

EXTENDED TO MAY 15, 2019  
Return of Private Foundation

Form 990-PF

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2017  
Open to Public Inspection

For calendar year 2017 or tax year beginning JUL 1, 2017, and ending JUN 30, 2018

Name of foundation: DETROIT EMPLOYMENT SOLUTIONS CORPORATION  
A Employer identification number: 38-3353746  
B Telephone number: 313-664-5560  
C If exemption application is pending, check here  
D 1. Foreign organizations, check here  
2. Foreign organizations meeting the 65% test check here and attach computation  
E If private foundation status was terminated under section 507(b)(1)(A), check here  
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here  
G Check all that apply: Initial return, Final return, Address change, Initial return of a former public charity, Amended return, Name change  
H Check type of organization: Section 501(c)(3) exempt private foundation (checked), Section 4947(a)(1) nonexempt charitable trust, Other taxable private foundation  
I Fair market value of all assets at end of year (from Part II, col. (c), line 16): \$ 14,532,361.  
J Accounting method: Cash, Accrual (checked)  
K Other (specify):

SCANNED NOV 06 2019

Part I Analysis of Revenue and Expenses

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	56,290,165.		N/A	
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments	1,015.	1,015.		STATEMENT 1
4 Dividends and interest from securities	POSTMARK RECEIVED			
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 6b	09 14 2019	09 13 2019		Received in Correspondence IRS - CSC 05
b Gross sales price for all assets on line 6a				SEP 27 2019
7 Capital gain net income (from Part IV line 2)		0.		Open, Utah
8 Net short-term capital gain	CINCINNATI			
9 Income modifications	SERVICE CENTER			
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income	2,057.	0.		STATEMENT 2
12 Total. Add lines 1 through 11	56,293,237.	1,015.		
13 Compensation of officers, directors, trustees, etc	841,030.	0.		841,030.
14 Other employee salaries and wages	7,188,730.	0.		7,188,730.
15 Pension plans, employee benefits	978,941.	0.		978,941.
16a Legal fees	STMT 3 90,025.	0.		90,025.
b Accounting fees	STMT 4 58,126.	0.		58,126.
c Other professional fees	STMT 5 531,146.	0.		531,146.
17 Interest				
18 Taxes	STMT 6 679,083.	0.		679,083.
19 Depreciation and depletion	39,127.	0.		
20 Occupancy	1,652,950.	0.		1,652,950.
21 Travel, conferences, and meetings	222,785.	0.		222,785.
22 Printing and publications	121,068.	0.		121,068.
23 Other expenses	STMT 7 24,576,744.	0.		24,576,744.
24 Total operating and administrative expenses. Add lines 13 through 23	36,979,755.	0.		36,940,628.
25 Contributions, gifts, grants paid	16,151,671.			16,151,671.
26 Total expenses and disbursements. Add lines 24 and 25	53,131,426.	0.		53,092,299.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	3,161,811.			
b Net investment income (if negative enter -0-)		1,015.		
c Adjusted net income (if negative enter 0)			N/A	

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Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1 Cash - non-interest bearing	5,342,236.	7,635,190.	7,635,190.	
	2 Savings and temporary cash investments				
	3 Accounts receivable ▶ 2,480.				
	Less: allowance for doubtful accounts ▶	121,008.	2,480.	2,480.	
	4 Pledges receivable ▶				
	Less: allowance for doubtful accounts ▶				
	5 Grants receivable	2,987,548.	6,801,139.	6,801,139.	
	6 Receivables due from officers, directors, trustees, and other disqualified persons				
	7 Other notes and loans receivable ▶				
	Less: allowance for doubtful accounts ▶				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges	212,285.	0.	0.	
	10a Investments - U.S. and state government obligations				
	b Investments - corporate stock				
	c Investments - corporate bonds				
	Liabilities	11 Investments - land, buildings, and equipment basis ▶			
Less: accumulated depreciation ▶					
12 Investments - mortgage loans					
13 Investments - other					
14 Land, buildings, and equipment basis ▶ 814,836.					
Less: accumulated depreciation ▶ 750,944.		103,019.	63,892.	63,892.	
15 Other assets (describe ▶ SECURITY DEPOSIT)		29,660.	29,660.	29,660.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		8,795,756.	14,532,361.	14,532,361.	
17 Accounts payable and accrued expenses		4,269,849.	7,863,197.		
18 Grants payable					
19 Deferred revenue	2,471,593.	1,453,039.			
20 Loans from officers, directors, trustees, and other disqualified persons					
21 Mortgages and other notes payable					
22 Other liabilities (describe ▶)					
23 Total liabilities (add lines 17 through 22)	6,741,442.	9,316,236.			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. <input checked="" type="checkbox"/>				
	24 Unrestricted	49,455.	<96,474.>		
	25 Temporarily restricted	2,004,859.	5,312,599.		
	26 Permanently restricted				
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>				
	27 Capital stock, trust principal, or current funds				
	28 Paid-in or capital surplus, or land, bldg, and equipment fund				
29 Retained earnings, accumulated income, endowment, or other funds					
30 Total net assets or fund balances	2,054,314.	5,216,125.			
31 Total liabilities and net assets/fund balances	8,795,756.	14,532,361.			

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

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,054,314.
2 Enter amount from Part I, line 27a	2	3,161,811.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	5,216,125.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	5,216,125.

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

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b	NONE		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016			
2015			
2014			
2013			
2012			

2 Total of line 1, column (d)	2
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4
5 Multiply line 4 by line 3	5
6 Enter 1% of net investment income (1% of Part I, line 27b)	6
7 Add lines 5 and 6	7
8 Enter qualifying distributions from Part XII, line 4	8

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

<b>Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)</b>			
1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	20.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3	Add lines 1 and 2	3	20.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	20.
<b>6 Credits/Payments:</b>			
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	0.
b	Exempt foreign organizations - tax withheld at source	6b	0.
c	Tax paid with application for extension of time to file (Form 8868)	6c	0.
d	Backup withholding erroneously withheld	6d	0.
7	<b>Total credits and payments.</b> Add lines 6a through 6d	7	0.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter amount owed	9	20.
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	11	

<b>Part VII-A Statements Regarding Activities</b>		Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c	Did the foundation file Form 1120-POL for this year?		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.		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0.		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
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		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
4b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i>		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>MI</u>		
8b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.DESCMWORKS.COM</u>	X	
14 The books are in care of ► <u>ALESSIA BAKER-GILES</u> Telephone no. ► <u>313-664-5560</u> Located at ► <u>440 E. SUITE 400 CONGRESS, DETROIT, MI</u> ZIP+4 ► <u>48226-2917</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

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

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

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here	1b	X
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 2017?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(i)(5)):		
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ►		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) 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. ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	X

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

		Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., or organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here	N/A	5b	
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		6b	X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 8		811,873.	29,158.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NICOLE STALLINGS - 440 EAST CONGRESS, DETROIT, MI 48226-2917	DEPUTY DIRECTOR MWDB 40.00	134,167.	13,022.	0.
CHIOKE BOREGELT MOSE - 440 EAST CONGRESS, DETROIT, MI 48226-2917	DEPUTY DIRECTOR MWDB 40.00	108,000.	12,706.	0.
LYNNETTE ROBINSON - 440 EAST CONGRESS, DETROIT, MI 48226-2917	ACCOUNTING MANAGER 40.00	81,000.	23,990.	0.
OMAR HASAN - 440 EAST CONGRESS, DETROIT, MI 48226-2917	SENIOR ASSOCIATE, EDUCATION & TALEN 40.00	88,000.	11,534.	0.
CASSANDRA RICKS - 440 EAST CONGRESS, DETROIT, MI 48226-2917	SR ACCOUNTANT 40.00	71,602.	23,614.	0.
<b>Total number of other employees paid over \$50,000</b>				71

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ACCENTURE LLP 161 NORTH CLARK , CHICAGO, IL 60601	CONSULTANT SERVICES	110,689.
JOHN ALLEN PC 612 E 4TH ST, ROYAL OAK , MI 48067	LEGAL SERVICES	90,025.
CORPORATION FOR A SKILLED WORKFORCE 1100 VICTORS WAY #10, ANN ARBOR, MI 48108	WORKFORCE CONSULTANT	56,051.
STRATEGIC COMMUNITY PARTNERS - 1420 WASHINGTON BLVD SUITE 301, DETROIT, MI 48226	CONSULTANT SERVICES	52,968.
PLANTE MORAN - 27400 NORTHWESTERN HIGHWAY, SOUTHFIELD, MI 48037	AUDITING SERVICES	51,795.
Total number of others receiving over \$50,000 for professional services		6

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	
Total. Add lines 1 through 3	
	0.

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

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	4,210,220.
c	Fair market value of all other assets	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	4,210,220.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,210,220.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	63,153.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,147,067.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	207,353.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	207,353.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	20.
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b	8,498.
c	Add lines 2a and 2b	2c	8,518.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	198,835.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	198,835.
6	Deduction from distributable amount (see instructions)	6	0.
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	198,835.

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	53,092,299.
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	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	53,092,299.
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	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	53,092,299.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



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

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				198,835.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012	40,155,183.			
b From 2013	37,064,018.			
c From 2014	34,550,894.			
d From 2015	34,134,842.			
e From 2016	40,435,363.			
f Total of lines 3a through e	186,340,300.			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ 53,092,299.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2017 distributable amount				198,835.
e Remaining amount distributed out of corpus	52,893,464.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d) the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c and 4e Subtract line 5	239,233,764.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7	40,155,183.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	199,078,581.			
10 Analysis of line 9:				
a Excess from 2013	37,064,018.			
b Excess from 2014	34,550,894.			
c Excess from 2015	34,134,842.			
d Excess from 2016	40,435,363.			
e Excess from 2017	52,893,464.			

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling    
 b Check box to indicate whether the foundation is a private operating foundation described in section  4942(i)(3) or  4942(i)(5)

	Tax year				(e) Total
	(a) 2017	(b) 2016	Prior 3 years		
			(c) 2015	(d) 2014	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 **Information Regarding Foundation Managers:**  
 a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)  
**NONE**

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.  
**NONE**

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

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

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

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- c Any submission deadlines:

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

Form 990-PF (2017) **DETROIT EMPLOYMENT SOLUTIONS CORPORATION** 38-3353746 Page 11

**Part XV** Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ACCESS 2651 SAULINO DEARBORN, MI 48120	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	3,985,437.
CENTRAL DETROIT CHRISTIAN 1550 TAYLOR DETROIT, MI 48206	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	39,038.
CONNECT DETROIT 613 ABBOTT, 3RD FLOOR DETROIT, MI 48226	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	841,536.
DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT 3011 W. GRAND BLVD DETROIT, MI 48202	SUBRECIPIENT	GOV	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	219,037.
DEVELOPMENT CENTER 24424 W. MCNICHOLS DETROIT, MI 48219	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	1,833,743.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>16,151,671.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>

**DETROIT EMPLOYMENT SOLUTIONS CORPORATION 38-3353746**

**Part XV Supplementary Information**

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DOWNRIVER COMMUNITY CONFERENCE 15100 NORTHLINE ROAD STE 179 SOUTHGATE, MI 48195	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	2,096,198.
FOCUS HOPE 1200 OAKMAN BLVD. DETROIT, MI 48238	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	627,191.
JACKETS FOR JOBS 5555 CONNER AVENUE STE 2097 DETROIT, MI 48213	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	433,362.
JEWISH VOCATIONAL SERVICE 29699 SOUTHFIELD ROAD SOUTHFIELD, MI 48076	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	50,687.
MATRIX HUMAN SERVICES 1400 PARSON DETROIT, MI 48201	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	39,061.
NEIGHBORHOOD SERVICES ORGANIZATION 882 OAKMAN BLVD. SUITE C DETROIT, MI 48238	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	993,177.
PAYNE PULLIAM 2345 CASS AVENUE DETROIT, MI 48201	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	1,902,758.
READING WORKS 645 GRISWALD, SUITE 2600 DETROIT, MI 48226	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	96,276.
SER METRO 9301 MICHIGAN AVE DETROIT, MI 48210	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	1,207,036.
SOUTHEAST MICHIGAN COMMUNITY ALLIANCE 25363 TELEGRAPH TAYLOR, MI 48180	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	15,862.
<b>Total from continuation sheets</b>				<b>9,232,880.</b>

**DETROIT EMPLOYMENT SOLUTIONS CORPORATION 38-3353746**

**Part XV Supplementary Information**

<b>3 Grants and Contributions Paid During the Year (Continuation)</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
SOUTHWEST ECONOMIC SOLUTIONS 2835 BAGLEY, SUITE 800 DETROIT, MI 48216	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	754,477.
ST. VINCENT & SARAH FISHER CENTER 18600 TRINITY DETROIT, MI 48219	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	24,333.
WAYNE COUNTY COMMUNITY COLLEGE 801 FORT ST. DETROIT, MI 48226	SUBRECIPIENT	GOV	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	388,545.
YMCA OF METROPOLITAN DETROIT 1401 BROADWAY, SUITE A DETROIT, MI 48206	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	336,000.
DETROIT SCHOOL OF DIGITAL TECHNOLOGY 1759 W. 21ST STREET DETROIT, MI 48216	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	20,040.
EMERGING INDUSTRIES TRAINING CENTER 5555 CONNOR SUITE 1646 DETROIT, MI 48213	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	32,589.
GOODWILL 3111 GRAND RIVER DETROIT, MI 48205	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	8,712.
GREENING OF DETROIT 13000 W MCNICHOLS DETROIT, MI 48235	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	6,400.
HRDI 419 S WASHINGTON BLVD LANSING, MI 49833	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	187,776.
LISC 3031 W. GRAND BLVD SUITE 560 DETROIT, MI 48202	SUBRECIPIENT	PC	PAYMENTS FOR EMPLOYMENT AND TRAINING PROGRAMS	12,400.
<b>Total from continuation sheets</b>				

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

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
<b>1</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments					
<b>3</b> Interest on savings and temporary cash investments			14	1,015.	
<b>4</b> Dividends and interest from securities					
<b>5</b> Net rental income or (loss) from real estate:					
<b>a</b> Debt-financed property					
<b>b</b> Not debt-financed property					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income					
<b>8</b> Gain or (loss) from sales of assets other than inventory					
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue:					
<b>a</b> <b>VENDING PROCEEDS</b>					132.
<b>b</b> <b>FOIA REQUEST FEES</b>					1,925.
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e)		0.		1,015.	2,057.
<b>13</b> Total. Add line 12, columns (b), (d), and (e)				13	3,072.

(See worksheet in line 13 instructions to verify calculations.)

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

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
<b>11A</b>	<b>THE ORGANIZATION PROVIDES VENDING MACHINES FOR THE CONVENIENCE OF ITS CLIENTS.</b>
<b>11B</b>	<b>THE ORGANIZATION RESPONDED TO FOIA REQUESTS AND CHARGED A SMALL FEE TO COVER THE EXPENSES OF COMPILE THE DOCUMENTS.</b>



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545 0047

**2017**

Name of the organization

**DETROIT EMPLOYMENT SOLUTIONS CORPORATION**

Employer identification number

**38-3353746**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ \_\_\_\_\_

**Caution:** An organization that 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. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)**



Name of organization <b>DETROIT EMPLOYMENT SOLUTIONS CORPORATION</b>	Employer identification number <b>38-3353746</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>BANK OF AMERICA</u> <u>THE GUARDIAN BLDG 500 GRISWOLD</u> <u>DETROIT, MI 48226</u>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>CHASE</u> <u>611 WOODWARD</u> <u>DETROIT, MI 48226</u>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>CITIZENS BANK</u> <u>P.O. BOX 42078</u> <u>PROVIDENCE, RI</u>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>CITY OF DETROIT</u> <u>2 WOODWARD AVENUE</u> <u>DETROIT, MI 48226</u>	\$ 1,747,291.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>COMERICA CHARITABLE FOUNDATION</u> <u>P.O. BOX 75000</u> <u>DETROIT, MI 48275</u>	\$ 12,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>CVS</u> <u>939 ROUTE 146</u> <u>CLIFTON PARK, NY 12065</u>	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DETROIT EMPLOYMENT SOLUTIONS CORPORATION</b>	Employer identification number <b>38-3353746</b>
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DETROIT ECONOMIC GROWTH 500 GRISWOLD #2200 DETROIT, MI 48226	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
8	DETROIT PISTONS 6 CHAMPIONSHIP DRIVE AUBURN HILLS, MI 48326	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
9	DRESNER FOUNDATION 6960 ORCHARD LAKE RD STE 149 WEST BLOOMFIELD, MI 48322	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
10	DTE ENERGY FOUNDATION 1 ENERGY PLAZA DETROIT, MI 48226	\$ 21,516.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
11	FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
12	FORD MOTOR COMPANY FUND ONE AMERICAN ROAD RM 215-E1 DEARBORN, MI 48126	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization <b>DETROIT EMPLOYMENT SOLUTIONS CORPORATION</b>	Employer identification number <b>38-3353746</b>
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<u>FORD STEAM</u> <u>ONE AMERICAN ROAD RM 215-E1</u> <u>DEARBORN, MI 48126</u>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
14	<u>KELLOGG FOUNDATION</u> <u>28 W. ADAMS</u> <u>DETROIT, MI 48226</u>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
15	<u>KINEXUS</u> <u>499 W. MAIN STREET</u> <u>BENTON HARBOR, MI 49022</u>	\$ <u>46,510.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
16	<u>MICHIGAN STRATEGIC FUND</u> <u>300 N. WASHINGTON SQUARE</u> <u>LANSING, MI 48933</u>	\$ <u>40,846,368.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
17	<u>MICROSOFT CORPORATION</u> <u>ONE MICROSOFT WAY</u> <u>REDMOND, WA 98052</u>	\$ <u>75,411.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
18	<u>MILWAUKEE AREA WORKFORCE INVESTMENT BOARD</u> <u>2338 N. 27TH STREET</u> <u>MILWAUKEE, MI 53210</u>	\$ <u>122,691.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization <b>DETROIT EMPLOYMENT SOLUTIONS CORPORATION</b>	Employer identification number <b>38-3353746</b>
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<u>RALPH C WILSON JR FOUNDATION</u> <u>3101 E. GRAND BLVD. STE 200</u> <u>DETROIT, MI 48202</u>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<u>SATTER FOUNDATION</u> <u>500 N. MICHIGAN AVE SUITE 1700</u> <u>CHICAGO, IL 60611</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<u>UAW FORD</u> <u>151 W. JEFFERSON AVE</u> <u>DETROIT, MI 48226</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<u>UNITED WAY FOR SOUTHEASTERN MICHIGAN</u> <u>660 WOODWARD STE 300</u> <u>DETROIT, MI 48226</u>	\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<u>USDOL ETA</u> <u>230 W. DEARBORN</u> <u>CHICAGO, MI 60604</u>	\$ <u>1,240,601.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<u>VITEC</u> <u>2801 CLARK STREET</u> <u>DETROIT, MI 48210</u>	\$ <u>7,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page 2

Name of organization <b>DETROIT EMPLOYMENT SOLUTIONS CORPORATION</b>	Employer identification number <b>38-3353746</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	WALBRIDGE  777 WOODWARD AVE #300  DETROIT, MI 48226	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Employer identification number

**DETROIT EMPLOYMENT SOLUTIONS CORPORATION**

**38-3353746**

**Part II: Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization <b>DETROIT EMPLOYMENT SOLUTIONS CORPORATION</b>	Employer identification number <b>38-3353746</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed

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

**DETROIT EMPLOYMENT SOLUTIONS CORPORATION**

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**FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1**

<u>SOURCE</u>	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
COMERICA	1,015.	1,015.	
<b>TOTAL TO PART I, LINE 3</b>	<b>1,015.</b>	<b>1,015.</b>	

**FORM 990-PF OTHER INCOME STATEMENT 2**

<u>DESCRIPTION</u>	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
VENDING PROCEEDS		132.	0.
FOIA REQUEST FEES		1,925.	0.
<b>TOTAL TO FORM 990-PF, PART I, LINE 11</b>	<b>2,057.</b>	<b>0.</b>	

**FORM 990-PF LEGAL FEES STATEMENT 3**

<u>DESCRIPTION</u>	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	90,025.	0.		90,025.
<b>TO FM 990-PF, PG 1, LN 16A</b>	<b>90,025.</b>	<b>0.</b>		<b>90,025.</b>

**FORM 990-PF ACCOUNTING FEES STATEMENT 4**

<u>DESCRIPTION</u>	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	58,126.	0.		58,126.
<b>TO FORM 990-PF, PG 1, LN 16B</b>	<b>58,126.</b>	<b>0.</b>		<b>58,126.</b>



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**FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 5**

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES	531,146.	0.		531,146.
TO FORM 990-PF, PG 1, LN 16C	531,146.	0.		531,146.

**FORM 990-PF TAXES STATEMENT 6**

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	679,083.	0.		679,083.
TO FORM 990-PF, PG 1, LN 18	679,083.	0.		679,083.

**FORM 990-PF OTHER EXPENSES STATEMENT 7**

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE	161,799.	0.		161,799.
INFORMATION TECHNOLOGY	372,238.	0.		372,238.
DUES & SUBSCRIPTIONS	62,422.	0.		62,422.
SUPPORTIVE SERVICES	1,093,220.	0.		1,093,220.
OFFICE EXPENSE	241,575.	0.		241,575.
ADVERTISING	379,192.	0.		379,192.
TRAINING	10,117,306.	0.		10,117,306.
OTHER	24,507.	0.		24,507.
SUBCONTRACTOR FEES	10,357,198.	0.		10,357,198.
REPAIRS AND MAINTENANCE	1,767,287.	0.		1,767,287.
TO FORM 990-PF, PG 1, LN 23	24,576,744.	0.		24,576,744.

**DETROIT EMPLOYMENT SOLUTIONS CORPORATION**

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

<b>NAME AND ADDRESS</b>	<b>TITLE AND AVRG HRS/WK</b>	<b>COMPEN-SATION</b>	<b>EMPLOYEE BEN PLAN CONTRIB</b>	<b>EXPENSE ACCOUNT</b>
NICOLE SHERARD-FREEMAN 440 EAST CONGRESS DETROIT, MI 48226-2917	PRESIDENT/CEO 50.00	181,231.	0.	0.
JEFFREY DONOFRIO 440 EAST CONGRESS DETROIT, MI 48226-2917	BOARD MEMBER/EXEC DIRECTOR 50.00	120,000.	4,800.	0.
TERRI WEEMS 440 EAST CONGRESS DETROIT, MI 48226-2917	CHIEF FINANCIAL OFFICER 50.00	119,423.	12,706.	0.
ALESSIA BAKER-GILES 440 EAST CONGRESS DETROIT, MI 48226-2917	DIRECTOR FINANCE 50.00	104,300.	4,172.	0.
STEPHANIE NIXON 440 EAST CONGRESS DETROIT, MI 48226-2917	CHIEF PROGRAM OFFICER 50.00	102,000.	4,080.	0.
MICHELLE RAFFERTY 440 EAST CONGRESS DETROIT, MI 48226-2917	CHIEF OPERATING OFFICER 50.00	99,919.	0.	0.
ROBERT SHIMKOSKI 440 EAST CONGRESS DETROIT, MI 48226-2917	DIRECTOR PLANNING 50.00	85,000.	3,400.	0.
LAURA HUGHES 440 EAST CONGRESS DETROIT, MI 48226-2917	CORPORATION BOARD CHAIR 0.50	0.	0.	0.
CALVIN C SHARP 440 EAST CONGRESS DETROIT, MI 48226-2917	CORPORATION BOARD VICE CHAIR 0.50	0.	0.	0.
TONEY STEWART 440 EAST CONGRESS DETROIT, MI 48226-2917	BOARD MEMBER 0.50	0.	0.	0.

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CHRIS UHL 440 EAST CONGRESS DETROIT, MI 48226-2917	BOARD TREASURER 0.50	0.	0.	0.
MICHAEL AARON 440 EAST CONGRESS DETROIT, MI 48226-2917	BOARD MEMBER 0.50	0.	0.	0.
LENA BARKLEY 440 EAST CONGRESS DETROIT, MI 48226-2917	BOARD MEMBER 0.50	0.	0.	0.
ALICE THOMAS 440 EAST CONGRESS DETROIT, MI 48226-2917	BOARD SECRETARY 0.50	0.	0.	0.
DON O'CONNELL 440 EAST CONGRESS DETROIT, MI 48226-2917	BOARD MEMBER 0.50	0.	0.	0.
RIC PREUSS 440 EAST CONGRESS DETROIT, MI 48226-2917	BOARD MEMBER 0.50	0.	0.	0.
MARIA WOODRUFF-WRIGHT 440 EAST CONGRESS DETROIT, MI 48226-2917	BOARD MEMBER 0.50	0.	0.	0.

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

811,873.	29,158.	0.
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