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EXTENDED TO FEBRUARY 16, 2016  
Return of Private Foundation

Detroit Employment Solutions Corporation  
EIN 38-3353746  
OMB No 1545-0052

Form 990-PF

Department of the Treasury  
Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation

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.

Attachment to IRS Form 990

2014  
Open to Public Inspection

For calendar year 2014 or tax year beginning JUL 1, 2014, and ending JUN 30, 2015

Name of foundation: DETROIT EMPLOYMENT SOLUTIONS CORPORATION

Number and street (or P.O. box number if mail is not delivered to street address): 440 E. CONGRESS

City or town, state or province, country, and ZIP or foreign postal code: DETROIT, MI 48226-2917

G Check all that apply: Initial return, Final return, Address change, Initial return of a former public charity, Amended return, Name change

H Check type of organization: [X] Section 501(c)(3) exempt private foundation, [ ] Section 4947(a)(1) nonexempt charitable trust, [ ] Other taxable private foundation

I Fair market value of all assets at end of year: \$ 4,710,247. J Accounting method: [ ] Cash, [X] Accrual, [ ] Other (specify)

Part I Analysis of Revenue and Expenses

Table with 4 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Contributions, gifts, grants, etc., received (37,864,201), Compensation of officers, directors, trustees, etc. (513,030), Other employee salaries and wages (4,334,886), Pension plans, employee benefits (636,397), Legal fees (60,469), Accounting fees (96,619), Other professional fees (92,227), Interest (720,625), Taxes (193,447), Depreciation and depletion (1,479,713), Occupancy (85,392), Travel, conferences, and meetings (16,106), Printing and publications (4,541,302), Total operating and administrative expenses (12,770,213), Contributions, gifts, grants paid (25,027,637), Total expenses and disbursements (37,797,850), Subtract line 26 from line 12 (66,351), Excess of revenue over expenses and disbursements (0), Net investment income (0), Adjusted net income (0).

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Part II Balance Sheets		Beginning of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	181,884.	1,127,424.	1,127,424.
	2 Savings and temporary cash investments			
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable	4,598,846.	3,041,453.	3,041,453.
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	49,172.	106,048.	106,048.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis			
Less: accumulated 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.	
15 Other assets (describe STATEMENT 6)	120,620.	29,660.	29,660.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1)	5,455,914.	4,710,247.	4,710,247.	
Liabilities	17 Accounts payable and accrued expenses	4,766,702.	4,039,945.	
	18 Grants payable			
	19 Deferred revenue		400,000.	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable	234,387.	117,194.	
	22 Other liabilities (describe STATEMENT 7)	368,068.	0.	
23 Total liabilities (add lines 17 through 22)	5,369,157.	4,557,139.		
Net Assets or Fund Balances	24 Unrestricted Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>	<102,991.>	<4,453.>	
	25 Temporarily restricted	189,748.	157,561.	
	26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	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.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	86,757.
2 Enter amount from Part I, line 27a	2	66,351.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	153,108.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	153,108.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b <b>NONE</b>				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(j) F.M.V. as of 12/31/69	(k) Adjusted basis as of 12/31/69	(l) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7                 }	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8			3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

Yes  No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2013		0.	.000000
2012		0.	.000000
2011			
2010			
2009			

2 Total of line 1, column (d)	2	
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	
5 Multiply line 4 by line 3	5	
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
7 Add lines 5 and 6	7	
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(c), or 4948) (see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	0.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0.
6	Credits/Payments:		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	0.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b		X
5		X
6	X	
7	X	
8a		
8b	X	
9		X
10		X

**Part VII-A Statements Regarding Activities (continued)**

Attachment to IRS Form 9940

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)			X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>WWW.DESCMIWORKS.COM</u>	X		
14	The books are in care of ▶ <u>ALESSIA BAKER-GILES</u> Telephone no. ▶ <u>313-664-5560</u> Located at ▶ <u>440 E. CONGRESS, DETROIT, MI</u> ZIP+4 ▶ <u>48226-2917</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year			
15				N/A
16	At any time during calendar 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? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country ▶		Yes	No
16				X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/> N/A		
1b			
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?		X
1c			
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(j)(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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶		
b	Are there any years listed 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2b			
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3b			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
4a			
4b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?		X
4b			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

Attachment to IRS Form 990

**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Yes  No  
Organizations relying on a current notice regarding disaster assistance check here

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No  
If "Yes," attach the statement required by Regulations section 53.4945-5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No  
If "Yes" to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No **N/A**

	<b>5b</b>	<b>X</b>	
	<b>6b</b>		<b>X</b>
	<b>7b</b>		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 8		513,030.	91,076.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total number of other employees paid over \$50,000** **0**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Row 1 contains '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.

Table with 2 columns: Description of activity, Expenses. Row 1 contains 'N/A'.

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Table with 2 columns: Description of investment, Amount. Row 1 contains 'N/A'. Includes a 'Total' row at the bottom with value 0.

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	0.
c	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	0.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.

**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.)

1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.

**Part XII Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	34,550,894.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 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	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	34,550,894.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	34,550,894.

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 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2014			0.	
a Enter amount for 2013 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012	40,155,183.			
e From 2013	37,064,018.			
f 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			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.			
d Applied to 2014 distributable amount				0.
e Remaining amount distributed out of corpus	34,550,894.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))				0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	111,770,095.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c 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.			
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				
c Excess from 2012	40,155,183.			
d Excess from 2013	37,064,018.			
e Excess from 2014	34,550,894.			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling 07/24/14
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with columns for Tax year (a) 2014, Prior 3 years (b) 2013, (c) 2012, (d) 2011, and (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-c (Alternative tests).

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here [X] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV Supplementary Information** (continued)

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ARAB COMMUNITY CENTER FOR ECONOMIC & SOCIAL SERVICES 2651 SAULINO DEARBORN, MI 48120-1556	SUBRECIPIENT	OTHER PUBLIC CHARITY	SUBCONTRACTOR PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	3,425,167.
DB GRANT ASSOCIATES 149 MADISON AVENUE, SUITE 201 NEW YORK, NY 10016-6713	SUBRECIPIENT	CORPORATION	SUBCONTRACTOR PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	4,400,002.
DETROIT PUBLIC SCHOOLS 3011 W. GRAND BLVD. DETROIT, MI 48202 3096	SUBRECIPIENT	PUBLIC SCHOOL	SUBCONTRACTOR PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	269,673.
DEVELOPMENT CENTERS, INC. 24424 W. MCNICHOLS DETROIT, MI 48219-3653	SUBRECIPIENT	OTHER PUBLIC CHARITY	SUBCONTRACTOR PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	2,245,378.
DOWNRIVER COMMUNITY CONFERENCE 15100 NORTHLINE ROAD, SUITE 179 SOUTHGATE, MI 48195-2408	SUBRECIPIENT	OTHER PUBLIC CHARITY	SUBCONTRACTOR PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	1,565,356.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>25,027,637.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue (a-f), g Fees and contracts from government agencies, 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, 8 Gain or (loss) from sales of assets other than inventory, 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue (a-e), 12 Subtotal, 13 Total.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) 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:		<b>Yes</b>	<b>No</b>
(1) Cash	1a(1)		X
(2) Other assets	1a(2)		X
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
(3) Rental of facilities, equipment, or other assets	1b(3)		X
(4) Reimbursement arrangements	1b(4)		X
(5) Loans or loan guarantees	1b(5)		X
(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X
d 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	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

<b>Sign Here</b>	<i>(Signature)</i>	<b>PRESIDENT/CHIEF EXECUTIVE OFFI</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date 12/16/16	Title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ALAN D. PANTER, CPA	<i>(Signature)</i>	02/11/16		P00952587
	Firm's name ▶ ABRAHAM & GAFFNEY, P.C.	Firm's EIN ▶ 38-2771117			
Firm's address ▶ 3511 COOLIDGE ROAD, SUITE 100 EAST LANSING, MI 48823-6390			Phone no. 517-351-6836		

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

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

**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](http://www.irs.gov/form990).

Detroit Employment Solutions Corporation

EIN 38-3353746

Attachment to Form 990 1545-02-17

**2014**

Name of the organization

Employer identification number

**DETROIT EMPLOYMENT SOLUTIONS CORPORATION****38-3353746**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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)

Name of organization

Attachment to IRS Form 990  
 Employer identification number

**DETROIT EMPLOYMENT SOLUTIONS CORPORATION**

**38-3353746**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional 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	\$ 36,297,611.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MICHIGAN DEPARTMENT OF NATURAL RESOURCES P.O. BOX 30028 LANSING, MI 48909-7528	\$ 112,161.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ILITCH CHARITIES 2211 WOODWARD AVENUE DETROIT, MI 48201-3467	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JPMORGAN CHASE 611 WOODWARD AVENUE, FLOOR 2 DETROIT, MI 48226-3408	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	DTE FOUNDATION 1 ENERGY PLAZA DETROIT, MI 48226-1221	\$ 276,636.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ASPEN INSTITUTES 1 DUPONT CIRCLE NW, SUITE 700 WASHINGTON, DC 20036-1133	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Attachment to IRS Form 990  
 Employer identification number

**DETROIT EMPLOYMENT SOLUTIONS CORPORATION**

**38-3353746**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional 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	\$ 239,951.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CITY OF DETROIT 2 WOODWARD AVENUE DETROIT, MI 48226-3437	\$ 173,594.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	KINEXUS 499 W. MAIN STREET BENTON HARBOR, MI 49022-3622	\$ 205,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Attachment to IRS Form 990  
 Employer identification number

**DETROIT EMPLOYMENT SOLUTIONS CORPORATION**

**38-3353746**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part 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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization

Attachment to Form 990  
 Employer identification number

**DETROIT EMPLOYMENT SOLUTIONS CORPORATION**

38-3353746

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

FORM 990-PF LEGAL FEES STATEMENT 1

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	60,469.	0.	0.	47,923.
FORM 990-PF, PG 1, LN 16A	60,469.	0.	0.	47,923.

FORM 990-PF ACCOUNTING FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	96,619.	0.	0.	89,588.
FORM 990-PF, PG 1, LN 16B	96,619.	0.	0.	89,588.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER	92,227.	0.	0.	81,430.
FORM 990-PF, PG 1, LN 16C	92,227.	0.	0.	81,430.

FORM 990-PF TAXES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
WAGE ROLL	720,625.	0.	0.	720,625.
FORM 990-PF, PG 1, LN 18	720,625.	0.	0.	720,625.

FORM 990-PF OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSES	42,686.	0.	0.	2,837.
INFORMATION TECHNOLOGY	268,358.	0.	0.	263,548.
INSURANCE	162,943.	0.	0.	157,606.
SUPPORTIVE SERVICES	1,358,391.	0.	0.	552,180.
SECURITY	200,788.	0.	0.	183,349.
CONTRACTOR EXPENSES	2,441,699.	0.	0.	313,900.
FEES AND SUBSCRIPTIONS	58,764.	0.	0.	54,590.
OTHER	7,673.	0.	0.	0.
FORM 990-PF, PG 1, LN 23	4,541,302.	0.	0.	1,528,010.

FORM 990-PF OTHER ASSETS STATEMENT 6

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
CONTRACTORS RECEIVABLE	90,960.	0.	0.
SECURITY DEPOSITS	29,660.	29,660.	29,660.
FORM 990-PF, PART II, LINE 15	120,620.	29,660.	29,660.

FORM 990-PF OTHER LIABILITIES STATEMENT 7

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEBT TO CITY OF DETROIT	368,068.	0.
TOTAL TO FORM 990-PF, PART II, LINE 22	368,068.	0.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 8  
 TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ALVIN C. SHARP	CORPORATION BOARD CHAIRMAN 0.50	0.	0.	0.
ENYETTA BRIDGES	BOARD MEMBER 0.50	0.	0.	0.
DAVID CARROLL	CORPORATION BOARD VICE CHA 0.50	0.	0.	0.
ARTHUR DUDLEY	BOARD MEMBER 0.50	0.	0.	0.
AMELA MOORE	PRESIDENT & CHIEF EXECUTIV 40.00	140,000.	15,899.	0.
JOSE REYES	CHIEF OPERATIONS OFFICER 40.00	116,480.	21,521.	0.
JESSIA BAKER-GILES	DIRECTOR OF ADMINISTRATIVE SERVICES 40.00	94,300.	15,290.	0.
STEPHANIE NIXON	DIRECTOR - PROGRAM SERVICES 40.00	81,400.	16,531.	0.
LAWNA FORBES	BOARD MEMBER 0.50	0.	0.	0.
L. VERONICA MADRIGAL	BOARD MEMBER 0.50	0.	0.	0.
J. NELSON	BOARD MEMBER 0.50	0.	0.	0.

**DETROIT EMPLOYMENT SOLUTIONS CORPORATION**

Detroit Employment Solutions Corporation  
 EIN 38-3353746  
 Attachment to IRS Form 990

<b>MARRY STEWARD</b>	<b>BOARD MEMBER</b>			
	0.50	0.	0.	0.
<b>MARICE THOMPSON</b>	<b>BOARD MEMBER</b>			
	0.50	0.	0.	0.
<b>ROBERT SHIMKOSKI</b>	<b>DIRECTOR - PLANNING</b>			
	0.50	80,850.	21,835.	0.

**TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII**

<b>513,030.</b>	<b>91,076.</b>	<b>0.</b>
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1544

Detroit Employment Solutions Corporation

Form **4720**

# Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

OMB No. 1545-0052

**2014**

Department of the Treasury  
Internal Revenue Service

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4965, 4968, and 4967)

Information about Form 4720 and its separate instructions is at [www.irs.gov/form4720](http://www.irs.gov/form4720)

For calendar year 2014 or other tax year beginning **JUL 1**, 2014, and ending **JUN 30**, 2015

Name of organization or entity **DETROIT EMPLOYMENT SOLUTIONS CORPORATION** Employer identification number **38-3353746**

Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) **440 E. CONGRESS**

Check box for type of annual return:  
 Form 990  Form 990-EZ  
 Form 990-PF  
 Form 5227

City or town, state or province, country, and ZIP or foreign postal code **DETROIT, MI 48226-2917**

A Is the organization a foreign private foundation within the meaning of section 4948(b)?  Yes  No  
B 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)  Yes  No  
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 result of the correction \$ . If "No," (i.e., any uncorrected acts or transactions), attach an explanation (see instructions).

## Part I Taxes on Organization (Sections 170(f)(10), 604(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4965(a)(1), and 4966(a)(1))

1	Tax on undistributed income - Schedule B, line 4	1
2	Tax on excess business holdings - Schedule C, line 7	2
3	Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e)	3
4	Tax on taxable expenditures - Schedule E, Part I, column (g)	4
5	Tax on political expenditures - Schedule F, Part I, column (e)	5
6	Tax on excess lobbying expenditures - Schedule G, line 4	6
7	Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e)	7
8	Tax on premiums paid on personal benefit contracts	8
9	Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h)	9
10	Tax on taxable distributions - Schedule K, Part I, column (f)	10
11	Tax on a charitable remainder trust's unrelated business taxable income. Attach statement	11
12	Tax on failure to meet the requirements of section 501(r)(3)-Schedule M, Part II, line 2	12
13	Total (add lines 1 - 12)	13

rcvd 9.27.19

STATUTE UNIT  
RECEIVED  
OCT 01 2019  
TPR BRANCH  
OGDEN

## Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons (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))

(a) Name and address of person subject to tax. City or town, state or province, country, ZIP or foreign postal code (b) Taxpayer identification number

a  
b  
c

	(c) Tax on self-dealing - Schedule A, Part II, col. (d), and Part III, col. (d)	(d) Tax on investments that jeopardize charitable purpose - Schedule D, Part II, col. (d)	(e) Tax on taxable expenditures - Schedule E, Part II, col. (d)	(f) Tax on political expenditures - Schedule F, Part II, col. (d)
a				
b				
c				
Total				

	(g) Tax on disqualifying lobbying expenditures - Sch H, Part II, col. (d)	(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, Part II, col. (d)	(j) Tax on taxable distributions - Schedule K, Part II, col. (d)
a				
b				
c				
Total				

	(k) Tax on prohibited benefits - Sch L, Part II, col. (d), and Part III, col. (d)	(l) Total - Add cols. (c) through (k)
a		
b		
c		
Total		

424001 11-24-14 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 4720 (2014)

No statute issue 0436526461 OCT 02 2019



**Part II-B Summary of Taxes** (See Tax Payments in the instructions)

Attachment to IRS Form 990

1	Enter the taxes listed in Part II-A, column (I), that apply to managers, self-dealers, disqualified persons, donors, donor advisors, and related persons who sign this form. If all sign, enter the total amount from Part II-A, column (I)	1	
2	Total tax. Add Part I, line 13, and Part II-B, line 1	2	
3	Total payments including amount paid with Form 8868 (see instructions)	3	
4	Tax due. If line 2 is larger than line 3, enter amount owed (see instructions)	4	0.
5	Overpayment. If line 2 is smaller than line 3, enter the difference. This is your refund	5	

**SCHEDULE A - Initial Taxes on Self-Dealing** (Section 4941)

**Part I Acts of Self-Dealing and Tax Computation**

(a) Act number	(b) Date of act	(c) Description of act
1		
2		
3		
4		
5		

(d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act	(e) Amount involved in act	(f) Initial tax on self-dealing (10% of col. (e))	(g) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col. (e))

**Part II Summary of Tax Liability of Self-Dealers and Proration of Payments**

(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)

**Part III Summary of Tax Liability of Foundation Managers and Proration of Payments**

(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE B - Initial Tax on Undistributed Income** (Section 4942)

1	Undistributed income for years before 2013 (from Form 990-PF for 2014, Part XIII, line 6d)	1	
2	Undistributed income for 2013 (from Form 990-PF for 2014, Part XIII, line 6e)	2	
3	Total undistributed income at end of current tax year beginning in 2014 and subject to tax under section 4942 (add lines 1 and 2)	3	
4	Tax - Enter 30% of line 3 here and on Part I, line 1	4	

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

**Business Holdings and Computation of Tax**

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

	(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1 Foundation holdings in business enterprise	1		
2 Permitted holdings in business enterprise	2		
3 Value of excess holdings in business enterprise	3		
4 Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement)	4		
5 Taxable excess holdings in business enterprise - line 3 minus line 4	5		
6 Tax - Enter 10% of line 5	6		
7 Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2	7		

**SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)**

**Part I Investments and Tax Computation**

(a) Investment number	(b) Date of investment	(c) Description of investment	(d) Amount of investment	(e) Initial tax on foundation (10% of col. (d))	(f) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (d))
1					
2					
3					
4					
5					

Total - Column (e). Enter here and on Part I, line 3

Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below

**Part II Summary of Tax Liability of Foundation Managers and Proration of Payments**

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)** to IRS Form 8940

<b>Part I Expenditures and Computation of Tax</b>				
(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				
4				
5				
(f) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the expenditure			(g) Initial tax imposed on foundation (20% of col. (b))	(h) Initial tax imposed on foundation managers (if applicable) (lesser of \$10,000 or 5% of col. (b))
Total - Column (g). Enter here and on Part I, line 4				
Total - Column (h). Enter total (or prorated amount) here and in Part II, column (c), below				

<b>Part II Summary of Tax Liability of Foundation Managers and Proration of Payments</b>			
(a) Names of foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (h), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c); see instructions)

**SCHEDULE F - Initial Taxes on Political Expenditures (Section 4955)**

<b>Part I Expenditures and Computation of Tax</b>					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of political expenditure	(e) Initial tax imposed on organization or foundation (10% of col. (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2 1/2% of col. (b))
1					
2					
3					
4					
5					
Total - Column (e). Enter here and on Part I, line 5					
Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

<b>Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments</b>			
(a) Names of organization managers or foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c); see instructions)

**SCHEDULE G - Tax on Excess Lobbying Expenditures (Section 4911)**

1	Excess of grassroots expenditures over grassroots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II A, column (b), line 1h). (See the instructions before making an entry.)	1
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i). (See the instructions before making an entry.)	2
3	Taxable lobbying expenditures - enter the larger of line 1 or line 2	3
4	Tax - Enter 25% of line 3 here and on Part I, line 6	4

**SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures (Section 4912)**

<b>Part I Expenditures and Computation of Tax</b>					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable) (5% of col. (b))
1					
2					
3					
4					
5					
<b>Total - Column (e).</b> Enter here and on Part I, line 7					
<b>Total - Column (f).</b> Enter total (or prorated amount) here and in Part II, column (c), below					

<b>Part II Summary of Tax Liability of Organization Managers and Proration of Payments</b>			
(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)**

<b>Part I Excess Benefit Transactions and Tax Computation</b>		
(a) Transaction number	(b) Date of transaction	(c) Description of transaction
1		
2		
3		
4		
5		
(d) Amount of excess benefit	(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))

**SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958) Continued**

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Attachment to IRS Form 9940

**Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments**

(a) Names of disqualified persons liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (e), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)

**Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments**

(a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)**

**Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity**  
(see instructions)

(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection	(d) Description of transaction
1			
2			
3			
4			
5			

(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer Yes or No	(f) Net income attributable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)

Total - Column (h). Enter here and on Part I, line 9

**Part II Tax imposed on Entity Managers** (Section 4965) *Continued*

(a) Name of entity manager	(b) Transaction number from Part I, col (a)	(c) Tax - enter \$20,000 for each transaction listed in col (b) for each manager in col (a)	(d) Manager's total tax liability (add amounts in col (c))

**SCHEDULE K - Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds** (Section 4966). See the instructions.

**Part I Taxable Distributions and Tax Computation**

(a) Item number	(b) Name of sponsoring organization and donor advised fund	(c) Description of distribution
1		
2		
3		
4		

(d) Date of distribution	(e) Amount of distribution	(f) Tax imposed on organization (20% of col. (e))	(g) Tax on fund managers (lesser of 5% of col. (e) or \$10,000)

Total - Column (f). Enter here and on Part I, line 10

Total - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below

**Part II Summary of Tax Liability of Fund Managers and Proration of Payments**

(a) Name of fund managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col. (g) or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)

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

See the instructions.

<b>Part I Prohibited Benefits and Tax Computation</b>		
(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit
1		
2		
3		
4		
5		
(d) Amount of prohibited benefit	(e) Tax on prohibited benefit (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)

<b>Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons and Proration of Payments</b>			
(a) Names of donors, donor advisor, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor, donor advisor or related persons total tax liability (add amounts in col. (c)) (see instructions)

<b>Part III Tax Liability of Fund Managers and Proration of Payments</b>			
(a) Names of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund managers total tax liability (add amounts in col. (c)) (see instructions)

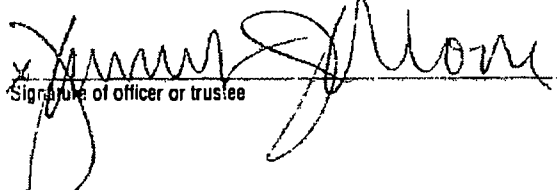
**Schedule M - Tax on Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)). (See instructions.)**

<b>Part I Name of Hospital Facility and Summary of Failure to Meet Section 501(r)(3)</b>				
(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				


<b>Part II Computation of Tax</b>	
1	Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3)
2	Tax - Enter \$50,000 multiplied by line 1 here and on Part I, line 12



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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	 Signature of officer or trustee	<b>PRESIDENT/CHIEF EXECUTIVE OFFICER</b> Title	Date
	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person		Date
	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person		Date
	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person		Date
	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person		Date

May the IRS discuss this return with the preparer shown below? (see instructions)  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>ALAN D. PANTER, CPA</b>		<b>02/11/16</b>		<b>P00952587</b>
	Firm's name ▶ <b>ABRAHAM &amp; GAFFNEY, P.C.</b>	Firm's EIN ▶ <b>38-2771117</b>			
Firm's address ▶ <b>3511 COOLIDGE ROAD, SUITE 100 EAST LANSING, MI 48823-6390</b>				Phone no. <b>517-351-6836</b>	