Form **990-PF**

EXTENDED TO FEBRUARY 16, 29
Return of Private Foundation

2016 Detroit Employment Solutions Cognoration , EIN 38-3353746 or Section 4947(a)(1) Trust Treated as Private Foundation

Attachment to IRS Form 8940 2014

Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For c	alen	dar year 2014 or tax year beginning JUL	1, 2014	, and ending	JUN 30, 2015	
Nan	ne of	foundation			A Employer identification	number CLIENT
D	ETI	ROIT EMPLOYMENT SOLUTIO	NS CORPORATI	ON	38-3353746	CODY
		nd street (or P.O. bux number it mail is not delivered to street		Room/suite	B Telephone number	
4	40	E. CONGRESS			313-664-55	60
		own, state or province, country, and ZIP or foreign p	ostal code		C If examption application is pr	anding, check here
		ROIT, MI 48226-2917]	
G C	heck	all that apply: Initial return	initial return of a f	ormer public charity	D 1. Foreign organizations	, check here 🕨 🔛
		Final return	Amended return		2 Foreign organizations me	eting the R596 test
		Address change	Name change		2. Foreign organizations me check here and attach cor	mputation ,
H_C		type of organization: X Section 501(c)(3) ex			E II private foundation stat	
		<u> </u>	Other taxable private found		under section 507(b)(1)	• •
		rket value of all assets at end of year J Accounti	•	X Accrual	F If the foundation is in a 6	- (1
(fr		Part II, col. (c), line 16) 4 , 710 , 247 . (Part I, colu	ther (specify)	hasis I	under section 507(b)(1)	(B), Check here
		Analysis of Revenue and Expenses	1		(c) Adjusted net	(d) Disburgementa
1 0		(The total of amounts in columns (b), (c), and (d) may not necessar ly equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	37.86 QQSJM	ARK RE	CEIVED	
	2	Check If the foundation is not required to attach Sch. B		3.3%		
	3	Interest on sayings and temporary cash investments				Receive
	4	Dividends and interest from securities	0911	2019 ng	1-3-2019	Received In Corres
	_5a	Gross rents			7-7-2019	IRS - OSC 05
	Ь	Net rental income or (loss)		CINCINNATI		CFD
.	6a	Net gain or (loss) from sale of assets not an line 10				SEP 27 2019
Ę.	ь	Gross sales price for all assets on ine 6a		SERVICE CENT	ER	
Revenue	7		TE UNIT	0.		Ogden, Utah
a	8	Net short-term capital gain REC	EIVED		0.	, 6,697
	9	Income modifications				
	10a	Gross sales ess returns and allowances	1 2019			
	b	Less Cost of goods sold				
	C		RANCH			
	11		DEN			
	12	Total, Add lines 1 through 11	37,864,201.	0.	0.	F12 020
	13	Compensation of officers, directors, trustees, etc.	513,030. 4,334,886.	0.	0.	513,030. 4,334,886.
	14	Other employee salaries and wages	636,397			636,397.
9	15	Pension plans, employee benefits Legal fees STMT 1	60,469	† - 0 .	j	47,923.
ğ	104	Legal fees STMT 1 Accounting fees STMT 2	96,619.	 		89,588.
Expenses		Other professional fees STMT 3	92,227.	0.	 	81,430.
		Interest	32,22,			
Administrative	18	Taxes STMT 4	720,625.	0.	0.	720,625.
ist	19	Depreciation and depletion	193,447.			
를	20	Occupancy	1,479,713.	0.		1,471,003.
Ad	21	Travel, conferences, and meetings	85,392.	0.	0.	84,259.
5	22	Printing and publications	16,106.		0.	16,106.
6	.23	Other expenses STMT 5	4,541,302.		0.	1,528,010.
Operating and	24	Total operating and administrative				
. ק		expenses. Add lines 13 through 23	12,770,213.		193,447.	
0	25	Contributions, gifts, grants paid	25,027,637.			25,027,637.
•	26	Total expenses and disbursements.				
<u> </u>	·	Add lines 24 and 25	37,797,850.	0.	193,447.	34,550,894.
•	27	Subtract line 26 from line 12:				
)	a	Excess of revenue over expenses and disbursements	66,351.			
	b	Het investment income (if negative, enter D-)		0.		
		Adjusted net income (if negative, enter -0-)		<u> </u>	0.	<u> </u>
4235 11-24	01 6-14	LHA For Paperwork Reduction Act Notice, see	instructions.			Form 990-PF (2014)

'0211 766504 RH-400PF

2014.05060 DETROIT EMPLOYMENT SOLUTION RH-400P1

		0-PF (2014) DETROIT EMPLOYMENT SOLUT	CIONS CORPORAT Beginning of year	IONEIN 38-33537498 - 3	3353746 Page 2 (VB # ⁹⁴⁰
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
=		Cash - non-interest-bearing	181,884.	1,127,424.	1,127,424.
		Savings and temporary cash investments	101,004.	4/12//12/1	
	ı	Accounts receivable			
	"	Less; allowance for doubtful accounts			
		Pledges receivable		-	
	'	Less; allowance for doubtful accounts			
	5	Grants receivable	4,598,846.	3,041,453.	3,041,453.
	_	Receivables due from officers, directors, trustees, and other			
	"	disqualified persons			
	7	Other notes and loans receivable			
	ľ	Less: allowance for doubtful accounts			
εį	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	49,172.	106,048.	106,048.
Ą	10a	Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
	11	tovestments - tend, buildings, and equipment, basis			
	ł	Less accompilated depreciation			· · · · · · · · · · · · · · · · · · ·
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis ► 814,836.			
	{	Less accumulated depreciation • 409, 174.	505,392.	405,662.	405,662.
	15	Other assets (describe STATEMENT 6)	120,620.	29,660.	29,660.
	16	Total assets (to be completed by all filers - see the			
_	<u></u>	instructions. Also, see page 1, item I)	5,455,914.	4,710,247.	4,710,247.
	17	Accounts payable and accrued expenses	4,766,702.	4,039,945.	
	18	Grants payable _		400 000	
8	19	Deferred revenue		400,000.	
Liabilities	20	Loans from officers, directors, trustees, and other disquabled persons	224 205	117 104	
폌	21		234,387.	117,194.	
_	22	Other liabilities (describe STATEMENT 7)	368,068.	U.	
	١	W 4 44 4 1011	5,369,157.	4,557,139.	
	23	Total Habilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	3,303,131.	4,331,133.	
	l	•	1		
S		and complete lines 24 through 26 and lines 30 and 31. Unrestricted	<102,991.>	<4,453.	
alances	I -	Temporardy restricted	189,748.	157,561.	
릁	I	Permanently restricted	105,7401	137,301.	
or Fund B	26	Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
5	27	 			
şets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds			
let	30	Total net assets or fund balances	86,757.	153,108.	
_					
	31	Total liabilities and net assets/fund balances	5,455,914.	4,710,247.	
F	art		alances		
=	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3			
•		st agree with end-of-year figure reported on prior year's return)		1,1	86,757.
2	•	r amount from Part I, line 27a		2	66,351.
3		r increases not included in line 2 (Itemize)	•	3	0.
4		lines 1, 2, and 3		4	153,108.
•		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	153,108.
					Form 990-PF (2014)

Detroit Employment Solutions Copporation,

SOLUTIONS CORPORATIONEIN 38-33537468 - 33537466 Page

(a) List and descr 2-story brick wa	ribe the kind(s rehouse; or co	i) of property sold (e. ommon stock, 200 sl	.g., real estate, hs. MLC Co.)		(b) F	low ac - Purc - Dona	quired hase stion	(c) Date acquire (mo., day, yr.)	d _	(d) Date sold (mo., day, yr.)
<u> </u>										
NO	NE									
9				<u></u>						
(e) Gross sales price		eciation allowed allowable)		st or other basis expense of sale				(h) Gain or ((e) plus (f) mil		
9										
			}							
:										
					{					
			1			_				
Complete only for assets showin	g gain in colu	mn (h) and owned by	y the foundation	n on 12/31/69			()	Gains (Col. (h)	gain mi	nus
(i) F.M.V. as of 12/31/69		djusted basis of 12/31/69		xcess of col. (i) r col. (j), if any			COI	(k), but not less Losses (from o	inan -u oL (h)))-) or
·				_						
				·· <u> </u>				<u>.</u>		
<u> </u>										
<u>i</u>										
<u> </u>										
Capital gain net income or (net ca	pital loss)	If gain, also ent	ter in Part I, line -0- in Part I, line	7 27	}	2				· · · · · · · · · · · · · · · · · · ·
Net short-term capital gain or (los	s) as defined	in sections 1222(5)	and (6):							
If gain, also enter in Part I, line 8,			(-,-] [
If (loss), enter -0- in Part I, line 8					r i	•				
or optional use by domestic private	foundations (cubject to the section					nent Inc	ome		
Part V Qualification U or optional use by domestic private section 4940(d)(2) applies, leave th las the foundation liable for the sect 'Yes,' the foundation does not qual	e foundations on his part blank. Iron 4942 tax of lify under secti	cubject to the section on the distributable a ion 4940(e). Do not o	n 4940(a) tax or imount of any y complete this pa	n net investment ii ear in the base pe art.	ncome	·.)	nent Inc	ome	C	K Yes
or optional use by domestic private section 4940(d)(2) applies, leave th as the foundation liable for the sect "Yes," the foundation does not qual Enter the appropriate amount in c	e foundations on his part blank. Iron 4942 tax of lify under secti	cubject to the section on the distributable a ion 4940(e). Do not (or each year; see the	n 4940(a) tax or imount of any y complete this pa	n net investment ii ear in the base pe art.	riod?	·.)	nent Inc			
or optional use by domestic private section 4940(d)(2) applies, leave the last the foundation liable for the sect "Yes," the foundation does not qual Enter the appropriate amount in Calendar year (a) Base period years Catendar year (or tax year beginner	e foundations on part blank. Ition 4942 tax of the section of the sec	cubject to the section on the distributable a ion 4940(e). Do not o	n 4940(a) tax or nmount of any y complete this pro- nistructions be	n net investment ii ear in the base pe art.	riod?	.)	use assels	(col. (b	(d) on ratio d by col. (c))
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or optional use by domestic private section 4940(d)(2) applies, leave the last the foundation hable for the section 4940, the foundation does not qual. Enter the appropriate amount in Calendar year (or tax year beginning 2013 2012 2011 2010 2009 Total of line 1, column (d) Average distribution ratio for the State the foundation has been in exister Enter the net value of noncharitab	e foundations on the foundations of the foundations	on the distributable a ion 4940(e). Do not (or each year; see the (b) Adjusted qualifying d	n 4940(a) tax or imount of any y complete this pro- instructions be distributions	ear in the base pe art. Net value of no	ncome rrod? entries (c)		use assels O	(col. (b	(d) on ratio d by col. (c))
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or optional use by domestic private section 4940(d)(2) applies, leave the last the foundation hable for the section. Yes, the foundation does not qual. Enter the appropriate amount in a Base period years. Catendar year (or tax year beginner 2013 2012 2011 2010 2009 Total of line 1, column (d). Average distribution ratio for the street the net value of noncharitab. Multiply line 4 by line 3. Enter 1% of net investment incomes	e foundations on the foundations of the foundations	on the distributable a ion 4940(e). Do not (or each year; see the (b) Adjusted qualifying d	n 4940(a) tax or imount of any y complete this pro- instructions be distributions	ear in the base pe art. Net value of no	ncome rrod? entries (c)		use assels O	2 3 4	(d) on ratio d by col. (c))
or optional use by domestic private section 4940(d)(2) applies, leave the last the foundation hable for the section 4940, the foundation does not qual. Enter the appropriate amount in a gase period years. Catendar year (or tax year beginning 2013 2012 2011 2010 2009 Total of line 1, column (d) Average distribution ratio for the state foundation has been in exister. Enter the net value of noncharitab. Multiply line 4 by line 3	e foundations on the foundations of the foundations	cubject to the section on the distributable a ion 4940(e). Do not o or each year; see the (b) Adjusted quabfying d eriod - divide the tota n 5 years for 2014 from Parl X	n 4940(a) tax or imount of any y complete this pro- instructions be distributions	ear in the base pe art. Net value of no	ncome rrod? entries (c)		use assels O	2 3 4 5 6	(d) on ratio d by col. (c))

	990-PF (2014) DETROIT EMPLOYMENT SOLUTIONS CORPORATION SOLUTION SOLUTIO	746		Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(6), 661494810/See fit	ıstru	Ctioi	18)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			_
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%			<u>0.</u>
	of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Add times 1 and 2			0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
_	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			<u>0.</u>
	Credits/Payments:			
	2014 estimated tax payments and 2013 overpayment credited to 2014 Support (spring approximations, tax withhold at cause)			
	Exempt foreign organizations - tax withheld at source 6b			
	Tax paid with application for extension of time to file (Form 8868) Balance with bolders exceed with bolders.			
	Backup withholding erroneously withheld Total excitor and payments. Add large 50 through 5d.			Λ
	Total credits and payments. Add lines 6a through 6d			<u>0.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<u>u.</u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Gradited to 2015 estimated tax			
	Enter the amount of line 10 to be: Credited to 2015 estimated tax Refunded 11 rt VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a	•••	X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	1c		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \blacktriangleright \$ O . (2) On foundation managers. \blacktriangleright \$ O .			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$ 0.		ļ	
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		_X_
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	42		X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
		1		
ва	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	MI			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	-		
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	ts the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	1		
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		<u> </u>
10_	Did any persons become substantial contributors during the lax year? if Yes, attach a schedule listing their names and addresses	10		<u> X</u>
	Forn	990	-PF(2014)

423531 11-24-14

11 A amy time duming the year, did the toundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(137) H (**ex*, *talch schodule (see instructions) 2. Old the foundation make a distribution to a donor adviced fund over which the foundation or a disqualified person had advisory privileges? 1.1 Yex*, *talch statement (see instructions) 2.1 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address >> WWW.DESCMWORKS.COM Website address >> WWW.DESCMWORKS.COM The books are or care of ALESSIA BAKER-GILES		990-PF (2014) DETROIT EMPLOYMENT SOLUTIONS CORPORATIONEIN 38-335373/8 - 3353 Attachment to IRS Form 894	746	Р	age 5
section 512(b)(13)? If I'ves, attach schedule (see instructions) 2) Oil the foundation make a distribution to adone advised fund over which the foundation or a disqualified person had advisory privileges? If Yes, attach statement (see instructions) 3) Did the foundation comply with the public isopection requirements for its annual returns and exemption application? Website address > WWW.DESCMIWORKS.COM 10 The books are in care of ALESSIA BARKER-CIDES Telephone no. 313-664-5550 11 The books are in care of ALESSIA BARKER-CIDES Telephone no. 313-664-5550 12 The books are in care of ALESSIA BARKER-CIDES Telephone no. 313-664-5550 13 Section 497(a)(1) nonexempt charitable trusts fing form 990-FF in law of from 1041- Chick here and enter the amount of tax-exempts interest treeded or accrued during the year 16 Al any time during calendary year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 Section 497(a)(1) nonexempt charitable trusts fing form 990-FF in law of from 1041- Chick here and enter the amount of tax-exempts interest treeded or accrued during the year 16 Al any time during calendary year 2014, did the foundation have an interest in or a signature or other authority over a bank, secretary of the secretary of the year and enter the properties of the secretary of the year and enter the properties of the secretary of the year and enter the properties of the properties of the properties of the secretary of the year and the foundation (either develop or markety). 15 File Form 47201 array (term its checked in the "Yes" column, unless an exception applies. 16 Justice of the properties of the p			П		
11 Yes, attach statement (see instructions) 12	11		11		x
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for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check 'No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014? 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(i)(3) or 4942(i)(5)): a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If 'Yes,' list the years Is isted in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions.) b If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.) b Did the foundation make any inve		(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
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Part VII-B Statements Regarding Activities for Which F	orm 4/20 May be h		1 80) 5 IKS Form 894 0			_
5a During the year did the foundation pay or incur any amount to:				1		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		, —	s X No	- 1		
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire		<u>ਦਿਸ਼ਾ</u>		1	
any voter registration drive?	•	·	s X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	S LAL NO			
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section	(Ţ		
4945(d)(4)(A)? (see instructions)			s L No	- 1		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		- 1	1	
the prevention of cruelty to children or animals?			8 X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations				
section 53.4945 or in a current notice regarding disaster assistance (see instru			· •	<u>5b</u>	X	_
Organizations relying on a current notice regarding disaster assistance check h		•				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai			ŀ	- 1	
expenditure responsibility for the grant?		□ ! Y€	s X No			
If "Yes," attach the statement required by Regulations section 53.4945	• •		-		1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on	<u>—</u>		1		
a personal benefit contract?		Ye	s X No	_	١,,	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?	•	 -	<u>6b</u>	X	_
If "Yes" to 6b, file Form 8870.		<u> </u>				
7a At any time during the tax year, was the foundation a party to a prohibited tax s			s X No			_
b If Yes, did the foundation receive any proceeds or have any net income attributed Part VIII Information About Officers, Directors, Trusto	table to the transaction?			7b		_
Part VIII Information About Officers, Directors, Trustors Paid Employees, and Contractors	es, roundation Ma	nagers, migni	,			
List all officers, directors, trustees, foundation managers and their	compensation.					_
		(c) Compensation	(d) Contributions to	(e) Expense ount, other	_
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	acc	ount, othe	!r
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SEE STATEMENT 8		513,030.	91,076.		0	
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Compensation of five highest-paid employees (other than those inc		enter "NONE."				_
	(b) Title, and average		(cf) Contributions to amployee benefit plans	(e	e) Expense	
Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000		enter "NONE."	(d) Contributions to employee benefit plans and deferred compensation	(e acc a	e) Expense count, other	- -
	(b) Title, and average hours per week		(cf) Contributions to employee benefit plans and deferred compensation	(e acc a	e) Expense ount, other I owances	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(cf) Contributions to employee benefit plans and deferred compensation	(e acc a	e) Expense ount, other I owances	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(cf) Contributions to employee benefit plans and deferred compensation	(e acc a	e) Expense ount, other I owances	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(cf) Contributions to employee benefit plans and deferred compensation	(e acc a	e) Expense count, othe cowances	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(cf) Contributions to employee benefit plans and deferred compensation	(e acc a	e) Expense ount, othe I owances	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(cf) Contributions to employee benefit plans and deferred compensation	(e acc a	e) Expense ount, othe I owances	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(cl) Contributions to employee benefit plans and deferred compensation	(e acc a	e) Expense count, other I owances	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(cl) Contributions to the imployee benefit plans and deferred compensation	(e acc a	e) Expense ount, oth I owances	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to the player benefit plans and deferred compensation	(e acca	e) Expense ount, oth I owances	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to the large sense of the large s	(e acca	e) Expense ount, othe I owances	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		>	a	Owances	- - - - - -

Detroit Employment		
Form 990-PF (2014) DETROIT EMPLOYMENT SOLUTIONS CORPORATION AND AND AND AND AND AND AND AND AND AN	3333 orni 8940	746_ Page 7
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	-	
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	_ ▶	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A	<u> </u>	
	1	
2	1	
	ł	
^	-	
3	1	
	i	
4	Ì	
]	
	<u> </u>	
Part IX-B Summary of Program-Related Investments	,	A
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	 	Amount
1 <u>N/A</u>	1	
	1	
2		
	1	
All other program-related investments. See instructions.		
3	1	
	-	
Total Add lines 1 through 3		0.
Total. Add lines 1 through 3	For	m 990-PF (2014)

DETROIT EMPLOYMENT SOLUTIONS CORPORATION 88-3353758-3353746 Form 990-PF (2014) Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 0. Average monthly fair market value of securities 1a 1b Average of monthly cash balances 1c e Fair market value of all other assets 0. 10 d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 0. Acquisition indebtedness applicable to line 1 assets 0. 3 Subtract line 2 from line 1d Cash deamed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 0. 5 0. 6 Minimum investment return Enter 5% of line 5 Part XI | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here | and do not complete this part.) 0. Minimum investment return from Part X, line 6 2a Tax on investment income for 2014 from Part VI, line 5 Income tax for 2014. (This does not include the tax from Part VI.) Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 34,550,894. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 16 Program-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3b 34,550,894. Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, kne 8, and Part XIII, line 4 4 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 34,550 894. Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2014)

4940(e) reduction of tax in those years.

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, fine 7				0.
2 Undestributed income, if any, as of the end of 2014			·	
a Enter amount for 2013 only			0.	
b Total for prior years:				
g verm ter prier gener	i	0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010	1			
c From 2011		•		
dFrom 2012 40,155,183.				
e From 2013 37,064,018.				u.
1 Total of lines 3a through e	77,219,201.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ►\$ 34,550,894.				
a Applied to 2013, but not more than line 2a	1		0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.1			
d Applied to 2014 distributable amount				0.
e Remaining amount distributed out of corpus	34,550,894.			
5 Excess distributions correover applied to 2014	0.		 	0.
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
8 Corpus Add lines 31, 4c, and 4e Subtract line 5	111,770,095.			
b Prior years' undistributed income. Subtract		. 1		
line 4b from line 2b		0.		
 Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed 		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.	}		0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election]			
may be required - see instructions)	0.1			C
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	111,770,095.]		
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011	i i			
c Excess from 2012 40, 155, 183.				
d Excess from 2013 37,064,018.				
e Excess from 2014 34.550.894.				
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				- Attachment to IRS	- 3 3 5 3 7 4 6 Page 10
Part XIV Private Operating Fo			A, question 9)		
1 a If the foundation has received a ruling of		· · · · · · ·		07/24/14	
foundation, and the ruling is effective for b Check box to indicate whether the found	•	- "		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	ig iganization described to	Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed				1	
b 85% of line 2a					
e Qualifying distributions from Part XII,	·			1	
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly	1				
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the		-			
alternative test relied upon;					
a "Assets" alternative test - enter: (1) Value of all assets					
• • • • • • • • • • • • • • • • • • • •			-		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	1				
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on		1			
securities loans (section		1			
512(a)(5)), or royalties)			ļ		
(2) Support from general public and 5 or more exempt	1				
organizations as provided in				İ	
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the founda	tion had \$5,000 o	r more in assets
at any time during t					
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	o have contributed more	than 2% of the total cont	ributions received l	by the foundation before th	ne close of any tax
year (but only if they have contributed n	nore tha n \$ 5,000). (See s	section 507(d)(2).)			
NONE					
 List any managers of the foundation wh other entity) of which the foundation has 	o own 10% or more of th	ne stock of a corporation ((or an equally large	portion of the ownership	of a partnership or
	sa iow or greater interes	36			
NONE		0-1-1			
2 Information Regarding Contribution Check here ► X If the foundation of	only makes contributions	to preselected charitable	organizations and i		
the foundation makes gifts, grants, etc.	```				C, and U.
a The name, address, and telephone num	ber or e-mail address of t	the person to whom appli	cations snould be a	addressed:	
b The form in which applications should b	pe submitted and informa	tion and materials they sl	rould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields,	kinds of institution	s, or other factors:	
•		,			
423601 11-24 14					Form 990-PF (2014

Detroit Employment Solutions Corporation . DETROIT EMPLOYMENT SOLUTIONS CORPORATION NO. 38-33537468-3353746 Page 11 Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Foundation Amount status of Name and address (home or business) recipient a Paid during the year ARAB COMMUNITY CENTER FOR ECONOMIC & SUBRECIPIENT OTHER PUBLIC SUBCONTRACTOR PAYMENTS SOCIAL SERVICES CHARITY FOR EMPLOYMENT AND 2651 SAULINO TRAINING PROGRAMS DEARBORN MI 48120-1556 3,425,167, DB GRANT ASSOCIATES BUBRECIPIENT CORPORATION SUBCONTRACTOR PAYMENTS 149 MADISON AVENUE, SUITE 201 FOR EMPLOYMENT AND NEW YORK NY 10016-6713 TRAINING PROGRAMS 4 400 002, DETROIT PUBLIC SCHOOLS SUBBECTETENT PUBLIC SCHOOL SUBCONTRACTOR PAYMENTS 3011 W. GRAND BLVD. FOR EMPLOYMENT AND **DETROIT MI 48202 3096** TRAINING PROGRAMS 269 673. DEVELOPMENT CENTERS, INC. SUBRECTPIENT OTHER PUBLIC SUBCONTRACTOR PAYMENTS 24424 W. MCNICHOLS CHARITY FOR EMPLOYMENT AND **DETROIT** MI 48219-3653 TRAINING PROGRAMS 2.245,378, DOWNRIVER COMMUNITY CONFERENCE SUBRECIPIENT DTHER PUBLIC SUBCONTRACTOR PAYMENTS 15100 NORTHLINE ROAD, SUITE 179 CHARITY FOR EMPLOYMENT AND SOUTHGATE MI 48195-2408 TRAINING PROGRAMS 1 565 356. SEE CONTINUATION SHEET(S) Total **▶** 3a 25 027 637. b Approved for future payment NONE

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Total

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▶ 3b

Detroit Employment Solutions Corporation .

DETROIT EMPLOYMENT SOLUTIONS CORPORATIONEIN 38-3353746 Page 12

Inter gross amounts unless otherwise indicated.) Unrelated b	usiness income		d by section 512, 513, or 514	(e)
-	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	1008	·	1		
a b					
	_		_		
	- 		1 1		
d		····	_	-	
			_		
Fees and contracts from government agencies			1		
2 Membership dues and assessments	• •			_	
3 Interest on savings and temporary cash					
Investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
B Gain or (loss) from sales of assets other					
than inventory			}		
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
C					
	1 1				
d	_				
e					
e				0.	
e					(
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)					
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations	.)			13	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 Instructions to verify calculations Part XVI-B Relationship of Activitie	s to the Accor	plishment of	Exempt	Purposes	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	s to the Accom	aplishment of	Exempt	Purposes	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 Instructions to verify calculations Part XVI-B Relationship of Activitie	s to the Accom	aplishment of	Exempt	Purposes	
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e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which i	s to the Accom	aplishment of	Exempt	Purposes	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which i	s to the Accom	aplishment of	Exempt	Purposes	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which i	s to the Accom	aplishment of	Exempt	Purposes	
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e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	s to the Accom	aplishment of	Exempt	Purposes	

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DETROIT EMPLOYMENT SOLUTIONS CORPORATION 1N 38-33537 8 - 3353746 Form 990-PF (2014) Information Regarding Transfers To and Transactions and Relationships With Nonchantable Part XVII **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(e) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: 18(1) (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 16(1 (2) Purchases of assets from a noncharitable exempt organization 16(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 16(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (b) Type of organization (a) Name of organization (c) Description of relationship ed this return, including accompanying schedules and statements, are to the best of my knowledge Sign EXECUTIVE OFFI X Yes No Signature of officer or trustee Date Tite Print/Type preparer's name Prepare?s signature Date Check If self- employed Paid P00952587 PANTER CPA 02/11/16 Preparer Firm's EIN ► 38-2771117 Firm s name ► ABRAHAM & GAFFNEY,

11-24-14

Use Only

Firm's address ➤ 3511 COOLIDGE ROAD, SUITE 100

EAST LANSING, MI 48823-6390

Phone no. 517-351-6836

Form 990-PF (2014)

DETROIT EMPLOYMENT SOLUTIONS CORPORATED ON HOUSE SOLUTION .

3 Grants and Contributions Paid During the	Year (Continuation)		Attachment to IRS Form 8940	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Ambant
FOCUS: HOPE	SUBRECIPIENT	OTHER PUBLIC	SUBCONTRACTOR PAYMENTS	
1355 OAKMAN BOULEVARD		CHARITY	FOR EMPLOYMENT AND	
DETROIT MI 48238-2849			TRAINING PROGRAMS	383,859
JACKETS FOR JOBS	SUBRECIPIENT	OTHER PUBLIC	SUBCONTRACTOR PAYMENTS	
5555 CONNER AVENUE, SUITE 2097	•	CHARITY	FOR EMPLOYMENT AND	
DETROIT, MI 48213-3492			TRAINING PROGRAMS	368,395
MIDNIGHT GOLF	SUBRECIPIENT	OTHER PUBLIC	SUBCONTRACTOR PAYMENTS	
30100 TELEGRAPH, SUITE 224	Ì	CHARITY	POR EMPLOYMENT AND	
BINGHAM FARMS, MI 48025-4514			TRAINING PROGRAMS	450,000
NEIGHBORHOOD SERVICES ORGANIZATION	SUBRECIPIENT	OTHER PUBLIC	SUBCONTRACTOR PAYMENTS	
882 OAKMAN BOULEVARD, SUITE C		CHARITY	FOR EMPLOYMENT AND	
DETROIT MI 48238 3710			TRAINING PROGRAMS	445,613
PROVIDENCE COMMUNITY SERVICES	SUBRECIPIENT	CORPORATION	SUBCONTRACTOR PAYMENTS	
14117 E. SEVEN MILE ROAD		1	FOR EMPLOYMENT AND	
DETROIT MI 48205 2337			TRAINING PROGRAMS	4,495,083
RESOURCE NETWORK	SUBRECIPIENT	CORPORATION	SUBCONTRACTOR PAYMENTS	,
11815 JOSEPH CAMPAU			FOR EMPLOYMENT AND	
HAMTRAMCK, MI 48212-3053			TRAINING PROGRAMS	2,072,663
SER METRO	Subrecipient	OTHER PUBLIC	SUBCONTRACTOR PAYMENTS	
9301 MICHIGAN AVE		CHARITY	FOR EMPLOYMENT AND	
DETROIT MI 48210 2038			TRAINING PROGRAMS	653,909
SERCO	SUBRECIPIENT	Corporation	SUBCONTRACTOR PAYMENTS	
9301 MICHIGAN AVE			FOR EMPLOYMENT AND	
DETROIT MI 48210 2038			TRAINING PROGRAMS	2,336,116
YMCA	SUBRECIPIENT	OTHER PUBLIC	SUBCONTRACTOR PAYMENTS	
1401 BROADWAY, SUITE 3A		CHARITY	FOR EMPLOYMENT AND	
DETROIT, MI 48226 2112			TRAINING PROGRAMS	315,000
YOUTH DEVELOPMENT COMMISSION	Subrecipient	OTHER PUBLIC	SUBCONTRACTOR PAYMENTS	
30 E. CANFIELD		CHARITY	POR EMPLOYMENT AND	
DETROIT MI 48201-1804		L	TRAINING PROGRAMS	1,601,423
Total from continuation sheets				13 122 061

Schedule B (Form 990, 990-EZ, or 990-PF).

Department of the Treasury Internal Revenue Service

Schedule of Contributors Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs.gov/form990 .

Detroit Employment Solutions Corporation > EIN 38-3353746

Attachment to RS Form 1889 1949 1545-0047

2014

Name of the organization

Employer identification number

	DETROIT EMPLOYMENT SOLUTIONS CORPORATION	38-3353746
Organization type (ch	eck ane):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	ation is covered by the General Rule or a Special Rule. 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.
General Rule		
	ization filing Form 990. 990-EZ, or 990 PF that received, during the year, contributions totalin m any one contributor. Complete Parts I and II. See instructions for determining a contributor	• •
Special Rules		
sections 509(any one cont	ization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a tributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amou 90-EZ, line 1. Complete Parts I and II.	, or 16b, and that received from
year, total co	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from intributions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or education of cruelty to children or animals. Complete Parts I, II, and III.	
year, contribu is checked, e purpose. Do i	ization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from utions exclusively for religious, chantable, etc., purposes, but no such contributions totaled menter here the total contributions that were received during the year for an exclusively religious not complete any of the parts unless the General Rule applies to this organization because intable, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000 if this box s, chantable, etc.,
but it must answer "Ne	tion that is not covered by the General Rule and/or the Special Rules does not file Schedule to on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-EZ or on its Form 990-EZ or on its Form 990-PZ, or 990-PZ.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Page 2

Name of organization'

Attachment to IKS Form 8940 Employer identification number

DETROIT EMPLOYMENT SOLUTIONS CORPORATION

38-3353746

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHIGAN STRATEGIC FUND 300 N. WASHINGTON SQUARE LANSING, MI 48933-1244	\$ <u>36,297,611.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MICHIGAN DEPARTMENT OF NATURAL RESOURCES P.O. BOX 30028 LANSING, MI 48909-7528	s <u>112,161.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ILITCH CHARITIES 2211 WOODWARD AVENUE DETROIT, MI 48201-3467	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JPMORGAN CHASE 611 WOODWARD AVENUE, FLOOR 2 DETROIT, MI 48226-3408	s400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	DTE FOUNDATION 1 ENERGY PLAZA DETROIT, MI 48226-1221	s <u>276,636.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> ;	ASPEN INSTITUTES 1 DUPONT CIRCLE NW, SUITE 700 WASHINGTON, DC 20036-1133	s <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

EIN 38-3353746

Attachment to JRS Form 8940 Employer identification number

Name of organization .

DETROIT EMPLOYMENT SOLUTIONS CORPORATION

38-3353746

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional and the copies of	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WORKFORCE DEVELOPMENT AGENCY 201 N. WASHINGTON SQUARE LANSING, MI 48933-1321	s239,951.	Person X Payrell
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CITY OF DETROIT 2 WOODWARD AVENUE DETROIT, MI 48226-3437	\$173,594.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	KINEXUS 499 W. MAIN STREET BENTON HARBOR, MI 49022-3622	ss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Concash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23452 31 05		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Attochmere to the formation number

Name of organization ·

DETROIT EMPLOYMENT SOLUTIONS CORPORATION

38-3353746

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (cr estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
****		s	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
150 11-03	4		 990, 990-EZ, or 990-PF) (2

Attachmer Employer identification number

Use duplicate copies of Part III if addition	<u> </u>						
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Transference	(e) Transfer of gif						
Translated 3 Harrie, audi ess, al	III EIF T T	Relationship of transferor to transferee					
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gif						
rransieree's name, accress, ar	nd ZIP + 4	Relationship of transferor to transferee					
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
(e) Transfer of gift							
Transferee's name, address, ar	ad ZIP + 4	Relationship of transferor to transferee					
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Transferee's name, address, ar	-	Relationship of transferor to transferee					
	(b) Purpose of gift Transferee's name, address, and transferee's name, address, and transferee's name, address, and the purpose of gift	(e) Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Transfer of gift (e) Transfer of gift					

		-	
Attach	ment to	IRS Form	8940

LEGAL	FEES	Sī	PATEMENT 1	
(A)				
EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
60,469.	0.	0.	47,923.	
60,469.	0.	0.	47,923.	
ACCOUNTIN	NG FEES	rs	PATEMENT 2	
(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
96,619.	0.	0.	89,588.	
96,619.	0.	0.	89,588.	
THER PROFESS	SIONAL FEES	ST	ATEMENT 3	
(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
92,227.	0.	0.	81,430.	
92,227.	0.	0.	81,430.	
TAXI	ēs .	STATEMENT 4		
(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
720,625.	0.	0.	720,625.	
720,625.	0.	0.	720,625.	
	ACCOUNTING (A) EXPENSES PER BOOKS 96,619. 96,619. THER PROFESS (A) EXPENSES PER BOOKS 92,227. 92,227. TAXI	ACCOUNTING FEES (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME 96,619. 0. THER PROFESSIONAL FEES (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME 92,227. 0. 720,625. (B) NET INVEST- MENT INCOME	ACCOUNTING FEES (A) (B) (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME 96,619. 0. 0. 96,619. 0. 0. THER PROFESSIONAL FEES (A) (B) (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME 92,227. 0. 0. 720,625. 0. 0. (C) ADJUSTED NET INCOME (C) ADJUSTED NET INCOME ADJUSTED NET INCOME ADJUSTED NET INCOME 720,625. 0. 0.	

Attachment to IRS Form 8940

)RM 990-PF	(OTHER E	xpenses			STA	TEMENT	5
SCRIPTION:	EXP	(A) Enses Books	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCOI		(D) CHARITAI PURPOSI	
FICE EXPENSES IFORMATION TECHNOLOGY ISURANCE IPPORTIVE SERVICES CURITY IBCONTRACTOR EXPENSES JES AND SUBSCRIPTIONS	1,3: 1,3: 2,4:	42,686. 68,358. 62,943. 58,391. 00,788. 41,699.		0. 0. 0. 0.		0. 0. 0. 0.	2,8: 263,54 157,66 552,10 183,34 313,96 54,5:	48. 06. 80. 49.
HER > FORM 990-PF, PG 1, LN 23		7,673.		0.		0.	1,528,0	0.
PRM 990-PF ESCRIPTION			NING OF		OF YEAR	FAI	R MARKE'	- 6 T
SCRIPTION NTRACTORS RECEIVABLE			90,960.		OK VALUE		VALUE	0.
CURITY DEPOSITS) FORM 990-PF, PART II, LINE	15		29,660.		29,660.		29,60	
)RM 990-PF	OT	HER LIA	BILITIES			STA	TEMENT	7
SCRIPTION				воч	AMOUNT	EOY	AMOUNT	
JE TO CITY OF DETROIT					368,068.		···-	0.

Attachment to IRS Form 8940

	III - LIST OF OFFICERS, DIRECTORS STATE STEES AND FOUNDATION MANAGERS	ement 8
ME AND ADDRESS	EMPLOYEE TITLE AND COMPEN- BEN PLAN AVRG HRS/WK SATION CONTRIB	
LVIN C. SHARP	CORPORATION BOARD CHAIRMAN 0.50 0. 0.	0.
ENYETTA BRIDGES	BOARD MEMBER 0.50 0. 0.	0.
VID CARROLL	CORPORATION BOARD VICE CHA 0.50 0. 0.	0.
THUR DUDLEY	BOARD MEMBER 0.50 0. 0.	0.
MELA MOORE	PRESIDENT & CHIEF EXECUTIV 40.00 140,000. 15,899.	0.
)SE REYES	CHIEF OPERATIONS OFFICER 40.00 116,480. 21,521.	0.
ESSIA BAKER-GILES	DIRECTOR OF ADMINISTRATIVE SERVICES 40.00 94,300. 15,290.	
PEPHANIE NIXON	DIRECTOR - PROGRAM SERVICES 40.00 81,400. 16,531.	0.
IAWNA FORBES	BOARD MEMBER 0.50 0. 0.	0.
. VERONICA MADRIGAL	BOARD MEMBER 0.50 0. 0.	0.
, NELSON	BOARD MEMBER 0.50 0. 0.	0.

DETROIT EMPLOYMENT SOLUTIONS CO			Detroit Employment Solution 3 合中分离后3746 EIN 38-3353746				
ARRY STEWARD	BOARD MEMBER		o IRS Form 8940				
·	0.50	0.	0.	0.			
ICE THOMPSON	BOARD MEMBER		•	2			
	0.50	0.	0.	0.			
DERT SHIMKOSKI	DIRECTOR - PLANNI						
	0.50	80,850.	21,835.	0.			
)TALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	513,030.	91,076.	0.			

b

b

Total

Detroit Employment Solutions Corporation

Return of Certain Excise Taxes Under Charters

41 and 42 of the Internal Revenue Code

OMB No. 1545-0052

(i) Total - Add cols. (c) through (k)

Form 4720 (2014)

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4965, 4968, and 4967) Department of the Tree Information about Form 4720 and its separate instructions is at www.irs.gov/form4720 Internal Revenue Service JUN 30 For calendar year 2014 or other tax year beginning JUL 1 2014, and ending Employer Identification number Name of organization or entity 38-3353746 DETROIT EMPLOYMENT SOLUTIONS CORPORATION Check box for type of annual return: Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) ☐ Form 990 Form 990-EZ 440 E. CONGRESS K Form 990-PF City or town, state or province, country, and ZIP or foreign postal code **DETROIT, MI 48226-2917** Form 5227 Yes No X Is the organization a foreign private foundation within the meaning of section 4948(b)? N/A Has corrective action been taken on any taxable event that resulted in Ch. 42 taxes being reported on this form? (Enter "N/A" if not applicable) If "Yes." attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a . If "No," (i.e., any uncorrected acts or transactions), attach an explanation (see instructions). result of the correction > \$ Part | Taxes on Organization (Sections 170(1X10), 604(c)(X2), 4911(a), 4912(a), 4942(a), 4944(a)(1), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4956, 4985(a)(1), and 4966(a)(1), Tax on undistributed income - Schedule 8, line 4 2 Tax on excess business holdings - Schedule C. line 7 3 Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e) 4 Tax on taxable expenditures - Schedule E, Part I, column (g) STATUTE UNIT 5 Tax on political expenditures - Schedule F, Part I, column (e) RECEIVED 6 ß Tax on excess lobbying expenditures - Schedule G, line 4 Tax on disqualifying lobbying expenditures - Schedule H. Part I, column (e) 7 OCT **01** 2019 8 Tax on premiums paid on personal benefit contracts 9 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h) 9 TPR BRANCH 10 Tax on taxable distributions - Schedule K, Part I, column (f) 10 **OGDEN** 11 11 Tax on a charitable remainder trust's unrelated business taxable income. Attach statement Tax on failure to meet the requirements of section 501(r)(3)-Schedule M, Part H, line 2 12 12 13 Total (add lines 1 - 12) 13 Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons Part II-A (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a)(2) (b) Taxpayer identification number (a) Name and address of person subject to tax. City or town, state or province, country, ZIP or foreign postal code (c) Tax on self-dealing -Schedule A, Part II, col. (d), and Part III, col. (d) (d) Tax on investments that (e) Tax on taxable expenditures -(f) Tax on political expenditures jeopardize charitable purpose Schedule D, Part II, col. (d) Schedule F. Part II. col. (d) Schedule E, Part II, col. (d) Total (h) Tax on excess benefit transactions - Schedule I, Part II, col. (d), and Part III, col. (d) (i) Tax on being a party to prohibited tax shelter transactions - Schedule J. (j) Tax on taxable distributions (a) Tax on disqualifying lobbying Schedule K, Part II, col. (d) expenditures - Sch H, Part II, col. (d) Part II, col. (d)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(k) Tax on prohibited benefits - Sch L

Part II, col. (d), and Part III, col. (d)

Form 472 Part I		DETROIT EMPLOYMEN Dary of Taxes (See Tax Paym			PORATIONEIN 38-3353 Attochment	7 468 - 3 to IRS FOI	353746 Page 2
1 Enter	the taxes listed in	Part II-A, column (i), that apply to mana	gers, self-dealer	rs, disqualified		T	
		r advisors, and related persons who sign		•			
total	amount from Part	II-A, column (I)					
2 Total	l tax. Add Part I, li	ne 13, and Part II-B, line 1			✓	2	
3 Total	payments include	ng amount paid with Form 8868 (see ins	tructions)			3	
4 Tax c	iue. If hne 2 is lar	ger than line 3, enter amount owed (see i	nstructions)		>	4	0.
5 Over	payment. If line 2	is smaller than line 3, enter the difference	e. This is your re	fund		5	
		SCHEDULE A - I			aling (Section 4941)		
Part I	Acts of	Self-Dealing and Tax Comp	outation				
(a) Act number	(b) Date of act			(c) Description	n of act		
1							
2							
3							
4							
5							
(d)		r from Form 990-PF, Part VII-B, or art VI-B, applicable to the act	(e) Amount	involved in act	(f) Initial tax on self- dealing (10% of col. (e))		Tax on foundation managers applicable) (lesser of \$20,000 or 5% of col. (e))
						<u> </u>	
			<u> </u>				
			<u> </u>		<u> </u>		
Part I	Summa	ry of Tax Liability of Self-De	ealers and	Proration of			
	(a) f	Names of self-dealers liable for tax		(b) Act no. from Part I, col. (a)	(e) Tax from Part I, col. (f), or prorated amount	habili	d) Self-dealer's total tax ty (add amounts in col. (c)) (see instructions)
						_	
						_	
				<u></u>			
					L	_	
						_]	
							= =
Part I	II Summa	ry of Tax Liability of Found	ation Mana	gers and Pro	oration of Payments		
·		s of foundation managers liable for tax		(b) Act no. from	(c) Tax from Part I, col. (g),	(9)	Manager's total tax liability
	(#) (#2)	a di lou lou lou lou la la la la la la la la la la la la la		Part I, col. (a)	or prorated amount	/6	add amounts in col. (c)) (see instruct ons)
						\Box	
						J	
						\neg	
		SCHEDULE B - Initia	Tax on U	ndistributed	Income (Section 4942)		
1 Uni	distributed income	e for years before 2013 (from Form 990-			1000	$\Gamma_1\Gamma$	
		e for 2013 (from Form 990-PF for 2014,	•		, ,	2	
		ncome at end of current tax year beginnir		•	•	 -	
			iy iii 20 14 aliQ \$	noter in ray		1,1	
		add lines 1 and 2)				3	
	- CHEL JU76 UFII	ne 3 here and on Part I, line 1	•			1 4 1	Form 4720 (2014)

SCHEDULE C - Initial Tax on Excess Business Holdings (Section:4943) IRS Form 8940

Business	Holdings and	Computation of Tax						
	=	s in more than one business enterprise,	attach a	separate schedule fo	r each ei	nterprise. Refer to the ins	structio	ns for
	before making any e dress of business ent							
Employer sder	rufication number	The state of the s				>		
Form of enter	prise (corporation, pa	artnersh p, trust, joint venture, sole prop	<u>rietorshi</u>	p, otc.) (a)		(b)	Т	(c)
				Voting stock (profits interest beneficial intere	or	Value		Nonvoting stock (capital Interest)
1 Foundati	an haldings in busine	ss enterprise	1					
2 Permitted	d holdings in busines:	s enterprise	2				_	
	excess holdings in bu excess holdings dispi	•	3					
days; or,	other value of excess o section 4943 tax (at	holdings not	4		Î			
5 Taxable 6	excess holdings in bu e - line 3 minus line 4	siness	5		-			
	er 10% of line 5	•	6					
	: - Add amounts on lin	ne 6, columns (a), (b), n Part I, line 2	7					
	SCHEDULE	D - Initial Taxes on Investn	nents	That Jeopard	ize Cł	naritable Purpos	9 (Sec	tion 4944)
Part I	investments	and Tax Computation						
(a) Investment number	(b) Date of investment	(c) Description of investment		(d) Amount o investment	f	(e) Initral tax on foundation (10% of col. (d))		(f) initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (d))
2								····
3								
5	in (e). Enter here and	an Part I line 2	[
		rorated amount) here and in Part II, colu	ımn (c),	below				
Part II	Summary of	Tax Liability of Foundation	Man	agers and Pro	ration	of Payments		
	(a) Names of fou	indation managers liable for tax		(b) Investment no. from Part I, col. (a)		x from Part I, col. (f), prorated amount	(d) (a	Manager's total tax liability add amounts in col. (c)) (see instructions)
						·		
							-	
-								
		,						
124081				<u> </u>	_	·		Form 4720 (2014)

DETROIT EMPLOYMENT SOLUTIONS CORPORATION Detroit Emplo 2018 A 3014 Sorotio Palie 4

SCHEDULE E - Initial Taxes on Taxable Expenditures (Settlech4945) o IRS Form 8940

Part I	· Expenditures a	and Computat	ion of Tax			<u> </u>		
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address of	recipient		(e) Description of expenditure and purposes for which made		
1								
2								
3								
5								
(f) Question	n number from Form 990 7, Part VI-B, applicable to		(g) Initial tax imposed on f (20% of col. (b))				undation managers (if applicable)- 200 or 5% of cel. (b))	
otal - Colur Part I, line 4	nn (g). Enter here and on							
elow			and in Part II, column (c),					
Part II	Summary of Ta	ax Liability of	Foundation Managers a				(d) Manager's total tax liability	
	(a) Names of fo	oundation managers	liable for tax	Part I, col.		(e) Tax from Part I, col. (h), or prorated amount	(add amounts in co) (c; (see instruct ons)	
							-	
					十			
			·					
					_		-	
				··.			1	
			- Initial Taxes on Politic	al Expen	ditur	'es(Section 4955)		
Part I	Expenditures a	ind Computat			íe.	Initial tax imposed on	(I) Initial tax Imposed on	
number	(b) Amount	or incrised	(d) Description of political exp	enditure		anization or foundation (10% of col. (b))	managers (if applicable) (lesser of \$5,000 or 249% of cot (b))	
1			 					
3	-						·	
- 3				-	-	·		
5								
iotal - Colum	nn (e). Enter h <u>ere and on</u>	Part I, line 5						
			nd in Part II, column (c), below					
Part II			ration Managers or Foundation					
		s of organization mar tion managers liable		Part I, co	o. from d. (a)	(c) Tax from Part I, col. (I or prorated amount	(d) Manager's total tax (lability) (add amounts in cot (c)) (see instructions)	
							_	
		 _						
							_	
24091 1-24-14		 		1		L	Form 4720 (201	

(e) Initial tax on disqualified persons

(25% of col. (d))

(f) Tax on organization managers (if applicable)

(lesser of \$20,000 or 10% of col. (d))

Form 4720 (2014)

(d) Amount of excess benefit

	(a) Name of entity manager CHEDULE K - Taxes on Taxable Dist Ac Taxable Distributions and Tax Comp (b) Name of sponsoring organization donor advised fund	dvised Funds utation	Spons		ganizat		in col (c))	
Part i T (a) Item number 1 2	Ac Taxable Distributions and Tax Comp (b) Name of sponsoring organization	dvised Funds utation					ning Donor	
Part i T (a) Item umber 1 2	Ac Taxable Distributions and Tax Comp (b) Name of sponsoring organization	dvised Funds utation					ning Donor	
Part i T (a) Item umber 1 2	Ac Taxable Distributions and Tax Comp (b) Name of sponsoring organization	dvised Funds utation					ning Donor	
Parti T (a) Item umber 1 2	Ac Taxable Distributions and Tax Comp (b) Name of sponsoring organization	dvised Funds utation					ning Donor	
Part i T (a) Item number 1 2	Ac Taxable Distributions and Tax Comp (b) Name of sponsoring organization	dvised Funds utation					ning Donor	
Part i T (a) Item number 1 2	Ac Taxable Distributions and Tax Comp (b) Name of sponsoring organization	dvised Funds utation					ning Donor	
Part i T (a) Item number 1 2	Ac Taxable Distributions and Tax Comp (b) Name of sponsoring organization	dvised Funds utation					ning Donor	
Part i T (a) Item number 1 2	Ac Taxable Distributions and Tax Comp (b) Name of sponsoring organization	dvised Funds utation					ning Donor	
Part i T (a) Item number 1 2	Ac Taxable Distributions and Tax Comp (b) Name of sponsoring organization	dvised Funds utation					ning Donor	
Part i T (a) Item number 1 2	Ac Taxable Distributions and Tax Comp (b) Name of sponsoring organization	dvised Funds utation					ning Donor	
Part i T (a) Item number 1 2	Ac Taxable Distributions and Tax Comp (b) Name of sponsoring organization	dvised Funds utation					ning Donor	
Part i T (a) Item number 1 2	Ac Taxable Distributions and Tax Comp (b) Name of sponsoring organization	dvised Funds utation					ning Donor	
Part i T (a) Item number t 2	Ac Taxable Distributions and Tax Comp (b) Name of sponsoring organization	dvised Funds utation					ning Donor	
Part i T (a) Item number t 2	Ac Taxable Distributions and Tax Comp (b) Name of sponsoring organization	dvised Funds utation					ning Donor	
Part i T (a) Item number t 2	Ac Taxable Distributions and Tax Comp (b) Name of sponsoring organization	dvised Funds utation						
(a) Item number 1 2 3	(b) Name of sponsoring organization						···	
number 1 2		and						
2 3	donor advised idito				(c)	Description of distr	bution	
3						-		
3							····	
3								
4								
4								
(d) Date of		/O Tax im	l L	organization	. т	(a) Tay on lund	managere (lesser of 5%	
distribution			nposed on organization 20% of col. (e))			(g) Tax on fund managers (lesser of 5% of col. (e) or \$10,000)		
			_	,				
			-					
			-				<u></u>	
	1). Enter here and on Part I, line 10						 	
Part II S	g), Enter total (or prorated amount) here and in Part II, Summary of Tax Liability of Fund Ma	, column (c), below	Prorat	ion of Pa	vment	•		
until j	outilitary of fun clubinty of fully inc	90.0 4.114	<u> </u>				(d) Manager's total tax liab	
	(8) Name of fund managers liable for tax		(b) Item no from Part I, col (a)		(C) Tax from Part I, cal. (g) or prorated amount		(add amounts in col (c)) (see instructions)	
								
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Form 4720 (2014) DETROIT EMPLOYMENT SOLUTIONS CORPORATION AND SOLUTIONS (Section 4967).

SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

See the instructions.							
Part I	Prohibited Be	nefits and Tax	k Computation				
(a) Item number	(b) Date of prohibited benefit		(c) Des	cription of benefit			
1							
2							
3						 	
4							
5					γ		
(d) Amount of prohibited benefit (e) Tax on prohibited benefit (see instru			(e) Tax on prohibited benefit (see instruction	(125% of col. (d)) ons)		ers (if applicable) (lesser of 0,000) (see instructions)	
Part II	Summany of 7	Tax Liability of	Donors, Donor Adviso	ore Related Pa	arsons and Proratio	n of Payments	
1 411 11	(B) Names of donors, o			(b) Item no, from Part I, col (a)	(C) Tax from Part I, col (e) or prorated amount	(d) Donar, donor advisor or related persons total tax (stability (add amounts in cor) (cit (see Instructions)	
							
						-	
				[1	
						<u> </u>	
						1	
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						1	
Part III Tax Liability of Fund Managers and Proration of Payments							
(2) Names of fund managers Hibble for tax			(b) item no trom Part I, cot. (a)	(0) Tax from Part I, col (f) or prorated amount	(d) Fund managers total tax flability (add amounts in col. (c)) (see instructions)		
						1	
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Form 4720 (2014)

DETROIT EMPLOYMENT SOLUTIONS CORPORATION 18 - 3353746

- Schedule M - Tax on Failure to Meet the Community Health Needs Assessment

Requirements (Sections 4959 and 501(r)(3)), (See instructions.)

Part I	Name of Hospital Facility and Summary of Failure to Meet Section 501(r)(3)						
(a) Item number	(b) Name of facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy			
1							
2							
3							
4							
5				<u> </u>			
Part II	Computation of Tax						
1 Numb	er of hospital facilities operated by the hos	spital organization that failed to meet the Community					
Health	Needs Assessment requirements of secti	on 501(r)(3)	1				
	Enter \$50,000 multiplied by line 1 here and		2	<u> </u>			

Form 4720 (2014)

Form 4720 (2	014) DETROIT EMPLOYMENT SOLUTIONS CO	RPORATIONE	N 38-33537 4 58 _	<u> 3353746 </u>	Page 10		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedu'es and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.						
	Winney Word	PRESIDENT/ EXECUTIVE	OFFICER	1 4 and 100 1 and 100			
	Signal/UNE of officer or trustee		Title		Date		
Sign Here	Signature (and organization or entity name if applicable) of manager, self-dealer, or related person	disqualified person, dor	nor, donor advisor,		Date		
	Signature (and organization or entity name if applicable) of manager, self-dealer, or related person	disqualified person, don	nor, donor advisor,	<u> </u>	Date		
	Signature (and organization or entity name if applicable) of manager, self-dealer, or related person	disqualified person, dor	nor, donor advisor,		Date		
	Signature (and organization or entity name if applicable) of manager, self-dealer, or	disqual fied person, dor	nor, donor advisor,		Date		
	or related person						
	May the IRS discuss this return with the preparer shown below? (see instructions)	Jan.	X Yes	PTIN No			
	Print/Type preparer's name Preparer's signature	Date 02/11/16	Check if self- employed	PIIN			
	ALAN D. PANTER, CPA (lla Parte			P009525			
Preparer Use Only	Firm's name ➤ ABRAHAM & GAFFNEY, P.C.		Firm s EIN ► 3	8-277111	.7		
	Firm's address ► 3511 COOLIDGE ROAD, SUITE 100 EAST LANSING, MI 48823-6390)	Phone no.	7-351-68	36		
	MANUAL MANUALINO, MAY 75025 0370		, ,,		1720 (2014)		