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Detroit Employment Solutions Corporation  
EIN 38-3353746  
Attachment to IRS Form 990 OMB No 1545-0052

**EXTENDED TO MAY 15, 2017**  
**Return of Private Foundation**

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990pf).

**2015**  
Open to Public Inspection

For calendar year 2015 or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

Name of foundation: **DETROIT EMPLOYMENT SOLUTIONS CORPORATION**

Address: **440 E. CONGRESS**  
City: **DETROIT, MI 48226-2917**

Employer identification number: **38-3353746**

Telephone number: **313-664-5560**

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

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

Fair market value of all assets at end of year: **\$ 3,933,710.**

Accounting method:  
 Cash  
 Accrual

**CLIENT COPY**

Part I Analysis of Revenue and Expenses	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	34,760,823		N/A	
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV line 2)				
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income				
12 Total. Add lines 1 through 11	34,760,823.	0.		
13 Compensation of officers, directors, trustees, etc.	633,210.	0.		633,210.
14 Other employee salaries and wages	4,371,727.	0.		4,340,922.
15 Pension plans, employee benefits	89,426.	0.		89,416.
16a Legal fees	71,254.	0.		64,962.
b Accounting fees	87,750.	0.		85,719.
c Other professional fees	142,337.	0.		76,590.
17 Interest				
18 Taxes	597,297.	0.		597,297.
19 Depreciation and depletion	214,141.	0.		
20 Occupancy	1,497,254.	0.		1,476,619.
21 Travel, conferences, and meetings	104,097.	0.		104,086.
22 Printing and publications	102,456.	0.		91,917.
23 Other expenses	3,998,067.	0.		3,720,801.
24 Total operating and administrative expenses. Add lines 13 through 23	11,909,016.	0.		11,281,539.
25 Contributions, gifts, grants paid	22,853,303.			22,853,303.
26 Total expenses and disbursements. Add lines 24 and 25	34,762,319.	0.		34,134,842.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-1,496.			
b Net investment income (if negative, enter -0-)		0.		
c Adjusted net income (if negative, enter -0-)			N/A	

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Operating and Administrative Expenses

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	1,127,424.	634,424.	634,424.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ 564.			
	Less: allowance for doubtful accounts ▶		564.	564.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable	3,041,453.	2,959,473.	2,959,473.
	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	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 ▶ 626,314.	405,662.	188,522.	188,522.	
15 Other assets (describe ▶ STATEMENT 6 )	29,660.	150,727.	150,727.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	4,710,247.	3,933,710.	3,933,710.	
Liabilities	17 Accounts payable and accrued expenses	4,039,945.	3,065,354.	
	18 Grants payable			
	19 Deferred revenue	400,000.	716,744.	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable	117,194.		
	22 Other liabilities (describe ▶ )			
23 Total liabilities (add lines 17 through 22)	4,557,139.	3,782,098.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>			
	24 Unrestricted and complete lines 24 through 26 and lines 30 and 31.	-4,453.	26,238.	
	25 Temporarily restricted	157,561.	125,374.	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <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	153,108.	151,612.		
31 Total liabilities and net assets/fund balances	4,710,247.	3,933,710.		

**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	153,108.
2 Enter amount from Part I, line 27a	2	-1,496.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	151,612.
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	151,612.

**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))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) 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))
2014		0.	.000000
2013		0.	.000000
2012		0.	.000000
2011			
2010			

2 Total of line 1, column (d)

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

4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5

5 Multiply line 4 by line 3

6 Enter 1% of net investment income (1% of Part I, line 27b)

7 Add lines 5 and 6

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.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), 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)	1	0.
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.	2	0.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	3	0.
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
3	Add lines 1 and 2	5	0.
4	Subtitle A (Income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	6	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	7	0.
6	Credits/Payments:		
a	2015 estimated tax payments and 2014 overpayment credited to 2015	8a	
b	Exempt foreign organizations - tax withheld at source	8b	
c	Tax paid with application for extension of time to file (Form 8868)	8c	
d	Backup withholding erroneously withheld	8d	
7	Total credits and payments. Add lines 6a through 6d	9	0.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	10	0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	11	0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		

**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)**

	Yes	No
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	
18 At any time during calendar year 2015, 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. If "Yes," enter the name of the foreign country ►	18	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	N/A	
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 2015?	1c	X
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(j)(3) or 4942(j)(5)):		
a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? If "Yes," list the years ►	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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.)	N/A	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►	2b	
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 2015 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 2015)	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b 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 2015?	4b	X

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

	5b	X	
6b			X
7b			

**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
<b>SEE STATEMENT 7</b>		633,210.	88,450.	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
<b>NONE</b>				

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

**Part VII 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."**

(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	
2	
3	
4	

**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.	Amount
1 N/A	
2	
3	
All other program-related investments. See instructions.	
Total. Add lines 1 through 3	▶ 0.

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

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

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	0.
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5	<b>2a</b>	
<b>b</b>	Income tax for 2015. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	0.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	0.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	0.
<b>5</b>	Add lines 3 and 4	<b>5</b>	0.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	0.
<b>7</b>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	0.

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	34,134,842.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	34,134,842.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	<b>5</b>	0.
<b>6</b>	Adjusted qualifying distributions. Subtract line 5 from line 4	<b>6</b>	34,134,842.

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012	40,155,183.			
d From 2013	37,064,018.			
e From 2014	34,550,894.			
f Total of lines 3a through e	111,770,095.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ \$ 34,134,842.				
a Applied to 2014, 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 2015 distributable amount				0.
e Remaining amount distributed out of corpus	34,134,842.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	145,904,937.			
a Corpus Add lines 3f, 4c and 4e Subtract line 5				
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 2014. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				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 2010 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	145,904,937.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012	40,155,183.			
c Excess from 2013	37,064,018.			
d Excess from 2014	34,550,894.			
e Excess from 2015	34,134,842.			

**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 2015, 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)

	Tax year				(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, 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 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)					
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 securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

**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  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>				
MIDNIGHT GOLF 30100 TELEGRAPH, SUITE 224 BINGHAM FARMS, MI 48025-4514	SUBRECIPIENT	NON PROFIT	SUBCONTRACTOR PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	346,100.
SER METRO 9301 MICHIGAN AVE DETROIT, MI 48210-2038	SUBRECIPIENT	NON - PROFIT	SUBCONTRACTOR PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	2,040,236.
YMCA 1401 BROADWAY, SUITE 3A DETROIT, MI 48226-2112	SUBRECIPIENT	NON - PROFIT	SUBCONTRACTOR PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	338,500.
NEIGHBORHOOD SERVICES ORGANIZATION 882 OAKMAN BOULEVARD, SUITE C DETROIT, MI 48238-3710	SUBRECIPIENT	NON PROFIT	SUBCONTRACTOR PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	446,752.
FOCUS HOPE 1355 OAKMAN BOULEVARD DETROIT, MI 48238-3710	SUBRECIPIENT	NON - PROFIT	SUBCONTRACTOR PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	7,438.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>22,853,303.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				
				0.





**DETROIT EMPLOYMENT SOLUTIONS CORPORATION** 46 **38-3353746**

Detroit Employment Solutions Corporation

Attachment to IRS Form 8940

**Part XV Supplementary Information**

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

Recipient Name and address (home or business)	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
ACCESS 2651 SAULINO DEARBORN, MI 48120-1556	SUBRECIPIENT	NON - PROFIT	SUBCONTRACTOR PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	3,385,805.
DEVELOPMENT CENTER 24424 W. MCNICHOLS DETROIT, MI 48219-3653	SUBRECIPIENT	NON - PROFIT	SUBCONTRACTOR PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	2,210,994.
ROSS INNOVATIVE EMPLOYMENT SOLUTIONS 14117 E. SEVEN MILE ROAD DETROIT, MI 48205-2337	SUBRECIPIENT	FOR PROFIT	SUBCONTRACTOR PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	2,987,594.
SERCO 9301 MICHIGAN AVE DETROIT, MI 48210-2038	SUBRECIPIENT	FOR PROFIT	SUBCONTRACTOR PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	5,106,763.
JACKETS FOR JOBS 5555 CONNER AVENUE, SUITE 2097 DETROIT, MI 48213-3492	SUBRECIPIENT	NON - PROFIT	SUBCONTRACTOR PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	422,616.
RESOURCE NETWORK 11815 JOSEPH CAMPAU HAMTRAMCK, MI 48212 3053	SUBRECIPIENT	FOR PROFIT	SUBCONTRACTOR PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	2,118,618.
DOWNRIVER COMMUNITY CONFERENCE 15100 NORTHLINE RD. STE 179 SOUTHGATE, MI 48195-2408	SUBRECIPIENT	NON - PROFIT	SUBCONTRACTOR PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	1,756,537.
DETROIT PUBLIC SCHOOLS 3011 W. GRAND BLVD DETROIT, MI 48202 3096	SUBRECIPIENT	EDUCATIONAL	SUBCONTRACTOR PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	134,544.
NXT LVL, INC 440 BURROUGHS, SUITE 113 DETROIT, MI 48202-3096	SUBRECIPIENT	NON - PROFIT	SUBCONTRACTOR PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	42,910.
YOUTH DEVELOPMENT COMMISSION 30 E. CANFIELD DETROIT, MI 48201-1804	SUBRECIPIENT	NON - PROFIT	SUBCONTRACTOR PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	14,410.
Total from continuation sheets				19,674,277.

523831  
04-01-15



**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).

**2015**

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) (2015)



Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization <b>DETROIT EMPLOYMENT SOLUTIONS CORPORATION</b>	Employer identification number <b>38-3353746</b>
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**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	\$ 32,497,972.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CVS 1 CVS DRIVE WOONSOCKET, RI 02895-6146	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COME TOGETHER FOUNDATION 6 CHAMPIONSHIP DRIVE AUBURN HILLS, MI 48326-1753	\$ 100,000.	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	\$ 252,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE ASPEN INSTITUTE 1000 N. THIRD STREET ASPEN, CO 81611-1330	\$ 37,062.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization <b>DETROIT EMPLOYMENT SOLUTIONS CORPORATION</b>	Employer identification number <b>38-3353746</b>
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**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	MILWAUKEE AREA WORKFORCE INVESTMENT BOARD  2338 N. 27TH STREET  MILWAUKEE, WI 53210-3100	\$ 66,000.	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	\$ 54,049.	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	\$ 438,158.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	THE CHILDREN'S CENTER - FOR CONSULTING  79 W. ALEXANDRINE STREET  DETROIT, MI 48201-2015	\$ 5,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	GROW DETROIT'S YOUNG TALENT  440 E. CONGRESS STREET  DETROIT, MI 48226-1221	\$ 342,503.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	COMMUNITY FOUNDATION FOR SOUTHEAST MICHIGAN  333 W. FORT STREET, # 2010  DETROIT, MI 48226-3134	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DETROIT EMPLOYMENT SOLUTIONS CORPORATION</b>	Employer identification number <b>38-3353746</b>
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**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
13	<u>MACOMB - ST. CLAIR WORKFORCE</u> <u>21885 DUNHAM ROAD #11</u> <u>CHARTER TOWNSHIP OF CLINTON, MI</u> <u>48036-1030</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
14	<u>SER METRO - DETROIT</u> <u>9301 MICHIGAN AVE.</u> <u>DETROIT, MI 48210-2038</u>	\$ <u>9,814.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
15	<u>TALMER BANK AND TRUST</u> <u>2301 W. BIG BEAVER ROAD</u> <u>TROY, MI 48084-3300</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
16	<u>STRATEGIC STAFFING SOLUTIONS</u> <u>645 GRISWOLD STREET # 2900</u> <u>DETROIT, MI 48226-4105</u>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
17	<u>DETROIT ZOOLOGICAL SOCIETY</u> <u>8450 W. 10 MILE ROAD</u> <u>ROYAL OAK, MI 48067-3001</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
18	<u>BANK OF AMERICA</u> <u>2600 W. BIG BEAVER ROAD</u> <u>TROY, MI 48084-3323</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization <b>DETROIT EMPLOYMENT SOLUTIONS CORPORATION</b>	Employer identification number <b>38-3353746</b>
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**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
19	<u>SKILLMAN FOUNDATION</u> <u>100 TALON CENTRE DRIVE STE 100</u> <u>DETROIT, MI 48207-4266</u>	\$ <u>254,089.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<u>THE RALPH C WILSON JR FOUNDATION</u> <u>63 KERCHEVAL AVE., STE 200</u> <u>GROSSE POINTE FARMS, MI 48236-3652</u>	\$ <u>120,592.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<u>MICHIGAN DEPARTMENT OF NATURAL RESOURCES</u> <u>P.O. BOX 30028</u> <u>LANSING, MI 48909-7528</u>	\$ <u>5,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<u>LEAR CORPORATION</u> <u>21557 TELEGRAPH ROAD</u> <u>SOUTHFIELD, MI 48033-4248</u>	\$ <u>5,721.</u>	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.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization <b>DETROIT EMPLOYMENT SOLUTIONS CORPORATION</b>	Employer identification number <b>38-3353746</b>
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**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

(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

(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

(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

**DETROIT EMPLOYMENT SOLUTIONS CORPORATION**

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

**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	71,254.	0.		64,962.
TO FM 990-PF, PG 1, LN 16A	71,254.	0.		64,962.

**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	87,750.	0.		85,719.
TO FORM 990-PF, PG 1, LN 16B	87,750.	0.		85,719.

**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	142,337.	0.		76,590.
TO FORM 990-PF, PG 1, LN 16C	142,337.	0.		76,590.

**FORM 990-PF TAXES STATEMENT 4**

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL	597,297.	0.		597,297.
TO FORM 990-PF, PG 1, LN 18	597,297.	0.		597,297.

**DETROIT EMPLOYMENT SOLUTIONS CORPORATION**

Detroit Employment Solutions Corporation  
 EIN 38-3353746 **38-3353746**  
 Attachment to IRS Form 8940

**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	66,320.	0.		65,909.
INFORMATION TECHNOLOGY	271,979.	0.		265,902.
INSURANCE	881,176.	0.		881,176.
SUPPORTIVE SERVICES	1,889,733.	0.		1,889,733.
SECURITY	178,902.	0.		169,059.
OTHER	24,058.	0.		24,058.
DUES AND SUBSCRIPTIONS	41,784.	0.		37,329.
SUBCONTRACTOR EXPENSE	644,115.	0.		387,635.
TO FORM 990-PF, PG 1, LN 23	3,998,067.	0.		3,720,801.

**FORM 990-PF OTHER ASSETS STATEMENT 6**

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
SECURITY DEPOSIT	29,660.	29,660.	29,660.
CONTRACTORS RECEIVABLE	0.	121,067.	121,067.
TO FORM 990-PF, PART II, LINE 15	29,660.	150,727.	150,727.



**DETROIT EMPLOYMENT SOLUTIONS CORPORATION**

Detroit Employment Solutions Corporation  
 EIN 38-3353746 **38-3353746**  
 Attachment to IRS Form 8940

FORM 990-PF      PART VIII - LIST OF OFFICERS, DIRECTORS      STATEMENT 7  
 TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LAURA HUGHES	CORPORATION BOARD CHAIRMAN 0.50	0.	0.	0.
MICHAEL AARON	BOARD MEMBER 0.50	0.	0.	0.
LENA BARKLEY	BOARD MEMBER 0.50	0.	0.	0.
DAVID CARROLL	CORPORATION BOARD VICE CHAIRMAN 0.50	0.	0.	0.
MARK GAFFNEY	BOARD MEMBER 0.50	0.	0.	0.
DON O'CONNELL	BOARD MEMBER 0.50	0.	0.	0.
ALESSIA BAKER-GILES	DIRECTOR OF FINANCE 40.00	94,300.	14,274.	0.
STEPHANIE NIXON	DIRECTOR - PROGRAM SERVICES 40.00	81,840.	14,067.	0.
RIC PREUSS	BOARD MEMBER 0.50	0.	0.	0.
CALVIN C. SHARP	BOARD MEMBER 0.50	0.	0.	0.
TONEY STEWART	BOARD MEMBER 0.50	0.	0.	0.

**DETROIT EMPLOYMENT SOLUTIONS CORPORATION**

Detroit Employment Solutions Corporation  
EIN 38-3353746 **38-3353746**  
Attachment to IRS Form 8940

ALICE THOMPSON	BOARD MEMBER	0.50	0.	0.	0.
JOSE REYES	INTERIM CHIEF EXECUTIVE OFFICER	40.00	116,480.	18,866.	0.
ROBERT SHIMKOSKI	DIRECTOR - PLANNING	40.00	80,590.	19,148.	0.
PAMELA J. MOORE	CHEIF EXECUTIVE OFFICER	40.00	140,000.	15,014.	0.
JEFF DONOFRIO	BOARD MEMBER/DIRECTOR MAYORS WORKFORCE	40.00	120,000.	7,081.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII			<u>633,210.</u>	<u>88,450.</u>	<u>0.</u>

0436526461 OCT 02 2019

Detroit Employment Solutions Corporation  
EIN 38-3353746

11676

Form **4720**

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

OMB No. 1545-0052

**2015**

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, 4966, and 4967)

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

For calendar year 2015 or other tax year beginning **JUL 1**, 2015, and ending **JUN 30**, 2016

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

**DETROIT EMPLOYMENT SOLUTIONS CORPORATION**

Number, street, and room or suite no. (or P.O. box 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**

Check box for type of annual return:

- Form 990
- Form 990-EZ
- Form 990-PF
- Form 5227

Yes	No
	X
	N/A

- A** Is the organization a foreign private foundation within the meaning of section 4948(b)? *ewd 9-27-19*
- 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)
- 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), 664(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

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### 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				

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11-23-15

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

Form 4720 (2015)

**DETROIT EMPLOYMENT SOLUTIONS CORPORATION**

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

1	Enter the taxes listed in Part II-A, column (f), 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 (f)	1	
2	<b>Total tax.</b> 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	<b>Tax due.</b> If line 2 is larger than line 3, enter amount owed (see instructions)	4	0.
5	<b>Overpayment.</b> 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	(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))
1						
2						
3						
4						
5						

**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 2014 (from Form 990-PF for 2015, Part XIII, line 6d)	1	
2	Undistributed income for 2014 (from Form 990-PF for 2015, Part XIII, line 6e)	2	
3	Total undistributed income at end of current tax year beginning in 2015 and subject to tax under section 4942 (add lines 1 and 2)	3	
4	<b>Tax</b> - Enter 30% of line 3 here and on Part I, line 1	4	

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

**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					
<b>Total - Column (e). Enter here and on Part I, line 3</b>					
<b>Total - Column (f). 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**

(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)**

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

See the instructions.

Part I Prohibited Benefits and Tax Computation		
(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)

Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons and Proration of Payments			
(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)

Part III Tax Liability of Fund Managers and Proration of Payments			
(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)

**DETROIT EMPLOYMENT SOLUTIONS CORPORATION**

**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)	1
2	Tax - Enter \$50,000 multiplied by line 1 here and on Part I, line 12	2


**DETROIT EMPLOYMENT SOLUTIONS CORPORATION**

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.

**Sign Here**

	<b>PRESIDENT / CHIEF EXECUTIVE OFFICER</b>	
▶	Signature of officer or trustee	Title
▶	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 <b>ALAN D. PANTER, CPA</b>	Preparer's signature 	Date <b>01/31/17</b>	Check <input type="checkbox"/> if self-employed	PTIN <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>	