Detroit Employment Solutions Corporation

EXTENDED TO MAY 15, 2018 EIN 38-3353746

Return of Private Foundation Attachment to IRS Form 8940
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.

Form 990-PF

Interr		nue Service	▶ Informati	on about Fon	m 990-PF and its separate	instructions i	s at www.in	s.qov/lorm990pf,	Open to Public Inspection
Fore	calenda	ar year 2016 or ta	x year beginning	JUL	1, 2016	, and e	nding	JUN 30, 2017	
Name of foundation							A Employer Identification	number	
					NS CORPORATION	NC		38-3353746	<u> </u>
Number and street (or P.O. box number if mail is not delivered to street address) Room/suite						Room/suite	B Telephone number		
	_	EAST CON						313-664-55	560
			ce, country, and Zi		ostal code			C if exemption application is ;	ending, check hare 🔒 🛌
		OIT, MI	48226-2					l .	
G (theck al	il that apply:	Initial return		Initial return of a	former public (charity	D 1. Foreign organization	s, check here
			Final return		Amended return			Foreign organizations m check here and attach or	setling the 85% test.
	heak b		Address ch		Name change cempt private foundation				
"		ype of organization		· · · · · · · · · · · · · · · · · · ·	Other taxabie private found	lation	nu	E If private foundation st	
<u> </u>		ket value of all assi			ng method; Cash	X Accr	rual .	I)(A), check here
•		art II, col. (c), line	-		ther (specify)	[44] AUDI	uai	F if the foundation is in a	60-month termination)(B), check here
	опі Ра •\$	ın ıı, cor. (c), ımu . 8	795.756.		mn (d) must be on cash	basis.)		under section 307(0)(Moli client liele PLAN
_					(a) Revenue and	T TT	vestment	(c) Adjusted net	(d) Disbursements
	·	(The total of amounts necessarily equal the	iue and Expenses in columns (b), (c), and amounts in column (s)	d (d) may not L)	expenses per books		ome	emooni	(d) Diaburaementa for charitable purposes (cash basis only)
			, grants, etc., recei		42,502,773.			N/A	
	•		oundation is not required to						
	3 tr	nterest on savings and	i temporary		718.		718.		STATEMENT 1
			est from securities		POSTMARK	DE	CEIVED		
						- NL	CEIVED		
			238)					F	eceived In Corre
•	Ban	let gain or (loss) from	sale of essets not on il	ле 10	0 0 1 1 2019	-0-0	-1		IRS - OSC 05
evenue	b a	iross sales price for al souts on line 6a	·			0 7	13 2017		
946	7 C	Capital gain r -: Income	(from Part IV, fine 2)		CINIC	Attenda To	0.		ISEP 27 2019
Œ	8 N	let short-tcrm capi	ital gain		CINCINNATI SERVICE CENTER				2010
	9 ir	ncome modifica iu	ns		SERVIC	CENTE	R	ļ	Corres Francis
		irosa sales less return nd allowances				 			Ogden, Utah
		ess: Cost of goods so			 	 			
			5)		13,643.	 	0.		CM3 MTSCTSTM 2
					42,517,134.		718.		STATEMENT 2
			hrough 11		644,146.		0.		644,146.
		ampensation of office Other employee sal	ra, directora, trustees, orien ond wones	• •	8,160,113.		0.		8,160,113.
į		riner employee said Pension plans, emp	-		905,662.	 	Ö.		905,662.
(A	404 1		S1	тмт 3	26,500.	 -	Ö.		26,500.
pense	h A	ccounting fees	S	mmr 4	77,294.	 	0.		77,294.
•		ither professional i	rees Si	MT 5	229,352.		0.		229,352.
3		nterest						· · · · · · · · · · · · · · · · · · ·	
strative	18 T	axes		MT 6	897,654.		0.		897,654.
Str	19 D	epreciation and de	pletion		85,503.		0.		
ni.		•	·	*****	1,572,074.		0.		1,572,074.
Adr			, and meetings		177,699.		0.		177,699.
pu	22 P	rinting and publica	ations		67,816.		0.		67,816.
6 0		ther expenses	នា	mr 7	13,778,568.		0.		13,778,568.
Operating	24 To	otal operating and							
per	e	xpenses. Add line			26,622,381.		0.		26,536,878.
o	25 C	ontributions, gifts,	, grants paid		13,992,051.				13,992,051.
	26 To	otal expenses and	disbursements.			1			
	A	dd lines 24 and 25	j <u></u>	<u>., ., ., ., ., ., .</u>	40,614,432.		0.		40,528,929.
į	27 S	ubtract line 26 from	m Ilne 12;						
		_			. ז טמ <i>ים מ</i> ולי	ı			1
			expenses and disbure	-	1,902,702.		84.5		
	b N	et investment inc	expenses and disbure (If negative, enter- (If negative, enter-	nr -0-)	1,902,702.		718.	N/A	

823501 11-23-16 LHA For Paperwork Reduction Act Notice, see Instructions.

Form 990-PF (2016)

623611 11-23-18

Form 990-PF (2016) DETR Part IV Capital Gains ar	OIT EMPLOYMENT ! Id Losses for Tax on In	SOLUTI(vestment	ONS CORPO	ORA	TION """	38-335	3746 Page 3
(a) List and describ						(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					low acquired Purchase Donation		
b NON	E						
c				1			
<u>d</u>				↓			
				1			<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale	\bot		(h) Gain or (loss (e) plus (f) minus	
8							
<u>b</u>							
				-			
4							
Complete only for assets showing	gain in column (h) and owned by t	he foundation	on 12/31/69	-	· ·	(I) Gains (Col. (h) gain	minus
(I) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E	xcess of cot. (I)			of (k), but not less that Losses (from col.	n -O-) or
8							
b							
c							
4							
		L		_		_	
B. Control pale out loaning or fact control	If gain, also enter	In Part I, line	7	- }			
2 Capital gain net income or (net capi	. (•	17	⊅ ⊦			
3 Net short-term capital gain or (loss) if gain, also enter in Part I, line 8, co		đ (6):		٦١			
If (Inss) enter -0- in Part I, line 8					3		
Part V Qualification Uni	er Section 4940(e) for	Reduced	Tax on Net	Inve	stment Inc	eme	
(For optional use by domestic private for its section 4940(d)(2) applies, leave this		194U(a) tax on	net investment in	come.)			
Was the foundation liable for the section	n 4042 tay on the distributable am	nunt of any v	ar in the hase ner	ind?			X Yes No
If "Yes," the foundation does not qualify			•	iou i		•	[EE] (65 [] NO
1 Enter the appropriate amount in each				ntries.			
(a) Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying dist	tributions	Net value of no	(c) inchari	lable-use asset	Distrii s (col. (b) dh	(d) button ratio vided by col. (c))
2015		0.				0.	.000000
2014		0.				0	.000000
2013		0.				0.	.000000
2012		0.				D•	.000000
2011		<u>-</u>					a.—
 Total of line 1, column (d) Average distribution ratio for the 5-y 					· 19 18 * ****	· 2	
			-	-			
the foundation has been in existence	rir iess man 5 years		*** **	•••••		. 3	·
4 Enter the net value of noncharitable-	use assets for 2016 from Part X, ii	ine 5			 	4	
5 Multiply line 4 by line 3		.		,		. 5	
6 Enter 1% of net investment income (1% of Part I, line 27b)	····· · ·	,			. 6	
7 Add lines 5 and 6	, ········ , ,					. 7	
8 Enter qualifying distributions from P						. 8	·
if line 8 is equal to or greater than life	ie 7, check the box in Part VI, line	1b, and comp	lete that part using	g a 1%	tax rate.		
See the Part VI instructions.							000 55
623521 11-23-16						f	orm 990-PF (2016)

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

orm 990-PF (2016) DETROIT EMPLOYMENT SOLUTIONS			38-335	<u> 3746</u>		Page 4
Part VI Excise Tax Based on Investment Income (Section 494			948 - see i	nstru	ction	s)
1a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and) }			1
Date of ruling or determination letter: (attach copy of letter if n	ecessary-see instruct	tions)				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1	% }				14.
of Part 1, line 27b	.,					7
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4	% of Part I, line 12, co	ol. (b).	tt			1
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.
8 Credits/Payments:		*********	- <u>-</u>			
and the same of th	l Ba l		1 1			ł
b Exempt foreign organizations - tax withheld at source	• • • • • • • • • • • • • • • • • • • •		⊣ 1			ł
		 -	1 1			l
c Tax pald with application for extension of time to file (Form 8888)			1 1			ł
d Backup withholding erroneously withheld			 			
7 Total credits and payments. Add lines 6a through 6d		,	7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is at			8			1.
			9 -			14.
O Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1	10			
1 Enter the amount of line 10 to be; Credited to 2017 estimated tax		Refunded -	111.			
Part VII-A Statements Regarding Activities					15.0	
1a During the tax year, did the foundation attempt to influence any national, state, or local leg	•	•			Yes	No
any political campaign?	,			12		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purp	oses (see instructions	s for the definition)?	16_		X
If the enswer is "Yes" to 1a or 1b, attach a detailed description of the activities	and copies of any n	nateriais publisi	ned or	1 1		
distributed by the foundation in connection with the activities.						
c Did the foundation file Form 1120-POL for this year?				10		X
d Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the						
(1) On the foundation. > \$ 0 . (2) On foundation manage.	rs. 🕨 💲	0.				
e Enter the reimbursement (if any) paid by the foundation during the year for political expens			-	1 .		1 1
managers. ▶ \$ 0.	onare and imposed on	100110211011		1 1		
2 Has the foundation engaged in any activities that have not previously been reported to the	IRS2			2		X
	MO1	***** *** ** ***		-		
If "Yes," attach e detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing	instrument estinion s	of Incommentation	_	1 1		
	•	, ,				لــــي
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change				3		X
ta Did the foundation have unrelated business gross income of \$1,000 or more during the year.				1		<u>X</u>
b If "Yes," has it filed a tax return on Form 990-T for this year?	_			46		
Was there a liquidation, termination, dissolution, or substantial contraction during the year	7		, ,,,,,,,,,,,	5		X
If "Yes," attach the statement required by General Instruction T.				[[
Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	enner:			1 1		.]
By language in the governing instrument, or		flict with the state	law			
By state legislation that effectively amends the governing instrument so that no mandato	•			1 - 1	X	
By state legislation that effectively amends the governing instrument so that no mandato remain in the governing instrument?				B - B		
By state legislation that effectively amends the governing instrument so that no mandato remain in the governing instrument?		(c), and Part XV	,	7	X	
By state legislation that effectively amends the governing instrument so that no mandato remain in the governing instrument?		(c), and Part XV	,,	_	X	
 By state legislation that effectively amends the governing instrument so that no mandato remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co 	omplete Part II, col.	(c), and Part XV	· ,	_	X	
 By state legislation that effectively amends the governing instrument so that no mandato remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co 	omplete Part II, col.	(c), and Part XV	,	_	X	
 By state legislation that effectively amends the governing instrument so that no mandato remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," Co Enter the states to which the foundation reports or with which it is registered (see instructions). 	omplete Part II, col.			_	X	
 By state legislation that effectively amends the governing instrument so that no mandato remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," color is Enter the states to which the foundation reports or with which it is registered (see instructions). MI b if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Instructions. 	omplete Part II, col.	lesignate)		7		
 By state legislation that effectively amends the governing instrument so that no mandato remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," collection in the states to which the foundation reports or with which it is registered (see instruction MI b if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Information of each state as required by General Instruction G? If "No," attach explanation 	omplete Part II, col.	resignate)		_	x	
 By state legislation that effectively amends the governing instrument so that no mandato remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," commendation the states to which the foundation reports or with which it is registered (see instruction MI b if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Action of each state as required by General Instruction G? If "No," attach explanation Is the foundation cialming status as a private operating foundation within the meaning of secondarion 	omplete Part II, col. ions) Attorney General (or decition 4942(i)(3) or 4	resignate)		7 8b		」 マシ
 By state legislation that effectively amends the governing instrument so that no mandato remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," Co But Enter the states to which the foundation reports or with which it is registered (see instruction if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Instruction in the Instrument so that no mandato remains in the governing instrument so that no mandato remains in the governing instrument so that no mandato remains in the governing instrument so that no mandato remains in the governing instrument so that no mandato remains in the governing instrument so that no mandato remains in the governing instrument so that no mandato remains in the governing instrument so that no mandato remains in the governing instrument so that no mandato remains in the governing instrument so that no mandato remains in the governing instrument so that no mandato remains in the governing instrument so the governing instrument so that no mandato remains in the governing instrument so that no mandato remains in the governing instrument so that no mandato remains in the governing instrument so that no mandato remains in the governing instrument so the gov	omplete Part II, col. ions) Attorney General (or dection 4942(j)(3) or 4	(esignate) 942(j)(5) for cale		7		¥ 0

Attachment to IRS Form 8940

<u>Forn</u>	1990-PF(2016) DETROIT EMPLOYMENT SOLUTIONS CORPORATION 38-335	<u> 3746</u>		Page 5
Pi	art 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	1 1		
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	 		
12	AND THE STATE OF T	1		•
4.0		12	-	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address WWW.DESCMIWORKS.COM			
14	The books are in care of ► ALBSSIA BAKER-GILES Telephone no. ► 313-60	4-5	560	
	Located at ► 440 E. SUITE 400 CONGRESS, DETROIT, MI ZIP+4 ►4	<u> 3226</u>	<u>-29</u>	<u>17 </u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			\Box
	and enter the amount of tax-exempt interest received or accrued during the year	<u> </u>	<u>/A</u>	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	18		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country	1	1	
Pi	art 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.	T	Yes	No
1:	During the year did the foundation (either directly or indirectly):	\vdash		-10
••	(1) Engage 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)	1 1	1	
		1 1		
	· · · · · · · · · · · · · · · · · · ·			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1 1	· }	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1 1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1 1		1
	for the benefit or use of a disqualified person)?	1 (į	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1 1	J	
	if the foundation agreed to make a grant to or to employ the official for a period after	1 1	- 1	
	termination of government service, if terminating within 90 days.)	1 1	1	
ŧ	ı If any answer is "Yes" to 1a(1)-(6), did any of the acts fall to qualify under the exceptions described in Regulations	Ш]]
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here			$\overline{}$
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	1 1	1	- 1
	before the first day of the tax year beginning in 2016?	to		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([)(3) or 4942([)(5)):	1 !	4	
	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 8e, Part XIII) for tax year(s) beginning	i i	- [- 1
a) 1	1	1
	before 20167 Yes X No	l l	1	
	If "Yes," list the years \(\sum_{in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		- [
0		} {	1	j
	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	2b		
C	if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1 1	Į	Į
	-		l	ł
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1 1	i	- 1
	during the year? Yes X No] [İ	- 1
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after]]	1	1
	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		- 1	- 1
	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.			1
	Form 4720, to determine if the foundation had excess business holdings in 2016.) N/A	3b		
4n	Did the foundation invest during the year any amount in a manner that would Jeopardize its charitable purposes?	42	-+	X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	-** 	-+	^
0	had not have removed from legerate before the first day of the two years benigning to 00400	 _ 	-+	$\frac{1}{x}$
		46		
	Fo:	m 990	-PF (2816\

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Form 990-PF (2016) DETROIT EMPLOYMENT SOLUT Part VII-B Statements Regarding Activities for Which F	IONS CORPORAT	IN 38-3353746 LON most to 185 For equired (contin	<u>38</u> 233537	46 Page 6
5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); of any voter registration drive? (3) Provide a grant to an individual for travet, study, or other similar purposes (4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fall to qualify un section 53.4945 or in a current notice regarding disaster assistance (see instru	or to carry on, directly or indirectly or in	or You	es X No es X No es X No es X No	5b
Organizations relying on a current notice regarding disaster assistance check to if the answer is "Yes" to question 5a(4), does the foundation claim exemption for expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.49456a Did the foundation, during the year, receive any funds, directly or indirectly, to	rom the tax because it maintal	ned <u>[/A</u> Y	es No	
a personal benefit contract? b Old the foundation, during the year, pay premiums, directly or indirectly, on a party to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax to bif Yes, did the foundation receive any proceeds or have any net income attribution. Part VIII Information About Officers, Directors, Trustomatic Paid Employees, and Contractors	personal benefit contract? shelter transaction?	🗀 Ye	es X No N/A	8b X
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-)	(cl) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 9		570,710.	73,436.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, e	nter "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
NICOLE STALLINGS - 440 EAST	DEPUTY DIRECT			
CONGRESS, DETROIT, MI 48226-2917	40.00	103,846.	4,154.	0.
LYNNETTE ROBINSON - 440 EAST CONGRESS, DETROIT, MI 48226-2917	ACCOUNTING MAI	80,896.	3,236.	0.
	IT MANAGER 40.00	72,491.	2,900.	0.
CASSANDRA RICKS - 440 EAST CONGRESS,	CONTRACT MONI			
DETROIT, MI 48226-2917	40.00	70,600.	2,824.	0.
	SYSTEM ADMINI			
DETROIT, MI 48226-2917	40.00	70,172.	2,807.	0.
Total number of other employees paid over \$50,000	***************************************		Form	990-PF (2016)

FOIT 990-PF (2016) DETROIT EMPLOYMENT SOLUTIONS COR		353746 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundar Paid Employees, and Contractors (continued)	tion 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	54,700.
		
	- 	
Total number of others speaking over \$50,000 to- explanational equipme		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
List the foundation's four targest direct charitable activities during the tax year. Include relevant statis	tical information cush as the	
number of organizations and other beneficiaries served, conferences convened, research papers prod	uced, 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.	Атоипт
1 N/A		7
2		
All other program-related investments. See instructions.		
8		
7 A 1 A 2 1 1 2 2 4 1 2 2 2 4 1 2 2 2 4 1 2 2 2 4 1 2 2 2 4 1 2 2 2 2		0.
Total. Add lines 1 through 3		U.

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20C0E00 447000 111EC4

EIN 38-3353746 DETROIT EMPLOYMENT SOLUTIONS CORPORATION Ment to IRS Form 8940 3 353746 Form 990-PF (2016)

Form 990-PF (2016) DETROIT EMPLOYMENT SOLUTIONS CORPORA	ATTON ment to IKS Form 89	-3353746 Page 8
Part X Minimum Investment Return (All domestic foundations must complete this	s part. Foreign foundations,	see instructions.)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	0.
b Average of monthly cash balances		1,900,106.
c Fair market value of all other assets	10	
d Total (add lines 1a, b, and c)		1,900,106.
e Reduction claimed for blockage or other factors reported on lines to and		
1c (attach detailed explanation)	0.	
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)		28,502.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		1,871,604.
8 Minimum Investment return, Enter 5% of line 5	_6	93,580.
Part XI Distributable Amount (see Instructions) (Section 4942(1)(3) and (1)(5) private ope	rating foundations and certain	
foreign organizations check here 🕨 🔲 and do not complete this part.)		
1 Minimum investment return from Part X, line 6	1	93,580.
2a Tax on investment income for 2016 from Part VI, line 5	14.	
b Income tax for 2018. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b		14.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	93,566.
4 Recoveries of amounts treated as qualifying distributions		0.
5 Add lines 3 and 4		93,566.
6 Deduction from distributable amount (see instructions)	8	0.
7 Distributable amount as adjusted, Subtract line 6 from line 5. Enter here and on Part XIII, line 1		93,566.
Part XII Qualifying Distributions (see Instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1 <u>a</u>	40,'28,929.
b Program-related investments - total from Part IX-B		0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		
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)		
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 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		40,528,929.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe		
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DETROIT EMPLOYMENT SOLUTIONS CORPORATION 38-3353746

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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 2011 not applied on line 5 or line 7	lines 4d and 5 from line 1. This amount must				_
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 0. 9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a 186, 340, 300. 10 Analysis of line 9: a Excess from 2012 1 40, 155, 183. b Excess from 2013 1 37, 064, 018. c Excess from 2014 1 34, 550, 894. d Excess from 2015 1 34, 134, 842.					0.
section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8	7 Amounts treated as distributions out of			i	
may be required - see instructions)	corpus to satisfy requirements imposed by				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2012 b Excess from 2013 c Excess from 2014 d Excess from 2015 34,550,894. d Excess from 2015	section 170(b)(1)(F) or 4942(g)(3) (Election	_			
not applied on line 5 or line 7	• •	0.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a 10 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.	8 Excess distributions carryover from 2011	_			
Subtract lines 7 and 8 from line 6a	not applied on line 5 or line 7	0.			
10 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.	9 Excess distributions carryover to 2017.				
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.	Subtract lines 7 and 8 from line 6a ,	186,340,300.			
b Excess from 2013 37,064,018. c Excess from 2014 34,550,894. d Excess from 2015 34,134,842.	10 Analysis of line 9:				
c Excess from 2014 34,550,894. d Excess from 2015 34,134,842.	a Excess from 2012 40,155,183.			1	
c Excess from 2014 34,550,894. d Excess from 2015 34,134,842.					
d Excess from 2015 34, 134, 842.	c Excess from 2014 34,550,894.	ſ		1	
	d Excess from 2015 34,134,842.		1	ļ	
	e Excess from 2016 40, 435, 363.				

Form 990-PF (2016) DETROIT Part XIV Private Operating F	BMPLOYMENT	SOLUTIONS (CORPORATION 9)	N/A	353746 Page 10
1 a If the foundation has received a ruling o		,	7., quodion 6,	N/A	
foundation, and the ruling is effective fo			•		
b Check box to indicate whether the found				4942(J)(3) or	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(a) Total
investment return from Part X for					
each year listed					
b 85% of line 2a	ļ.,,, , ,, ,				
c Qualifying distributions from Part XII,					1
line 4 for each year listed					
d Amounts included in line 2c not	(/		
used directly for active conduct of		1	/		
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:		/		1	
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					
e "Support" alternative test - enter:		7			
(1) Total support other than gross	/			,	
investment income (interest, dividends, rents, payments on	/		Ì		
securities loans (section	/		İ		
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt	/				1
organizations as provided in section 4942(j)(3)(B)(iii)					1
	 /			- 	
(3) Largest amount of support from an exempt organization				i	
(4) Gross Investment Income				 	
Part XV Supplementary Info	rmation (Complet	e this part only if	the foundation	had \$5,000 or mo	re in assets
at any time during t				• •	
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who	o have contributed more (han 2% of the total contri	butlons received by th	e foundation before the clo	se of any tax
year (but only if they have contributed m	nore than \$5,000). (See si	ection 507(a)(2).)			
NONE					
 b List any managers of the foundation who other entity) of which the foundation has 			or an equally large port	ION of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribution Check here ► X if the foundation o				not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone numb	oer or e-mail address of th	ne person to whom applica	ations should be addre	ssed:	-
b The form in which applications should b	e submitted and informat	on and materials they sho	ould include:		
c Any submission deadlines:				· <u> </u>	
d Any restrictions or limitations on awards	ı, such as by geographica	l areas, charitable fields. k	lin ds of institutions. or	other factors:	
		,			
					5 000 DE

20C0E00 147000 111EC4

DETROIT EMPLOYMENT SOLUTIONS CORPORATION 38-3 38-3353746 Page 11 Part XV | Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or **Amount** any foundation manager or substantial contributor status of recipient contribution Name and address (home or business) Paid during the year ACCESS BUBRRCIPIENT ÞС PAYMENTS FOR 2651 BAULINO EMPLOYMENT AND TRAINING DEARBORN, MI 48120 PROGRAMS 3,65<u>3,661</u>. CITY CONNECT DETROIT SUBRECIPIENT PC PAYMENTS FOR 613 ABBOTT, 3RD PLOOR employment and training DETROIT, MI 48226 PROGRAMS 501,261. CODY ROUGE Subrecipient ÞС 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 ÞС PAYMENTS FOR 24424 W. MCNICHOLS EMPLOYMENT AND TRAINING DETROIT, MI 48219 Programs 1,761,164. SEE CONTINUATION SHEET(S) 13,992,051. Total b Approved for future payment NONE **Total** Form 990-PF (2016)

38-3353746

DETROIT EMPLOYMENT SOLUTIONS CORPORATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient **Foundation** show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution status of Amount Name and address (home or business) recipient DOWNRIVER COMMUNITY COMPRENCE BUBRECIPIENT ₽C PAYMENTS FOR 15100 NORTHLINE ROAD STUE 179 EMPLOYMENT AND TRAINING SOUTHGATE, MI 48195 PROGRAMS 1,396,359. FOCUS HOPE Subrecipient PC PAYMENTS FOR 1200 OAKMAN BLVD. MPLOYMENT AND TRAINING DETROIT, MI 48238 PROGRAMS 101,542. FRANKLIN WRIGHT SETTLEMENTS INC SUBRECIPIENT PC PAYMENTS FOR 3360 CHARLEVOIX EMPLOYMENT AND TRAINING DETROIT, MI 48207 PROGRAMS 100,815. JACKETS FOR JOBS Subrecipient PÇ PAYMENTS FOR 5555 CONNER AVENUE STE 2097 MPLOYMENT AND TRAINING DETROIT, MI 48213 PROGRAMS 356,481. MIDNIGHT GOLP Subrecipient ₽¢ 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. NXT LVL INC SUBRECIPIENT PC PAYMENTS FOR 440 BURROUGHS, SUITE 113 employment and training DETROIT, MI 48202 PROGRAMS 80,235. PAYNE PULLIAM SUBRECIPIENT PC PAYMENTS FOR 2345 CASS AVENUE EMPLOYMENT AND TRAINING DETROIT, MI 48201 PROGRAMS 1,331,018. READING WORKS SUBRECIPIENT ÞС PAYMENTS FOR 645 GRISWALD, SUITE 2600 EMPLOYMENT AND TRAINING DETROIT, MI 48226 PROGRAMS 43,903. SER METRO SUBRECIPIENT ÞС PAYMENTS FOR 9301 MICHIGAN AVE EMPLOYMENT AND TRAINING DETROIT MI 48210 PROGRAMS 2,183,261. 7,767,510. Total from continuation sheets

DETROIT EMPLOYMENT SOLUTIONS CORFORATION. 38₂₀3353746

Part XV Supplementary Information			Account the fact for an array	
3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an Individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONLINGUION	
SOUTHEAST MICHIGAN COMMUNITY ALLIANCE	Subrecipient	PC	PAYMENTS FOR	
25363 TELEGRAPH			EMPLOYMENT AND TRAINING	
TAYLOR, HI 48180	<u> </u>	<u> </u>	PROGRAMS	14,754.
SOUTHWEST CONCOMIC SOLUTIONS	Subrecipient	PC	PAYMENTS FOR	
2835 BAGLEY, SUITE 800			EMPLOYMENT AND TRAINING	
DETROIT, MI 48216			PROGRAMS	515,959.
		1		
WAYNE COUNTY COMMUNITY COLLEGE	SUBRECIPIENT	GOV	PAYMENTS FOR	
801 FORT ST.			EMPLOYMENT AND TRAINING	
DETROIT, MI 48226			FROGRAMS	350,352.
WAYNE STATE UNIVERSITY	SUBRECIPIENT	2017	Dispure see	
5700 CASS AVENUE, SUITE 4900	BORKECIPIEML	GOV	PAYMENTS FOR EMPLOYMENT AND TRAINING	
DETROIT, MI 48202			PROGRAMS	37,516.
VOIDE - DEVINE - D. VIIII - D. VIII				
YOUTH DEVELOPMENT COMMISSION 1641 PORTER	SUBRECIPIENT	PC	PAYMENTS FOR	
DETROIT, MI 48216			EMPLOYMENT AND TRAINING PROGRAMS	24,505.
		·		20,203.
YMCA OF METROPOLITAN DETROIT	SUBRECIPIENT	PC	PAYMENTS FOR	
1401 BROADWAY,SUITE A DETROIT, MI 48206			EXPLOYMENT AND TRAINING PROGRAMS	349 000
			THOUSE THE PARTY OF THE PARTY O	348,000.
STATE OF MICHGIAN STRATEGIC FUND	SUBRECIPIENT	sov	PAYMENTS FOR	
300 N WASHINGTON SQ. LANSING, HI 48913			EMPLOYMENT AND TRAINING PROGRAMS	2
musing, at total		 	PROGRAMS	3,501.
			1	
				
, -				
Total from continuation sheets		<u></u>		

Form 990-PF (2016)

DETROIT EMPLOYMENT SOLUTIONS CORPORATION 38-3353746

Page 12

ter gross amounts untess otherwise Indicated.	Uniterated pro	siness income	Exclude	d by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	Explu- exon exon	(d) Amount	Related or exemp
			-		
					
			 -		
					
	 				
Fees and contracts from government agencies			\vdash		
In-th			\vdash		······································
tempership ques and assessments			 		
vesiments	1 1		14	718.	
				-, 10.1	
et rental income or (loss) from real estate:					
	 			~	
			-		
Not debt-financed property	 		 		
et rental income or (loss) from personal	1 1				
operty	 				
ther investment income			 - -		
ain or (loss) from sales of assets other	1		1	!	
an Inventory					
et income or (loss) from special events					
oss profit or (loss) from sales of inventory					
ther revenue:		4 444			
BCBS REBATE	561300	4,921.			
OTHER FEES	561300	3, 27.			
TABLET SALES	561300	1,595.			
WORKFORCE ONE					
PARTICIPATION	561300	4,000.			
	1	13,643.		718.	
tal. Add line 12, columns (b), (d), and (e)			1 *****	13	14,3
ubtotal. Add columns (b), (d), and (e) ptal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) TRIVITE Relationship of Activities to	o the Accompl	ishment of Exe	mpt P	urposes	14,3
tal. Add line 12, columns (b), (d), and (e) yorksheet in line 13 instructions to verify calculations.) t XVI-B Relationship of Activities to Explain below how each activity for which inco	o the Accompl	ishment of Exe	mpt P	urposes	
tai. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculations.) t XVI-B Relationship of Activities to No. Explain below how each activity for which inco	o the Accompl	ishment of Exe	mpt P	urposes	
tai. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculations.) t XVI-B Relationship of Activities to No. Explain below how each activity for which inco	o the Accompl	ishment of Exe	mpt P	urposes	
tal. Add line 12, columns (b), (d), and (e) yorksheet in line 13 instructions to verify calculations.) t XVI-B Relationship of Activities to No. Explain below how each activity for which inco	o the Accompl	ishment of Exe	mpt P	urposes	
ntal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) TXVI-B Relationship of Activities to No. Explain below how each activity for which inco	o the Accompl	ishment of Exe	mpt P	urposes	
nai. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) T XVI-B Relationship of Activities to No. Explain below how each activity for which inco	o the Accompl	ishment of Exe	mpt P	urposes	

Form 990-P Part XV		garding Tran					ment to IRS Form 89 hips With Non		Pa	<u>ne 13</u>
1 Did th	e organization directly or indi	rectly engage in any	of the followin	ng with any i	other organizat	ion described in sec	tion 501(c) of		Yes	No
	ode (other than section 501(c)				•	nizations?		ł		
	fers from the reporting founda		•	•						
	Cash									X
	Other assets	******* *,*********************	17:	•••••			····(h(********************************	18(2)	┝	X
	transactions;	his avannt arranim	4laa					43.49	\vdash	<u></u>
	ales of assets to a noncharital Purchases of assets from a noi									X
(2) r	tental of facilities, equipment,	or other assets	w Aquittanou	•••••••		··· ··· ·· ·· · · · · · · · · · · · ·		1b(3)	\vdash	X
	leimbursement arrangements									X
	oans or loan guarantees						••• •• •• •• •• ••			X
	erformance of services or me									X
c Sharir	ng of facilities, equipment, ma	iling lists, other asso	ets, or paid em	ployees		***** ****** **************************		1c		X
	answer to any of the above is								ets,	
	vices given by the reporting fo				fair market val	lue in any transactio	n or sharing arrange	ment, show in		
 	in (d) the value of the goods,							<u></u> -		
(a) Line no.	(b) Amount Involved	(c) Name o	f noncharitable	e exempt or	ganization	(d) Description	on of transfers, transactio	ins, and sharing em	ngamen	<u> </u>
			N/A							
					 					
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in sect	foundation directly or indirect tion 501(c) of the Code (other ,* complete the following sche	than section 501(c)	•	ion 527?		••••••	·	· · · · · · · · · · · · · · · · · · ·	X	
	(a) Name of org	anization		(b) Type o	of organization		(c) Description of re	elationship	-	
	N/A			ļ				<u>.</u>		سند
								•	/	-
····				<u></u>						A. Y
		· · · · · · · · · · · · · · · · · · ·								1
Sign Here	nder penalties of porjury, I declare the debellet, it is just, correct, and company of the debellet, it is just, correct, and company of the debellet, it is just to design of the debellet, it is just to debellet,						has sny knowledge.	May the IRS of return with the shown below Yes	preparer	, .
	Print/Type preparer's nai	me	Preparer's si			Date	Check If	PTIN		
	1 tille 13ha hichaidi 3 liai		i i opaigi a 31	S.urrol C		3410	self- employed			
Paid	LYNNE M. HU	JISMANN	LYNNE 1	м. ни	ISMANN	05/09/18		P00053	311	
Prepare						1,, -0	Firm's EIN ► 3			
Use On							1	,		
	Firm's address ► 27	400 NORTH	WESTERN	N HIGH	WAY					
		THFIELD,					Phone no. (2	48) 352-	-250	0
· · · · · · · · · · · · · · · · · · ·		· ·			****			Form 990		

Detroit Employment Solutions Corporation EIN 38-3353746

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 .

Attachment to IRS For n 8940 OMB No. 1545-0047

Employer Identification number

Name of the organization	1	Employer Identification number			
D	ETROIT EMPLOYMENT SOLUTIONS CORPORATION	38-3353746			
Organization type (check	ona):				
Filers of:	Section:				
Form 990 or 990-EZ					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	S01(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
•	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.			
	on filing F πn 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor's	•			
Special Rules					
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to) and 170(b)(1)(A)(vI), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, o tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amoun Z, line 1. Complete Parts I and II.	or 16b, and that received from			
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from a sutlons of more than \$1,000 exclusively for religious, chantable, scientific, literary, or educationally to children or animals. Complete Parts I, II, and III.	-			
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an exclusively for religious, charitable, etc., purposes, but no such contributions totaled months that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it replays, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box i, chantable, etc., ecelved <i>nonexclusively</i>			
but it must answer "No" or	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				
LHA For Paperwork Red	luction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B	(Form 990, 990-EZ, or 990-PF) (2016)			

623461 10-18-16

Name of organization

Employer Identification number

DETRO	IT EMPLOYMENT SOLUTIONS CORPORATION		38	-3353746
Part I	Contributors (See instructions). Use duplicate copies of Part I if additiona	l space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	is_	(d) Type of contribution
1	MICHIGAN STRATEGIC FUND 300 N. WASHINGTON SQUARE LANSING, MI 48933	\$ <u>33,564,8</u> 9	91.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	15	(d) Type of contribution
2	RALPH C WILSON JR FOUNDATION 63 KERCHEVAL AVE STE 200 GROSSE POINTE FARMS, MI 48236	\$ <u>2,000,000</u> .		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	18	(d) Type of contribution
3	CITY OF DETROIT 2 WOOLNARD AVENUE DETROIT, MI 48226	\$ <u>1,500,00</u>	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	s	(d) Type of contribution
4	DTE ENERGY FOUNDATION 1 ENERGY PLAZA DETROIT, MI 48226	\$85 4 ,00	00.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	3	(d) Type of contribution
5	USDOL ETA 230 W. DEARBORN CHICAGO, IL 60604	\$ <u>848,35</u>		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	s	(d) Type of contribution
6	DRESNER FOUNDATION 6960 ORCHARD LAKE RD STE 149 WEST BLOOMFIELD, MI 48322	\$500,00		Person X Payroll

Schedule	B (Form 990, 990-EZ, or 990-PF) (2016)	EIN 38-3353746 Attachment to	
Name of or			Employer identification number
DETRO	IT EMPLOYMENT SOLUTIONS CORPORATION		38-3353746
Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
	SKILLMAN FOUNDATION 100 TALON CENTRE STE 100 DETROIT, MI 48207	_ \$ <u>350,0</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
8	JP MORGAN CHASE 611 WOODWARD AVE DETROIT, MI 48226	_ s330,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
9	KELLOGG FOUNDATION 28 W. ADAMS DETROIT, MI 48226	- - \$ <u>600,0</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
10	KRESGEE FOUNDATION 3965 WOODWARD AVE DETROIT, MI 48201	s250,0	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
	DETROIT MANUFACTURING SYSTEMS 12701 SOUTHFIELD ROAD, BLDG. A DETROIT, MI 48223	\$ 218,40	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
12	GROW DETROIT'S YOUNG TALENT 440 E. CONGRESS STE 400 DETROIT, MI 48226	s194,40	Person X Payroll

623452 10-18-16

2250500 447000 444554

Attachment to IRS Form 8940

Page 2

Name of or	genization		Employe	er identification number
DETRO	IT EMPLOYMENT SOLUTIONS CORPORATION		38	-3353746
Part I	Contributors (See Instructions). Use duplicate copies of Part I if addition	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าธ	(d) Type of contribution
13	DTE ENERGY CORP SERVICES LLC 1 ENERGY PLAZA DETROIT, MI 48226	s150,0	00.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	15	(d) Type of contribution
14	FORD MOTOR CO FUND 1 AMERICA ROAD NO. 215-A5 DEARBORN, MI 48126	s235,0	00.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	15_	(d) Type of contribution
15	MILWAUKEE AREA WORKFORCE INVESTMENT BOARD 2338 N. 27TH STREET MILWAUKEE, WI 53210	s132,7	41.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	s	(d) Type of contribution
16	HAGERMAN FOUNDATION 601 S. SAGINAW FLINT, MI 48502	s120,00		Person Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contribution	\$	(d) Type of contribution
17	UNITED WAY FOR SOUTHEASTERN MICHIGAN 660 WOODWARD STE 300 DETROIT, MI 48226	\$94,25		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	s	(d) Type of contribution
18	COMMUNITY FOUNDATION FOR SOUTHEAST MICHIGAN 333 W. FORT STREET #2010 DETROIT, MI 48226	\$75,00		Person X Payroll
23452 10-18		Schedule 8		80. 990-EZ. or 990-PF1 (2018)

Page 2

Name of organization

Employer Identification number

DETROIT EMPLOYMENT SOLUTIONS CORPORATION

38-3353746

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	1 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	s <u>42,976.</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
21	ASPEN INSTITUTE 1 DUPONT CIRCLE WASHINGTON, DC 20036	s25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	PLANTE MORAN 27400 NORTHWESTERN HWY SOUTHFIELD, MI 48034	s18,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	ASCENSION 4040 VINCENNES CIRCLE INDIANAPOLIS, IN 46268	\$ <u>17,000</u> .	Person X Payroll
(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

20C0E00 149000 111EC4

Schodula	, B (Form 990, 990·EZ, or 990·PF) (2016)	Attachment to IF	iS Form 8	
Name of or			Employ	Page rer identification number
DETRO	IT EMPLOYMENT SOLUTIONS CORPORATION		38	-3353746
Part I	Contributors (See instructions). Use duplicate copies of Part I if additions	al space is needed.		
(a) No.	(b) Neme, address, and ZIP + 4	(c) Total contribution	13	(d) Type of contribution
25	COMERICA CHARITABLE FOUNDATION P.O. BOX 75000	s10,2	00.	Person X Payroll Noncash
	DETROIT, MI 48275			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	15	(d) Type of contribution
26	HARMAN FOUNDATION 397 SOUTH STREET NEEDHAM, MA 02492	s10,0	00.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	18	(d) Type of contribution
27	ACCENTURE LLP 218 N CENTER STREET #F2 ROYAL OAK, MI 48067	\$10,00	<u> </u>	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	IS	(d) Type of contribution
28	CHEMICAL BANK 235 B. MAIN ST MIDLAND, MI 48640	s10,00		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	3	(d) Type of contribution
29	CITIZENS BANK P.O. BOX 42078 PROVIDENCE, RI 02940	s10,00	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	s	(d) Type of contribution
30	STRATEGIC STAFFING SOLUTIONS 645 GRISWOLD STREET #2900 DETROIT, MI 48226	s10,00	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

623462 10-18-16

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

Schedule	B (Form 990, 990-EZ, or 990-PF) (2016)	Attachment to II	RS Form 8	Page 2
Name of or	ganization		Employ	er identification number
DETRO	IT EMPLOYMENT SOLUTIONS CORPORATION		38	-3353746
Part I	Contributors (See Instructions). Use duplicate copies of Part I if additions	d space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns .	(d) Type of contribution
31	DETROIT SUMMER FINANCE INSTITUTE		Person X	
	150 W. JEFFERSON SUITE 2500	s10,0	00.	Noncash (Complete Part II for
	DETROIT, MI 48226			noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contribution	19	(d) Type of contribution
32	MERCEDES BENZ			Person X
	20200 E. NINE MILE ROAD	s <u>9,3</u>	<u>50.</u>	Payroll Noncash (Complete Part II for
1	ST. CLAIR SHORES, MI 48080			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	18	(d) Type of contribution
33	MARATHON PETROLEUM CO. LP			Person X
	1001 S. OAKWOOD	s8,5	00.	Payroll
	DETROIT, MI 48217			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	18	(d) Type of contribution
34	WAYNE STATE UNIVERSITY			Person X
	42 W WARREN AVE	\$7,6	50.	Payroll Noncash
	DETROIT, MI 48202			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	3	(d) Type of contribution
35	RELIABLE SOFTWARE RESOUCES, INC			Person X
	22260 HAGGERTY RD. 285	s5,10	00.	Payroll Noncash
	NORTHVILLE, MI 48167			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	s	(d) Type of contribution
36	PNC FOUNDATION			Person X
	755 WEST BIG BEAVER ROAD STE. 1500	\$5 <u>,0</u> (Payroll Noncash
}	TROY, MI 48084			(Complete Part II for noncash contributions.)

2000000 147000 111604

Name of organization

Employer identification number

	EMPLOYMENT SOLUTIONS CORPORATION		-3353746
art II . No	ncash Property (See instructions). Use duplicate copies of Part	Il 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
		 \$	
(a) No. rom	(b) Description of noncesh property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 s	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. rom Part J	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. Forn Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_ =			

Attachment to IRS Form 8940 38-3353746

				
FORM 990-PF INTEREST ON SAV	INGS AND TE	MPORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE	REV	A) ENUE NET 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 BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
BCBS REBATE OTHER FEES TABLET SALES WORKFORCE ONE PARTICIPATION	_	4,921 3,127 1,595 4,000	• 0: • 0:	•
TOTAL TO FORM 990-PF, PART I	, LINE 11 =	13,643	0	•
FORM 990-PF	LEGA	L FEES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOM		(D) CHARITABLI PURPOSES
LEGAL	26,500).	26,500.
TO FM 990-PF, PG 1, LN 16A	26,500	. ().	26,500.
FORM 990-PF	ACCOUNT	ing fees		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING FEES	77,294	. ().	77,294.
TO FORM 990-PF, PG 1, LN 16B	77,294	. (<u> </u>	77,294.
			— — — — — — — — — — — — — — — — — — — 	= ====================================

Attachment to IRS Form 8940 38-3353746

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	тах	ES	\$	STATEMENT 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	STATEMENT 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 OTHER SUBCONTRACTOR FEES TO FORM 990-PF, PG 1, LN 23	61,612. 639,915. 112,821. 114,575. 176,157. 85,999. 2,104,065. 38,867. 10,444,557.	0. 0. 0. 0. 0. 0.		61,612. 639,915. 112,821. 114,575. 176,157. 85,999. 2,104,065. 38,867. 10,444,557.

DETROIT EMPLOYMENT SOLUTIONS CORPORATION

Attachment to IRS Form 8940

38-3353746

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. 0.	29,660.
TO FORM 990-PF, PART II, LINE 15	150,727.	29,660.	29,660.

38-3353746 Attachment to IRS Form 8940

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
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	PUBLIC AFI 116,480.	PAIRS 18,866.	0.
STEPHANIE NIXON 440 EAST CONGRESS DETROIT, MI 48226-2917	DIRECTOR PROGRAM	M SERVICE 1 81,840.		
ALESSIA BAKER-GILES 440 EAST CONGRESS DETROIT, MI 48226-2917	DIRECTOR FINANCE		14,274.	0.
ROBERT SHIMKOSKI 440 EAST CONGRESS DETROIT, MI 48226-2917	DIRECTOR PLANNII 50.00	NG 80,590.	19,148.	0.
LAURA HUGHES 440 EAST CONGRESS DETROIT, MI 48226-2917	CORPORATION BOAM 0.50	RD CHAIR	0.	0.
CALVIN C SHARP 440 EAST CONGRESS DETROIT, MI 48226-2917	CORPORATION BOAY	RD VICE CHA 0.		0.
TONEY STEWART 440 EAST CONGRESS DETROIT, MI 48226-2917	BOARD MEMBER 0.50	0.	0.	0.
JEFFREY DONOFRIO 440 EAST CONGRESS DETROIT, MI 48226-2917	BOARD MEMBER/EXE 50.00	EC DIRECTOR 120,000.		ORK
CHRIS UHL 440 EAST CONGRESS DETROIT, MI 48226-2917	BOARD TREASURER 0.50	0.	0.	0.

			Detroit Employment Solutions Corporation		
DETROIT EMPLOYMENT SOLUTIONS	CORPORATION		EIN 38-3353746 Attachment to IRS For	m 8940 3	8-3353746
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 - E	PART YEAR	0.	0.
MARK GAFFNEY 440 EAST CONGRESS DETROIT, MI 48226-2917		MEMBER - F	PART YEAR 0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAG	E 6, PART V	/III <u> </u>	570,710.	73,436.	0.