

EXTENDED TO MAY 15, 2018

Return of Private Foundation
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.

The short Form 990-PF and its senarate instructions is at www.ijrs.gov/form

For calendar year 2016 or tax year beginning JU:	L 1, 2016	, and ending	JUN 30, 2017	Open to Public Inspection
Name of foundation			A Employer identification	number
		\	20 22525:5	J
DETROIT EMPLOYMENT SOLUTIO)N Room/suite	38-3353746	
Number and street (or P O box number if mail is not delivered to street 440 EAST CONGRESS	address)	Hoom/suite	B Telephone number 313-664-55	50
City or town, state or province, country, and ZIP or foreign	nostal code			. —7
DETROIT, MI 48226-2917	hoziai cone		C If exemption application is pe	ending, check here
G Check all that apply: Initial return	Initial return of a f	ormer public charity	D 1. Foreign organizations	check here
Final return	Amended return	ormer passes committy		·
Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, mputation
H Check type of organization: X Section 501(c)(3)	exempt private foundation	100	E If private foundation sta	tus was terminated (
Section 4947(a)(1) nonexempt charitable trust	Other taxable private found		under section 507(b)(1)	(A), check here
	ting method: L Cash	X Accrual	F If the foundation is in a	
(11011) (1111) (1111)	Other (specify)		under section 507(b)(1)	(B), check here X
8,795,756. (Part I, col	T			(d) D
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(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	42,502,773.		N/A	(Cash Dasis Offly)
2 Check If the foundation is not required to attach Sch. B			1	
Interest on savings and temporary cash investments	718.	718.		STATEMENT 1
4 Dividends and interest from securities				
5a Gross rents				<u> </u>
b Net rental income or (loss)				
6a Net gam or (loss) from sale of assets not on line 10			REC	EIVED
b assets on line 6a		0.		19
b assets on line 6a 7 Capital gain net income (from Part IV, line 2)		0.	O MAY	2 1 2018 8
8 Net short-term capital gain 9 Income modifications				2
Gross sales less returns			OGD	EN LIT
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income	13,643.	0.		STATEMENT 2
12 Total. Add lines 1 through 11	42,517,134.	718.		
13 Compensation of officers, directors, trustees, etc	644,146. 8,160,113.	0.		644,146.
14 Other employee salaries and wages	905,662.	0.		8,160,113.
15 Pension plans, employee benefits 16a Legal fees STMT 3	26,500.	0.		905,662. 26,500.
b Accounting fees STMT 4	77,294.	0.		77,294.
c Other professional fees STMT 5	229,352.	0.		229,352.
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 3 b Accounting fees STMT 4 c Other professional fees STMT 5 17 Interest 18 Taxes STMT 6				
्रह्मे 18 Taxes STMT 6	897,654.	0.		897,654.
ত্ৰ <mark>গ্ৰ</mark> 19 Depreciation and depletion	85,503.	0.		
20 Occupancy 21 Travel, conferences, and meetings	1,572,074.	0.		1,572,074.
21 Travel, conferences, and meetings	177,699.	0.		177,699.
22 Printing and publications 23 Other expenses STMT 7	67,816.	0.	-	67,816.
23 Other expenses STMT /	13,110,308.	<u> </u>		13,778,568.
21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 7 24 Total operating and administrative expenses. Add lines 13 through 23	26,622,381.	0.		26,536,878.
25 Contributions, gifts, grants paid	13,992,051.	`		13,992,051.
26 Total expenses and disbursements.				
Add lines 24 and 25	40,614,432.	0.		40,528,929.
27 Subtract line 26 from line 12:				
8 Excess of revenue over expenses and disbursements	1,902,702.			
b Net investment income (if negative, enter -0-)		718.		
c Adjusted net income (if negative, enter -0-)	l	1	N/A	l .

For	<u>m 99</u>	0-PF (2016) DETROIT EMPLOYMENT SOLUT	IONS CORPORATI	ON 38-3	3353746 Page 2
Ē	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
느		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	634,424.	5,342,236.	5,342,236.
	2	Savings and temporary cash investments			
	3	Accounts receivable ► 121,008.			
		Less: allowance for doubtful accounts	564.	121,008.	121,008.
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			
	5	Grants receivable	2,959,473.	2,987,548.	2,987,548.
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ŧ	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges		212,285.	212,285.
∢	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			
		Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis ► 814,836. Less accumulated depreciation ► 711,817.	100 500	102 010	
			188,522. 150,727.	103,019.	103,019.
	ı	Other assets (describe STATEMENT 8)	150,121.	29,000.	29,660.
	16	Total assets (to be completed by all filers - see the	3,933,710.	8,795,756.	8,795,756.
_	47	Instructions. Also, see page 1, item I)	3,065,354.	4,269,849.	0,133,130.
	18	Accounts payable and accrued expenses Grants payable	3,003,334.	4,200,040.	Ì
	19	Deferred revenue	716,744.	2,471,593.	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	72077220	2/1/2/3331	
Ē	21	Mortgages and other notes payable			
Lia		Other habilities (describe)			
	23	Total liabilities (add lines 17 through 22)	3,782,098.	6,741,442.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ė	24	Unrestricted	26,238.	49,455.	
auc	25	Temporarily restricted	125,374.	2,004,859.	
Ba	26	Permanently restricted			
2]	Foundations that do not follow SFAS 117, check here			
or Fund Balances	[and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Š	29	Retained earnings, accumulated income, endowment, or other funds			
Šet	30	Total net assets or fund balances	151,612.	2,054,314.	
	ĺ				
	31	Total liabilities and net assets/fund balances	3,933,710.	8,795,756.	
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
_		and a section of bolomore at horses are forces. Part II askings (a) line (
-		net assets or fund balances at beginning of year - Part II, column (a), line 3	U		151 612
		st agree with end-of-year figure reported on prior year's return)	-	-	151,612. 1,902,702.
		r amount from Part I, line 27a =		2 3	1,902,702.
		lines 1, 2, and 3		3	2,054,314.
-		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30	6	2,054,314.
			- <u> </u>		Form 990-PF (2016)

DETROIT EMPLOYMENT SOLUTIONS CORPORATION

<u>38-3353746</u>

Form **990-PF** (2016)

See the Part VI instructions.

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.

_	1 990-PF (2016) DETROIT EMPLOYMENT SOLUTIONS CORPORATION 3 ort VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	8-33! 8 - se e		tion	Page 4 s)	L
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					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 🕨 🔲 and enter 1%	1			14.	_
	of Part i, line 27b					1
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					ļ
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			14.	-
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			14.	3
6	Credits/Payments:					}
	2016 estimated tax payments and 2015 overpayment credited to 2016					}
	Exempt foreign organizations - tax withheld at source 6b	1				ł
	Tax paid with application for extension of time to file (Form 8868)					}
-	Backup withholding erroneously withheld Table and assuments. Add lines for through 6d	_ +-			0.	ļ
1	Total credits and payments. Add lines 6a through 6d	7			<u> </u>	-
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			14.	
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	9			14.	•
10 11	The state of the s	10				
	irt VII-A Statements Regarding Activities	<u> </u>				-
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		7-7	Yes	No	-
	any political campaign?		1a		X	•
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		X	-
_	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published]
	distributed by the foundation in connection with the activities.		1 1			
C	Did the foundation file Form 1120-POL for this year?		1c		X	,
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:]
	(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.					ł
ε	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					ł
	managers. ► \$ 0 .]
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X	,
	If "Yes," attach a detailed description of the activities.		-	i		Į.
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or]
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	57 / T	4a		X	
_	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X	1
	If "Yes," attach the statement required by General Instruction T.		1 1			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				; 	1
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state la 		-			1
	remain in the governing instrument?	I W	6	Х		i
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	X		
'	This the foundation have at least 40,000 in assets at any time during the year: If Yes, Complete Part II, Col. (C), and Part XV		 ' 			1
٥,	Enter the states to which the foundation reports or with which it is registered (see instructions)		1 1	i		1
O a	MI	··	-			1
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		-			İ
	of each state as required by General Instruction G? If "No," attach explanation		8b	X		1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calend	ar				1
•	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X	' <i>O</i>
_10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	·	10		_X	_
			Form 990	-DE	(0040)	

Yes No	<u>orm</u>	990-PF (2016) DETROIT EMPLOYMENT SOLUTIONS CORPORATION 38-3353	746		Page 5
11. All any lime during the year, dult the foundation, directly or indirectly, own a controlled entity within the meaning of section \$120,174,174 1745, and should like as instructions.) 12. Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 13. X 14. X 15. Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 15. Website address \$\infty\$ WWV. DESCHWTMORKS C. COM 16. The books are not or \$\infty\$ ALBSSIA BAKER-GILES 17. Telephone no. \$\infty\$ 31.3-66.4-556.0 18. Located at \$\infty\$ 4.40 E. SULTE 4.00 CONGRESS, DETROLT, MI 18. Section 4947(9)1 nonexempt charable trusts hilling form 899-FF in leve of ferm 1041-0 thick here and enter the amount of tax-exempt interest received or accrued during the year 16. All any them during calandary are 21.66, 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? 18. Section 4947(91) nonexempt charable trusts hilling from country? 19. See the instructions for exceptions and fining requirements for FinCEN Form 114, If "yes," enter the name of the country of the foundation (either decelly or indirectly): 19. During the year did the foundation (either decelly or indirectly): 10. During the year did the foundation (either decelly or indirectly): 10. Engage with the sele or exchange, or example or present year or accountry or a disqualified person? 21. Engage with the sele or exchange, or example or present year or accountry or a disqualified person? 23. Furnish goods, services, or facilities to (or accept the more or disqualified person? 24. Pay compensation 11, or gay or reimburse the expenses of, a disqualified person? 25. Transfer any morne or asset to a disqualified person (or make any of either available for the benefit or use of a disqualified person? 26. Or Agree to pay morney or proposers to a section 4942(a)(a) or 4	Pa	rt VII-A Statements Regarding Activities (continued)			
section 512(b)(13)? If "Yes," attach schodule (see instructions) 10 fill the broundation make a distribution be a donor advasted fund over which the foundation or a desqualified person had advasory privileges? 11 Yes," attach statement (see instructions) 12 X 13 X 14 Did the broundation comply with the brounds inspection requirements for its annual returns and exemption application? Website address > WWW.DBSCATWORKS.COM 16 The books are in care of > ALESSIA BAKER-GILES 17 Telephone no. > 313.66.5560 18 X 18 Section 4947(a)(1) nonecempt charable trusts filing form 999.FF in lieu of Form 1041 - Check here and earlier the amount of trave-emptile interest received or accreded during the year and earlier the amount of trave-emptile interest received or accreded during the year and earlier the amount of trave-emptile interest received or accreded during the year and earlier the amount of trave-emptile interest received or accreded during the year and the year and year or an accreded travely to receive the year and year or accreded travely to receive the year and year or accreded travely to receive the year and year or accreded travely to receive the year and year or accreded year of year or accreded year or year year or year year or year year year year year year year yea				Yes	No
section 512(b) (13)? If 1'vs., attach schoolule (see instructions) 10 fill the broundation make a distribution be a donor advisor of fund over which the foundation or a desqualified person had advisory privileges? 11	11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	Ì	!	}
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisary privilegies? If Yes, stated statement (see miscribothos) 13 Old the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ WWW. DESCM**INORMS. COM* 14 The books are in care of ▶ ALESSIA BAKER_GILES Telephone no. ▶ 31.3 −6.64 −5.56.0 Located at ▶ 44.0 B. SUITE 40.0 CONGRESS, DETROIT, MI Section 497.((1)) monecampt charable trusts fining from 599-Fin level of Frem 1941 - Check nere and eater the amount of tax-exempt interest received or accreed during the year 15 Alary hime during calendary are 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other fininacial account in a foreign country? See the instructions for exceptions and thing requirements for FinCEN Form 114, If Yes, enter the name of the foreign country. ▶ 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. 10 Jurning the year did the foundation (either directly or indirectly): 11 (1) Engage in the sack or exchange, or itsensy of property with a disqualified person? 12 File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 13 File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 14 Purnish goods, services, or facilities to (or accept them from) a disqualified person? 15 File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 16 Purnish goods, services, or facilities to (or accept them from) a disqualified person? 17 Yes X No 18 Yes No 19 Genove money from, lend money to, or otherwise extend credit to (or accept them from) a disqualified person? 19 Firmsh goods, services, or facilities to (or accept them from) a disqualified person? 19 Firmsh goods, services, or faci		•	11		х
If Yes, ** attach statement (see instructions) 12 X 3 3 0 th to foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X 3 3 3 3 3 3 3 3	12				
13 X			12		x
Webste address ► WWW. DESCMINORKS.COM 1 The books are not are of ► ALESSIA BAKER-GILES Located at ► 440 B. SUITE 400 CONGRESS, DETROIT, MI 2 The 48226-2917 15 Section 497(3)(1) nonecempt character trusts fining from 950-PF in lew of Form 1941 - Check here and setter the amount of tax-eventy interest received or accreed during the year and setter the amount of tax-eventy interest steeded or accreed during the year 16 At any time during calendar year 2016, did the foundation have an interest in or a sugnature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and thing requirements for FinCEN form 114. If "yes," enter the name of the financial accountry. 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. 1 During the year did the foundation (atthe directly or indirectly): (1) Engage in the safe or exchange, or tessing of property with a disqualified person? (2) Sorrow money from, lend money fro	12			x	
14. The books are in case of ▶ ALESSIA BAKER GILBS Located at ▶ 440 B. SUITE 400 CONGRES, DETROIT, MI 15. Section 487(a)(1) nonecempt charabile trusts thing form 990-PF in lieu of Form 141-1 chack here and eiter the amount of tax-evempt interest received or accrued during the year? 16. At any time during claimary are 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financeal account in a foreign country? 16. At any time during claimary are 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financeal account in a foreign country? 17. Are 17. A securities of exceptions and bling requirements for FinCEN Form 114. If Yes, enter the name of the foreign country. 18. Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required 19. Electron 4720 if any item is checked in the Yes* column, unless an exception applies. 19. Electron 4720 if any item is checked in the Yes* column, unless an exception applies. 19. Electron 4720 if any item is checked in the Yes* column, unless an exception applies. 19. Electron 4720 if any item is checked in the Yes* column, unless an exception applies. 19. Electron 4720 if any item is checked in the Yes* column, unless an exception applies. 19. Electron 4720 if any item is checked in the Yes* column, unless an exception applies. 19. Electron 4720 if any item is checked in the Yes* column, unless an exception applies. 19. Electron 4720 if any item is checked in the Yes* column, unless and exception applies. 19. Electron 4720 if any item is checked in the Yes* column, unless and exception applies. 19. Electron 4720 if any item is checked in the Yes* column, unless and exception applies. 19. Electron 4720 if any item is checked in the Yes* column, unless and exception applies. 19. Electron 4720 if any item is checked in the Yes* column and exception applies. 19. Electron 4720 if any item is checked in the Yes* column and exception	10		13		L
Located at N 440 B. SUTTE 400 CONGRESS, DETROIT, MI Section 4947(a)(1) nonexempt charable trusts filing Form 990-PF in Iteu of Form 1041 - Check here and enter the amount of lax-exempt interest received or accrued during the year 16. All any time during calendar year 2016, did the foundation have are interest in or a signature or other authority over a bank, sometimes or other instinate account in a foreign country? See the instructions for exceptions and thing requirements for FinCEN Form 114. If "Yes," enter the name of the financial accountry. 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. 1 Juming the year of the fibundation (letter directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Sign with the sale of exchange, or leasing of property with a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (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 (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the person or property to a povernment official? (Exception, Check "No" or 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.) 1) If any answers is "Yes" to 16(1)-(6), did any of the acts discribed in 16, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? 1) A the new of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? 1) A the end of tax year 2016, did the foundation have any undistributed	44		/ E	560	
15 Section 4947(a)(1) nonexempt charable fusits 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 16 At any time during calendar year 2016, oid the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 18 Exemplification of the financial account in a foreign country? 19 Expain media account in a foreign country? 19 Expain media account in a foreign country? 19 Expain the sactive exchange and thing requirements for FincEN Form 114. If "yes," enter the name of the foreign country. 19 Expain the sactive exchange, or indicated in the "Yes" column, unless an exception applies. 10 During the year did the foundation (either directly or indicately). 10 Expain the sactive exchange, or leaving of property with a disqualified person? 20 Borrow money from, lend money to, or otherwise extend credit to for accept it from) a disqualified person? 30 Framsti goods, services, or facilities to (or accept them from) a disqualified person? 31 Fransfer any income or assets to a disqualified person? 32 February of the benefit or use of a disqualified person? 33 Fransfer any income or assets to a disqualified person? 44 Pay compensation for, or pay or reimburss the repenses of, a disqualified person? 45 Agree to pay money or property to a government official? (Exception, Check: No' if the foundation appead to make a grant to or to employ the official for a period after termination of government service, it eriminating within 90 days, or pay money or property to a government official? (Exception, Check: No' if the foundation engage in a pror 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 segrificial disaster assistance check here 4 Did the foundation engage in a pror year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first da	14				17
and enter the amount of tax-exempt interest received or accrued during the year 8 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other hancinal account in a foreign country? See the instructions for exceptions and thing requirements for FincEN Form 114, II "Yes," enter the name of the foreign country! 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. 1 During the year did the foundation (either directly or indirectly): (1) Figuage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish opods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or remburse the expenses of, a disqualified person? (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) for make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person) for make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person) for make any of either available for the person of property to a government official? (Exception, Check "No" if the foundation oraged is name as agant to or to employ the official for a period after termination of government service, if terminating within 90 days.) b) If any answer is "Yes" to at (1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53-914 (1)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (s			440	-29	+/-
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termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? 1c			1		
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	•		4b		X
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orm 990-PF (2016) DETROIT EMPLOYMENT SO			38-33537	46 Page 6
Part VII-B Statements Regarding Activities for Wh	ich Form 4720 May Be R	equired (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation	, ,,,		es X No	1 1
(2) Influence the outcome of any, specific public election (see section 4	955); or to carry on, directly or ındır		Carr	
any voter registration drive?		•• <u>—</u>	es X No	1 1 1
(3) Provide a grant to an individual for travel, study, or other similar pu	•	. L_J Y	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	inization described in section			1 1 1
4945(d)(4)(A)? (see instructions)			es 🗓 No 📗	1 1 1
(5) Provide for any purpose other than religious, charitable, scientific, I	iterary, or educational purposes, or t		(ser	
the prevention of cruelty to children or animals?		,	es 🔀 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to que		in Regulations	N7 / 3	
section 53.4945 or in a current notice regarding disaster assistance (see	, , , , , , , , , , , , , , , , , , ,		 _	5b
Organizations relying on a current notice regarding disaster assistance of	<u>-</u>			
c If the answer is "Yes" to question 5a(4), does the foundation claim exem				1 1
expenditure responsibility for the grant?		1/A y	es L No	
If "Yes," attach the statement required by Regulations section 53	, ,			
6a Did the foundation, during the year, receive any funds, directly or indirect a personal benefit contract?	cuy, to pay premiums on		es X No	1 1
b Did the foundation, during the year, pay premiums, directly or indirectly	on a norconal hanafit contract?	L 11		6b X
	, on a personal benefit contract.		-	- A
If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibite	ed tay shelter transaction?		es X No	
b If "Yes," did the foundation receive any proceeds or have any net income		L 1'		7b
Part VIII Information About Officers, Directors, T		nagers. Highly		···
Paid Employees, and Contractors		g,		
1 List all officers, directors, trustees, foundation managers and	their compensation.			
A Million and Anadal and	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowances
SEE STATEMENT 9		570,710.	73,436.	0.
		ļ		
	 _			
				
		 -		
		}		
2 Compensation of five highest-paid employees (other than tho	se included on line 1). If none.	enter "NONE."		
	(b) Title, and average	1	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other allowances
NICOLE STALLINGS - 440 EAST	DEPUTY DIRECT	OR MWDR	compensation	allowalices
CONGRESS, DETROIT, MI 48226-2917	40.00	103,846.	4,154.	0.
LYNNETTE ROBINSON - 440 EAST	ACCOUNTING MA		1,131.	—— <u>·</u>
CONGRESS, DETROIT, MI 48226-2917	40.00	80,896.	3,236.	0.
RASHID BARKAJI - 440 EAST CONGRESS		30,030	3,2301	
DETROIT, MI 48226-2917	40.00	72,491.	2,900.	0.
CASSANDRA RICKS - 440 EAST CONGRESS				
DETROIT, MI 48226-2917	40.00	70,600.	2,824.	0.
ROBIN DAVIS - 440 EAST CONGRESS,	SYSTEM ADMINI		, = = <u>-</u> -	
DETROIT, MI 48226-2917	40.00	70,172.	2,807.	0.
Total number of other employees paid over \$50,000			▶	0

Form **990-PF** (2016)

Orm 990-PF (2016) DETROIT EMPLOYMENT SOLUTIONS CORP		353746 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
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
ABRAHAM & GAFFNEY		
3511 COOLIDGE ROAD, EAST LANSING, MI 48823	AUDIT SERVICES	54 <u>,</u> 700.
	-	
	-	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers productions.		Expenses
1 N/A		
2		
3		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
N/A		
2		·····
All other program-related investments. See instructions.		
Total. Add lines 1 through 3	<u></u>	0.
		Form 990-PF (2016)

P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations,	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	1,900,106.
C	Fair market value of all other assets	10	
ď	Total (add lines 1a, b, and c)	1d	1,900,106.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) <u>1e</u> <u>0 •</u>		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,900,106.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	28,502.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,871,604.
6	Minimum investment return. Enter 5% of line 5	6	93,580.
P	art XI Distributable Amount (see instructions) (Section 4942(i)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	93,580.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	14.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	93,566.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	93,566.
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	93,566.
P	art 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	40,528,929.
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	40,528,929.
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	40,528,929.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies fo	r the section
	40.40(a) and and an after an a		

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

• •	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				
line 7				93,566.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:		•		
3 Excess distributions carryover, if any, to 2016:		0.		
- I				
a From 2011 b From 2012 40,155,183.				,
c From 2013 37,064,018.				
d From 2014 34,550,894.				
e From 2015 34,134,842.				
f Total of lines 3a through e	145,904,937.			
4 Qualifying distributions for 2016 from	143,304,3371			
Part XII, line 4: ►\$ 40,528,929.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to andistributed income of prior			· · ·	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				93,566.
e Remaining amount distributed out of corpus	40,435,363.			
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	186,340,300.			
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		Ì		
deficiency has been issued, or on which the section 4942(a) tax has been previously		i		
assessed		0.		
d Subtract line 6c from line 6b. Taxable				ĺ
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line		,	_	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract			'	ı
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)				
8 Excess distributions carryover from 2011	0.			
not applied on line 5 or line 7 9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	186,340,300.			
O Analysis of line 9:				
a Excess from 2012 40,155,183.				
b Excess from 2013 37,064,018.				
c Excess from 2014 34,550,894.				
d Excess from 2015 34,134,842.				
e Excess from 2016 40, 435, 363.				
				5 900 PE (0040)

	EMPLOYMENT			38-33	53746 Page 10
Part XIV Private Operating F	 _		-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo			▶ └	 	
b Check box to indicate whether the found		<u>ig foundation described i</u>		4942(j)(3) or49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2015	Prior 3 years	(4) 2012	/e) Total
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,				and the second second	
line 4 for each year listed				4	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities				ļ	
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 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:		/		T	
(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)(III)					
(3) Largest amount of support from					
an exempt organization			<u> </u>	1	
(4) Gross investment income					
Part XV Supplementary Info			f the foundation	had \$5,000 or moi	re in assets
at any time during t	he year-see instr	uctions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh year (but only if they have contributed r			ributions received by the	foundation before the clos	e of any tax
NONE					
b List any managers of the foundation who other entity) of which the foundation ha			or an equally large portion	on of the ownership of a pa	rtnership or
NONE	·				
2 Information Regarding Contribut Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does r		
					<u>.</u>
a The name, address, and telephone num	per or e-mail address of t	ne person to whom appn	canons snould be addres	sea.	
b The form in which applications should l	e submitted and informat	tion and materials they sl	nould include;		
c Any submission deadlines:					
d Any restrictions or limitations on award	ls, such as by geographica	al areas, charitable fields,	kinds of institutions, or	other factors:	

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Anount
a Paid during the year				
		1		
ACCESS	SUBRECIPIENT	PC	PAYMENTS FOR	
2651 SAULINO			EMPLOYMENT AND TRAINING	
DEARBORN, MI 48120		ļ	PROGRAMS	3,653,661
CITY CONNECT DETROIT	SUBRECIPIENT	PC	PAYMENTS FOR	
613 ABBOTT, 3RD FLOOR			EMPLOYMENT AND TRAINING	
DETROIT, MI 48226		 	PROGRAMS	501,261
CODY ROUGE	SUBRECIPIENT	PC	PAYMENTS FOR	
19321 W. CHICAGO, #105			EMPLOYMENT AND TRAINING	
DETROIT, MI 48228		 	PROGRAMS	95,788
DETROIT PUBLIC SCHOOLS COMMUNITY	SUBRECIPIENT	GOV	PAYMENTS FOR	
DISTRICT			EMPLOYMENT AND TRAINING	
3011 W. GRAND BLVD			PROGRAMS	
DETROIT, MI 48202		 		212,667
DEVELOPMENT CENTER	SUBRECIPIENT	PC	PAYMENTS FOR	
24424 W. MCNICHOLS			EMPLOYMENT AND TRAINING	
DETROIT, MI 48219	ONTINUATION SHEE	m/C)	PROGRAMS	1,761,164 13,992,051
Total SEE C b Approved for future payment	ONITHOWITON SUCE	1 (5)	▶ 3a	13,992,031
• Approved for fatale payment				
NONE				
_				
Total			▶ 3b	0

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded b	by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
c					
d	1				
e	_				
f		·			·
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments	<u> </u>		14	718.	
4 Dividends and interest from securities	<u> </u>		 		
5 Net rental income or (loss) from real estate:			 -		
a Debt-financed property			1		
b Not debt-financed property			 		
6 Net rental income or (loss) from personal)	
property			├─┼~		
7 Other investment income	ļ 		 - -		
8 Gain or (loss) from sales of assets other			1	İ	
than inventory	 		 		
9 Net income or (loss) from special events	 - - - - - - - - 		} 		
10 Gross profit or (loss) from sales of inventory	 -		 		
11 Other revenue: a BCBS REBATE	561300	4,921.		İ	
b OTHER FEES	561300	3,127.	┼╌┼╌		
c TABLET SALES	561300	1,595.	 - -		
d WORKFORCE ONE	- 302300	1,333.	 		
e PARTICIPATION	561300	4,000.			
12 Subtotal. Add columns (b), (d), and (e)	- 	13,643.	 	718.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	
(See worksheet in line 13 instructions to verify calculations.)	•			•	
Part XVI-B Relationship of Activities		lichment of Eve	mnt Du	rnosas	
Relationship of Activities	to the Accomp	iisiiiileiit oi Exe	zilipt Pu	rposes	
Line No. Explain below how each activity for which in	come is reported in col	umn (e) of Part XVI-A	contributed	importantly to the accomp	lishment of
▼ the foundation's exempt purposes (other than the foundation) is exempt purposes.	in by providing funds fo	or such purposes).		<u>-</u>	
					_ -
					
					·
				 _	
					_=
					
			 -		
					
					
					

DETROIT EMPLOYMENT SOLUTIONS CORPORATION Form 990-PF (2016) 38-3353746 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No 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? Transfers from the reporting foundation to a noncharitable exempt organization of: X (1) Cash 1a(1) (2) Other assets 1a(2) Other transactions: (1) Sales of assets to a noncharitable exempt organization 16(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (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 X No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A rjury, I declare that I have examined his peturn, including accompanying schedules and statements, and to the best of my knowledge of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign eturn with the prepare Here PRESIDENT/ X Yes Signature of officer or trustee Date Title PTIN Print/Type preparer's name Preparer's signature Date Check self- employed Paid LYNNE M. HUISMANN 05/09/18 LYNNE M. HUISMANN P00053811 **Preparer** Firm's EIN ► 38-1357951 Firm's name ► PLANTE & MORAN, PLLC

Form 990-PF (2016)

(248) 352-2500

Use Only

Firm's address ► 27400 NORTHWESTERN HIGHWAY SOUTHFIELD, MI 48034

Phone no.

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

DETROIT EMPLOYMENT SOLUTIONS CORPORATION

OMB No 1545-0047

2016

Name of the organization

Employer identification number

38-3353746

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Organization type (check one):					
Filers of:	Section:				
Form 990 or 99	O-EZ 501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
•	ganization is covered by the General Rule or a Special Rule. ction 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ty) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions.				
Special Rules					
section any or	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 as 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 e 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, orm 990-EZ, line 1. Complete Parts I and II.				
year, t	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.				
year, o is chec purpos	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ontributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box cked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., see. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively us, charitable, etc., contributions totaling \$5,000 or more during the year **Section**				
Caution: An ore	ganization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),				

but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the 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.

Employer identification number

DETROIT EMPLOYMENT, SOLUTIONS CORPORATION

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHIGAN STRATEGIC FUND 300 N. WASHINGTON SQUARE LANSING, MI 48933	\$ <u>33,564,891.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	RALPH C WILSON JR FOUNDATION 63 KERCHEVAL AVE STE 200 GROSSE POINTE FARMS, MI 48236	\$ 2,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CITY OF DETROIT 2 WOODWARD AVENUE DETROIT, MI 48226	\$ <u>1,500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DTE ENERGY FOUNDATION 1 ENERGY PLAZA DETROIT, MI 48226	\$ <u>854,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	USDOL ETA 230 W. DEARBORN CHICAGO, IL 60604	\$ <u>848,359.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	DRESNER FOUNDATION 6960 ORCHARD LAKE RD STE 149 WEST BLOOMFIELD, MI 48322	\$ <u>500,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

DETROIT EMPLOYMENT SOLUTIONS CORPORATION

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SKILLMAN FOUNDATION 100 TALON CENTRE STE 100 DETROIT, MI 48207	\$350,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	JP MORGAN CHASE 611 WOODWARD AVE DETROIT, MI 48226	\$330,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	KELLOGG FOUNDATION 28 W. ADAMS DETROIT, MI 48226	\$ 600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	KRESGEE FOUNDATION 3965 WOODWARD AVE DETROIT, MI 48201	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	DETROIT MANUFACTURING SYSTEMS 12701 SOUTHFIELD ROAD, BLDG. A DETROIT, MI 48223	\$ 218,400.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	GROW DETROIT'S YOUNG TALENT 440 E. CONGRESS STE 400 DETROIT, MI 48226	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

DETROIT EMPLOYMENT SOLUTIONS CORPORATION	DETROIT EMPLOYMENT	SOLUTIONS	CORPORATION
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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	DTE ENERGY CORP SERVICES LLC 1 ENERGY PLAZA DETROIT, MI 48226	\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
14	FORD MOTOR CO FUND 1 AMERICA ROAD NO. 215-A5 DEARBORN, MI 48126	\$ 235,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	MILWAUKEE AREA WORKFORCE INVESTMENT BOARD 2338 N. 27TH STREET MILWAUKEE, WI 53210	\$132,741.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	HAGERMAN FOUNDATION 601 S. SAGINAW FLINT, MI 48502	\$ 120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	UNITED WAY FOR SOUTHEASTERN MICHIGAN 660 WOODWARD STE 300 DETROIT, MI 48226	\$ 94,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	COMMUNITY FOUNDATION FOR SOUTHEAST MICHIGAN 333 W. FORT STREET #2010 DETROIT, MI 48226	\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

DETROIT EMPLOYMENT SOLUTIONS CORPORATION

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	ALLEGIS GROUP FOUNDATION 3001 W. BIG BEAVER TROY, MI 48084	\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	KINEXUS 499 W. MAIN STREET BENTON HARBOR, MI 49022	\$ 42,976.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	ASPEN INSTITUTE 1 DUPONT CIRCLE WASHINGTON, DC 20036	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	PLANTE MORAN 27400 NORTHWESTERN HWY SOUTHFIELD, MI 48034	\$ <u>18,700</u> .	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
23	ASCENSION 4040 VINCENNES CIRCLE INDIANAPOLIS, IN 46268	\$ 17,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	AMERICAN AXLE & MANUFACTURING P.O. BOX 12159 DETROIT, MI 48212	\$17,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

DETROIT EMPLOYMENT SOLUTIONS CORPORATION

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	I space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	COMERICA CHARITABLE FOUNDATION P.O. BOX 75000 DETROIT, MI 48275	\$10,200.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	HARMAN FOUNDATION 397 SOUTH STREET NEEDHAM, MA 02492	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	ACCENTURE LLP 218 N CENTER STREET #F2 ROYAL OAK, MI 48067	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	CHEMICAL BANK 235 E. MAIN ST MIDLAND, MI 48640	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	CITIZENS BANK P.O. BOX 42078 PROVIDENCE, RI 02940	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	STRATEGIC STAFFING SOLUTIONS 645 GRISWOLD STREET #2900 DETROIT, MI 48226	\$10,000.	Person X Payroll

Employer identification number

	T334TXT \(\sigma\)\(\sigma	$\alpha \wedge \tau \tau \tau m \tau \wedge \tau \sigma$	CORPORATION
11161116111	HIMPINITE MINIMITE	SOLUTIONS	CORPORATION

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
31	DETROIT SUMMER FINANCE INSTITUTE 150 W. JEFFERSON SUITE 2500 DETROIT, MI 48226	\$ <u>10,000.</u>	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	MERCEDES BENZ 20200 E. NINE MILE ROAD ST. CLAIR SHORES, MI 48080	\$9,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	MARATHON PETROLEUM CO. LP 1001 S. OAKWOOD DETROIT, MI 48217	\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	WAYNE STATE UNIVERSITY 42 W WARREN AVE DETROIT, MI 48202	\$7,650.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	RELIABLE SOFTWARE RESOUCES, INC 22260 HAGGERTY RD. 285 NORTHVILLE, MI 48167	\$5,100.	Person X Payroll
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
36	PNC FOUNDATION 755 WEST BIG BEAVER ROAD STE. 1500 TROY, MI 48084	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

DETROIT EMPLOYMENT SOLUTIONS CORPORATION

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of orga	nization			Employer identification number
DETROIT	r employment solutions (CORPORATION		38-3353746
Part III	Exclusively religious, charitable, etc., contrib the year from any one contributor. Complete co	utions to organizations described	in section 501(c)(7), (8), or	(10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year (Enter this into one	s > \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
<u>Faili</u>				
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			L	
Ì		(e) Transfer of gif	τ	
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee
Γ.				
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-				···
(a) No. from	425		(1) 5	
Parti	(b) Purpose of gift	(c) Use of gift	(a) Desc	cription of how gift is held
				
-				
Γ		(e) Transfer of gif	't	
	Turned and a series and decree and	17ID . 4	Balaka wakin adala	
 	Transferee's name, address, and	1217 + 4	Helationship of tra	nsferor to transferee
(a) No.			- 	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
.				·
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-		(e) Transfer of gif		
į		(1, 110.000000000000000000000000000000000		
_	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee
- } -				
-				
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Parti				
-			— 	
:				
<u> </u>				
	(e) Transfer of gift			
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee
Γ.				
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DETROIT EMPLOYMENT SOLUTIONS CORPORATION 38-3353746

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual.	 		
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
DOWNRIVER COMMUNITY CONFERENCE	SUBRECIPIENT	PC	PAYMENTS FOR	
L5100 NORTHLINE ROAD STUE 179			EMPLOYMENT AND TRAINING	
SOUTHGATE, MI 48195			PROGRAMS	1,396,359.
FOCUS HOPE	SUBRECIPIENT	PC	PAYMENTS FOR	
1200 OAKMAN BLVD.			EMPLOYMENT AND TRAINING	101 540
DETROIT, MI 48238	 		PROGRAMS	101,542.
FRANKLIN WRIGHT SETTLEMENTS INC	SUBRECIPIENT	PC	PAYMENTS FOR	
DETROIT, MI 48207			EMPLOYMENT AND TRAINING PROGRAMS	100,815,
MIROIT, MI 40201	 		ROGRAM	100,013
JACKETS FOR JOBS	SUBRECIPIENT	₽C	PAYMENTS FOR	
5555 CONNER AVENUE STE 2097	BOBRECIFIENT		EMPLOYMENT AND TRAINING	
DETROIT, MI 48213			PROGRAMS	356,481.
				
MIDNIGHT GOLF	SUBRECIPIENT	PC	PAYMENTS FOR	
30100 TELEGRAPH, SUITE 404			EMPLOYMENT AND TRAINING	
BINGHAM FARMS, MI 48025	+		PROGRAMS	46,200.
NEIGHBORHOOD SERVICES ORGANIZATION	SUBRECIPIENT	PC	PAYMENTS FOR	
882 OAKMAN BLVD. SUITE C			EMPLOYMENT AND TRAINING	
DETROIT, MI 48238			PROGRAMS	825,109.
	į.			
NXT LVL INC	SUBRECIPIENT	PC	PAYMENTS FOR	
440 BURROUGHS, SUITE 113 DETROIT, MI 48202	1	1	EMPLOYMENT AND TRAINING PROGRAMS	80,235.
PAYNE PULLIAM	SUBRECIPIENT	PC	PAYMENTS FOR	
2345 CASS AVENUE			EMPLOYMENT AND TRAINING	
DETROIT, MI 48201	<u> </u>	ļ	PROGRAMS	1,331,018.
READING WORKS	SUBRECIPIENT	PC	PAYMENTS FOR	
645 GRISWALD, SUITE 2600			EMPLOYMENT AND TRAINING	
DETROIT, MI 48226	 	-	PROGRAMS	43,903.
SER METRO	SUBRECIPIENT	PC	PAYMENTS FOR	
9301 MICHIGAN AVE			EMPLOYMENT AND TRAINING	2 102 251
DETROIT, MI 48210	<u></u>		PROGRAMS	2,183,261.

DETROIT EMPLOYMENT SOLUTIONS CORPORATION 38-3353746

3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
SOUTHEAST MICHIGAN COMMUNITY ALLIANCE	SUBRECIPIENT	PC	PAYMENTS FOR	
25363 TELEGRAPH	Soprage 11 12W1	ſ	EMPLOYMENT AND TRAINING	
TAYLOR, MI 48180	<u> </u>	-	PROGRAMS	14,754
SOUTHWEST EONCOMIC SOLUTIONS	SUBRECIPIENT	PC	PAYMENTS FOR	
2835 BAGLEY, SUITE 800 DETROIT, MI 48216			EMPLOYMENT AND TRAINNG PROGRAMS	E1E 0E0
551R011, M1 40210	 		PROGRAMS	515,959
WAYNE COUNTY COMMUNITY COLLEGE	SUBRECIPIENT	GOV	PAYMENTS FOR	
801 FORT ST.			EMPLOYMENT AND TRAINING	
DETROIT, MI 48226	 		PROGRAMS	358,352
WAYNE STATE UNIVERSITY	SUBRECIPIENT	GOV	PAYMENTS FOR	
5700 CASS AVENUE, SUITE 4900	SOBRECTI ISM1	1 300	EMPLOYMENT AND TRAINING	
DETROIT, MI 48202			PROGRAMS	37,516
YOUTH DEVELOPMENT COMMISSION	SUBRECIPIENT	PC	PAYMENTS FOR	
1641 PORTER			EMPLOYMENT AND TRAINING	
DETROIT, MI 48216		-	PROGRAMS	24,505
YMCA OF METROPOLITAN DETROIT	SUBRECIPIENT	PC	PAYMENTS FOR	
1401 BROADWAY, SUITE A	BUBRECIFIENT		EMPLOYMENT AND TRAINING	
DETROIT, MI 48206			PROGRAMS	348,000
STATE OF MICHGIAN STRATEGIC FUND	SUBRECIPIENT	GOV	PAYMENTS FOR	
300 N WASHINGTON SQ. LANSING, MI 48913		1	EMPLOYMENT AND TRAINING PROGRAMS	2 501
AHOING, MI 40013			2 NOGRADO	3,501
				
	1			
Total from continuation sheets		<u> </u>		

FORM 990-PF INTEREST ON SAVI	INGS AND T	EMPORARY (CASH I	INVESTMENTS	STATEMENT 1
SOURCE	RE	(A) VENUE BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
COMERICA		718.		718.	
TOTAL TO PART I, LINE 3		718.		718.	
FORM 990-PF	OTHER	INCOME		·	STATEMENT 2
DESCRIPTION		(A) REVENUE PER BOOF		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
BCBS REBATE OTHER FEES TABLET SALES WORKFORCE ONE PARTICIPATION	-	3 1	,921. ,127. ,595.	0. 0. 0.	
TOTAL TO FORM 990-PF, PART I,	, LINE 11	13,	,643.	0.	
FORM 990-PF	LEG	AL FEES			STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOK		/EST-	(C) ADJUSTED NET INCOME	
LEGAL	26,50	0.	0.		26,500
TO FM 990-PF, PG 1, LN 16A =	26,50	0.	0 .		26,500
FORM 990-PF	ACCOUN	ring fees			STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOK	(B) NET INV S MENT IN	/EST-	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES
ACCOUNTING FEES	77,29	4.	0 .	·	77,294
TO FORM 990-PF, PG 1, LN 16B	77,29	4.	0 .		77,294
=					=

FORM 990-PF	OTHER PROFES	SIONAL FEES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OTHER PROFESSIONAL FEES	229,352.	0.		229,352.	
TO FORM 990-PF, PG 1, LN 160	229,352.	0.		229,352.	
FORM 990-PF	TAX	ES	S	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES	897,654.	0.		897,654.	
TO FORM 990-PF, PG 1, LN 18	897,654.	0.		897,654.	
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INSURANCE INFORMATION TECHNOLOGY DUES & SUBSCRIPTIONS SUPPORTIVE SERVICES OFFICE EXPENSE ADVERTISING TRAINING	61,612. 639,915. 112,821. 114,575. 176,157. 85,999. 2,104,065. 38,867.	0. 0. 0. 0. 0.		61,612. 639,915. 112,821. 114,575. 176,157. 85,999. 2,104,065.	

FORM 990-PF	OTHER ASSETS		STATEMENT 8	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
SECURITY DEPOSIT CONTRACTORS RECEIVABLE	29,660. 121,067.	29,660.	29,660.	
TO FORM 990-PF, PART II, LINE 15	150,727.	29,660.	29,660.	

DETROIT EMPLOYMENT SOLUTION	38-3353746			
FORM 990-PF PART VIII	STATEMENT 9			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
NICOLE SHERARD-FREEMAN 440 EAST CONGRESS DETROIT, MI 48226-2917	PRESIDENT/CEO 50.00	77,500.	0.	0.
JOSE REYES 440 EAST CONGRESS DETROIT, MI 48226-2917	VP COMPLIANCE & 50.00		FAIRS 18,866.	0.
STEPHANIE NIXON 440 EAST CONGRESS DETROIT, MI 48226-2917	DIRECTOR PROGRA 50.00	M SERVICE : 81,840.		0.
ALESSIA BAKER-GILES 440 EAST CONGRESS DETROIT, MI 48226-2917	DIRECTOR FINANC 50.00		14,274.	0.
ROBERT SHIMKOSKI 440 EAST CONGRESS DETROIT, MI 48226-2917	DIRECTOR PLANNI 50.00		19,148.	0.
LAURA HUGHES 440 EAST CONGRESS DETROIT, MI 48226-2917	CORPORATION BOA	RD CHAIR 0.	0.	0.
CALVIN C SHARP 440 EAST CONGRESS DETROIT, MI 48226-2917	CORPORATION BOA 0.50	RD VICE CHA		0.
TONEY STEWART 440 EAST CONGRESS DETROIT, MI 48226-2917	BOARD MEMBER 0.50	0.	0.	0.

TONEY STEWART 440 EAST CONGRESS DETROIT, MI 48226-2917	MEMBER .50	0.	0.	0.
JEFFREY DONOFRIO 440 EAST CONGRESS DETROIT, MI 48226-2917	MEMBER/EXEC	DIRECTOR	MAYORS WORK 7,081.	0.
CHRIS UHL 440 EAST CONGRESS DETROIT, MI 48226-2917	 TREASURER	0.	0.	0.

DETROIT EMPLOYMENT SOLUTIONS	CORPORATION			38-3	3353746
MICHAEL AARON 440 EAST CONGRESS DETROIT, MI 48226-2917		MEMBER .50	0.	0.	0.
LENA BARKLEY 440 EAST CONGRESS DETROIT, MI 48226-2917		MEMBER .50	0.	0.	0.
ALICE THOMAS 440 EAST CONGRESS DETROIT, MI 48226-2917		SECRETARY .50	0.	0.	0.
MARIA WOODRUFF-WRIGHT 440 EAST CONGRESS DETROIT, MI 48226-2917		MEMBER .50	0.	0.	0.
DON O'CONNELL 440 EAST CONGRESS DETROIT, MI 48226-2917		MEMBER .50	0.	0.	0.
RIC PREUSS 440 EAST CONGRESS DETROIT, MI 48226-2917		MEMBER .50	0.	0.	0.
DAVID CARROLL 440 EAST CONGRESS DETROIT, MI 48226-2917		MEMBER - PAR .50	T YEAR 0.	0.	0.
MARK GAFFNEY 440 EAST CONGRESS DETROIT, MI 48226-2917		MEMBER - PAR	T YEAR 0.	0.	0.
TOTALS INCLUDED ON 990-PF, PA	GE 6, PART	VIII 5	70,710.	73,436.	0.