Pafaranca

| Reference | |
|-----------|--|
| FORM 990, | CONSULTING FEES: PROGRAM SERVICE EXPENSES 917,439. MANAGEMENT AND GENERAL EXPENSES 0. FUND |
| PART IX, | RAISING EXPENSES 0. TOTAL EXPENSES 917,439. ENGINEERING: PROGRAM SERVICE EXPENSES 1,105,68 |
| LINE 11G | 2 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1 105 682 |

SCHEDULE R

(Form 990)

Related

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

➤ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2019

Employer identification number

Open to Public Inspection

DLN: 93493089005141 OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

| DETROIT ECONOMIC GROWTH ASSOCIATION | | | | | | | 38-24 | 133720 | | | | |
|--|------------------------|------------------------------|----------|-------------------------------------|------------------------|--------------------------|-----------|---------------------------------------|--------|-----------------------------------|-----------------------------|---------------------------|
| Part I Identification of Disregarded Entities. Complete in | f the organizati | on answer | ed "Yes | " on Form | 990, Part | IV, line 3 | 3. | | | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | | (b) Primary activi | ity | (c) Legal domici or foreign c | ile (state country) | (d) Total inco | ome | (e) End-of-year as | sets | (f) Direct cor enti |) ntrolling ty | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organization | ns. Complete if | the organ | ization | answered ' | 'Yes" on F | orm 990 | Part I | /, line 34 be | ecause | it had one or | more | |
| related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization | (b) Primary act | ivity | Legal do | (c) micile (state gn country) | (d Exempt Co |) de section | Public of | (e) harity status on 501(c)(3)) | Dire | (f) ect controlling entity | Section (13) cor enti | 512(b) ntrolled ty? |
| (1)DETROIT ECONOMIC GROWTH CORPORATION 500 GRISWOLD SUITE 2200 DETROIT, MI 482263480 38-2192028 | ECONOMIC DEVEL | OPMENT | | MI | 501(C)(4) | | N/A | | N/A | | Yes | No No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form S | 990 | | (3 | t. No. 50135 | Y | | | | School | dule R (Form | 990) 20 | 119 |

| (a) Name, address, and EIN ol related organization | f | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | Disprop | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene | | (k) Percenta ownersh |
|--|--------------------------------|-----------------------------------|---|--|--|--|--|---------|----------------------------------|--|----------------------|-----|-------------------------------------|
| | | | 1 1 | | , | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| Identification of Related Organ because it had one or more related | | | | | | ization ans | wered "Yes | s" on F | orm 9 | 990, Part IV | , line | 34 | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | L do (state | (c) egal micile or foreign | | entity (C co | (e) e of entity orp, S corp, r trust) | (f) Share of total income | Share | (g) of end- year assets | -of- Perce owne | 1) ntage rship | (13 | (i) tion 5:) contr entity |
| - | | COL | untry) | l l | | | | | | | | | c3 |
| | | COI | untry) | | | | | | | | | | |
| | | col | untry) | | | | | | | | | | |
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| | | col | untry) | | | | | | | | | | |
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| | | col | unury) | | | | | | | | | | |
| | | col | untry) | | | | | | | | | | |

| ichedule R (Form 990) 2019 | | Pa | ige 3 | | | | |
|---|------------|-----|--------------|--|--|--|--|
| Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. | | | | | | | |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | | | |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | | | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | | | | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | Yes | | | | | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | No | | | | |
| d Loans or loan guarantees to or for related organization(s) | 1d | | No | | | | |
| e Loans or loan guarantees by related organization(s) | 1e | | No | | | | |
| f Dividends from related organization(s) | 1 f | | No | | | | |
| g Sale of assets to related organization(s) | 1 g | | No | | | | |
| h Purchase of assets from related organization(s) | 1h | i | No | | | | |
| i Exchange of assets with related organization(s) | 1 i | i | No | | | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | | No | | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No | | | | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | No | | | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | Yes | | | | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | Yes | | | | | |
| o Sharing of paid employees with related organization(s) | 10 | | No | | | | |
| p Reimbursement paid to related organization(s) for expenses | 1 p | Yes | _ | | | | |

1q Yes **q** Reimbursement paid by related organization(s) for expenses . . 1r No 1s No 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(d) Method of determining amount involved (a) Name of related organization **(b)** Transaction (c) Amount involved type (a-s) (1)DETROIT ECONOMIC GROWTH CORPORATION Μ 378,000 FAIR VALUE (2) DETROIT ECONOMIC GROWTH CORPORATION В 150,000 FAIR VALUE (3) DETROIT ECONOMIC GROWTH CORPORATION Р 50,622 FAIR VALUE

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

Part VI 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) (c) (d) (e) Are all partners (f) (g) (h) (i) Code V-UBI (j) **(k)** Percentage Primary activity Legal Predominant Share of Share of Disproprtionate General or allocations? ownership domicile income section total end-of-year amount in box managing (state or (related, 501(c)(3) income assets partner? unrelated, organizations? of Schedule foreign excluded from country) K-1 (Form 1065) tax under sections 512-514) Yes No Yes No Yes No

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