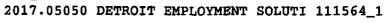
**Detroit Employment Solutions Corporation** EIN 38-3353746

Attachment to IRS Form 8940

|                             |   | RX   | TENDED TO MAY  | 7 15, 2019                                       |  | 1 0000 No. 1646 0063  |
|-----------------------------|---|--|--|--|--|---|
| Form                        | 9   |  | Return of Private<br>ction 4947(a)(1) Trust Treat  |  |  | OMB No 1545-0052  |
| Depar                       | lment   | of the Treams  | social security numbers on<br>irs.gov/Form990PF for inst   | this form as it may be mad                       |  | Open to Public Inapection   |
| _                           |   | dar year 2017 or tax year beginning JUI  |  |  | JUN 30, 2018   | T Open to a double that   |
| Nar                         | ne of   | foundation   |  |  | A Employer Identification                            | number  |
| _                           |   |  |  | ***  | 20 2252546   |   |
| _                           |   | ROIT EMPLOYMENT SOLUTIO  |  | JN Room/suite                                    | 38-3353746   |   |
|                             |   | EAST CONGRESS  |  |  | B Telephone number 313-664-55                        | 60  |
| _                           |   | own, state or province, country, and ZIP or foreign (  | ostal code   |  | C If exemption application is po                     |   |
| _                           |   | ROIT, MI 48226-2917  | <del></del>  |  | _  |   |
| BC                          | heck  | all that apply: Initial return   | Initial return of a f  | ormer public charity                             | O 1. Foreign organizations                           | , check here  |
|                             |   | Final return Address change  | Name change  |  | Foreign organizations me<br>check here and attach co | eting the 65% test  |
| H C                         | heck  | type of organization: X Section 501(c)(3) e  |  | $\nu_{o}$  | E If private foundation sta                          | —   |
|                             | ) Se  | ction 4947(a)(1) nonexempt charitable trust  | Other taxable private found  | ation  | under section 507(b)(1)                              |   |
|                             |   |  | ing method: Cash   | X Accrual  | F If the foundation is in a                          |   |
| (fr                         |   |  | Other (specify)<br>mn (d) must be on cash bas  | is )   | under section 507(b)(1)                              | (B), check here   |
| _                           |   | Analysis of Revenue and Expenses   | (a) Revenue and  | (b) Net investment                               | (c) Adjusted net                                     | (d) Disbursements   |
|                             |   | (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (e) )   | expenses per books   | income   | income   | for charitable purposes<br>(cash basis only)  |
|                             | 1   | Contributions, gifts, grants, etc., received   | 56,290,165.  |  | N/A  |   |
|                             | 2   | Check distance on savings and temporary  | 1 015  | 1 015  |  | CM2 material 1  |
|                             | 3   | cash investments   | 1,015.   | 1,015.   |  | STATEMENT 1.  |
| :                           | 5a  | Dividends and interest from securities POSTI Gross rents   | VIARK  | ECEIVED  |  |   |
|                             | b   | Net rental income or (loss)  | ±*'  |  | Received   | n Cones   |
| 0                           | 6a  | Not gain or (loss) from sale of assets not on line 0 9 1   | 1 2019 n   | 9 1 3 2013                                       | IRS - O  | SC_CD   |
| 95                          | ь   | pasets on line 6a  | 0  | 7 1 7 2010                                       |  |   |
| ē                           | _   | B - 1: A - 1:  | 1  |  |  | m 0010 /  |
| Revenue                     | 7   | Copital gain net income (from Part IV line 2)  Net short-term canital gain   | CINCINNA   | 0.   | SEP 2  | 7 2019  |
| Reven                       | 7<br>8<br>9   | Copital gain net Income (from Part IV line 2)  Nat short-term capital gain Income modifications  | CINCINNA   | 0.<br>TED  | SET  |   |
| Reven                       | 8   | Net short-term capital gain  | CINCINNATE SERVICE CEN   | TER 0.   | SET  | 7. 2019<br>n. Uten  |
| Вечеп                       | 8<br>9<br>10a<br>b  | Net short-term capital gain Income modifications Gross sales less returns and allowances Less Cost of goods sold   | CINCINNAT<br>SERVICE CEN   | TER  | SET  |   |
| Reven                       | 8<br>9<br>10a<br>b  | Net short-term capital gain Income modifications Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss)  | SERVICE CEN  | TER  | SET  | n. Yean   |
| Reven                       | 8<br>9<br>10a<br>b  | Net short-term capital gain Income modifications Gross sales less returns and allowances Less Cost of goods sold   | 2,057. 56,293,237.   | 0.<br>TER<br>0.<br>1,015.                        | SET  |   |
| Reven                       | 8<br>9<br>10a<br>b<br>c   | Net short-term capital gain Income modifications Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) Other Income   | 2,057.<br>56,293,237.<br>841,030.  | TER 0.   | SET  | STATEMENT 2   |
| Reven                       | 8<br>9<br>10a<br>b<br>c<br>11<br>12<br>13                         | Net short-term capital gain Income modifications Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) Other Income Total. Add lines 1 through 11 Compensation of offices, directors trustess, sto Other employee salaries and wages  | 2,057.<br>56,293,237.<br>841,030.<br>7,188,730.  | 0.<br>1,015.<br>0.                               | SET  | STATEMENT 2  841,030. 7,188,730.  |
|                             | 8<br>9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>15             | Net short-term capital gain Income modifications Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) Other Income Total. Add lines 1 through 11 Compensation of offices, directors business, etc Other employee salaries and wages Pension plans, employee benefits   | 2,057.<br>56,293,237.<br>841,030.<br>7,188,730.<br>978,941.  | 0.<br>1,015.<br>0.<br>0.                         | SET  | 841,030.<br>7,188,730.<br>978,941.  |
| 80                          | 8<br>9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>15<br>16a      | Net short-term capital gain Income modifications Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) Other income Total. Add lines 1 through 11 Compensation of officers, directors business, etc Other employee salaries and wages Pension plans, employee benefits Legal fees STMT 3  | 2,057.<br>56,293,237.<br>841,030.<br>7,188,730.<br>978,941.<br>90,025.   | 0.<br>1,015.<br>0.<br>0.                         | SET  | 841,030.<br>7,188,730.<br>978,941.<br>90,025.   |
| 80                          | 8<br>9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>15<br>16a      | Net short-term capital gain Income modifications Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) Other Income Total. Add lines 1 through 11 Compensation of offices, directors business, etc Other employee salaries and wages Pension plans, employee benefits   | 2,057.<br>56,293,237.<br>841,030.<br>7,188,730.<br>978,941.  | 0.<br>1,015.<br>0.<br>0.                         | SET  | 841,030.<br>7,188,730.<br>978,941.  |
| 80                          | 8<br>9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>15<br>16a      | Net short-term capital gain Income modifications Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) Other Income Total. Add lines 1 through 11 Compensation of offices, directors business, etc Other employee salaries and wages Pension plans, employee benefits Legal fees STMT 3 Accounting fees Other professional fees Interest  | 2,057. 56,293,237. 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146.   | 0.<br>1,015.<br>0.<br>0.<br>0.<br>0.             | SET  | 841,030.<br>7,188,730.<br>978,941.<br>90,025.<br>58,126.<br>531,146.  |
| 80                          | 8<br>9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>15<br>16a      | Net short-term capital gain Income modifications Grose cates less returns and silowances Less Cost of goods sold Gross profit or (loss) Other Income Total. Add lines 1 through 11 Compensation of officers, directors business, etc Other employee salaries and wages Pension plans, employee benefits Legal fees STMT 3 Accounting fees STMT 4 Other professional fees STMT 5 Interest Taxes STMT 6  | 2,057. 56,293,237. 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146.   | 0.<br>1,015.<br>0.<br>0.<br>0.<br>0.             | SET  | 841,030.<br>7,188,730.<br>978,941.<br>90,025.<br>58,126.  |
| 80                          | 8<br>9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>15<br>16a      | Net short-term capital gain Income modifications Gross eates less returns and allowances Less Cost of goods sold Gross profit or (loss) Other Income Total. Add lines 1 through 11 Compensation of officers, directors business, etc Other employee salaries and wages Pension plans, employee benefits Legal fees STMT 3 Accounting fees STMT 4 Other professional fees Interest Taxes STMT 6   | 2,057. 56,293,237. 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146.   | 0.<br>1,015.<br>0.<br>0.<br>0.<br>0.             | SET  | 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146.   |
| 80                          | 8<br>9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>15<br>16a      | Net short-term capital gain Income modifications Grose eates less returns and silowances Less Cost of goods entd Gross profit or (loss) Other Income Total. Add lines 1 through 11 Compensation of officers, directors business, etc Other employee salaries and wages Pension plans, employee benefits Legal fees STMT 3 Accounting fees STMT 4 Other professional fees STMT 5 Interest Taxes STMT 6  | 2,057. 56,293,237. 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146. 679,083. 39,127. 1,652,950.   | 0.<br>1,015.<br>0.<br>0.<br>0.<br>0.<br>0.       | SET  | 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146.   |
| Administrative Expenses     | 8 9 10a b c 11 12 13 14 15 16a b c 17 18 19 20 21                 | Net short-term capital gain Income modifications Gross eates less returns and allowances Less Cost of goods sold Gross profit or (loss) Other Income Total. Add lines 1 through 11 Compensation of officers, directors business, etc Other employee salaries and wages Pension plans, employee benefits Legal fees STMT 3 Accounting fees STMT 4 Other professional fees Interest Taxes STMT 6   | 2,057. 56,293,237. 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146. 679,083. 39,127. 1,652,950. 222,785. 121,068.   | 0.<br>1,015.<br>0.<br>0.<br>0.<br>0.             | SET  | 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146.   |
| and Administrative Expenses | 8 9 10a b c 11 12 13 14 15 16a b c 17 18 19 20 21 22              | Net short-term capital gain Income modifications Gross eales less returns and allowances Less Cost of goods sold Gross profit or (loss) Other Income Total. Add lines 1 through 11 Compensation of officers, directors business, etc Other employee salaries and wages Pension plans, employee benefits Legal fees STMT 3 Accounting fees STMT 4 Other professional fees Interest Taxes STMT 5 Depreciation and depletion Occupancy Travel, conferences, and meetings  | 2,057. 56,293,237. 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146. 679,083. 39,127. 1,652,950. 222,785.  | 0.<br>1,015.<br>0.<br>0.<br>0.<br>0.<br>0.       | SET  | 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146. 679,083.  |
| and Administrative Expenses | 8 9 10a b c 11 12 13 14 15 16a b c 17 18 19 20 21 22              | Net short-term capital gain Income modifications Gross eales less returns and allowances Less Cost of goods sold Gross profit or (loss) Other Income  Total. Add lines 1 through 11  Compensation of officers, directors trustees, etc Other employee salaries and wages Pension plans, employee benefits Legal fees STMT 3  Accounting fees STMT 4 Other professional fees Interest Taxes STMT 5 Depreciation and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses STMT 7 Total operating and administrative  | 2,057. 56,293,237. 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146. 679,083. 39,127. 1,652,950. 222,785. 121,068. 24,576,744.                                     | 0.<br>1,015.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0. | SET  | 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146. 679,083.  1,652,950. 222,785. 121,068. 24,576,744.                          |
| Administrative Expenses     | 8 9 10a b c 11 12 13 14 15 16a b c 17 18 19 20 21 22 23 24        | Net short-term capital gain Income modifications Gross eales less returns and allowences Less Cost of goods sold Gross profit or (loss) Other Income  Total. Add lines 1 through 11  Compensation of officers, directors business, etc Other employee salaries and wages Pension plans, employee benefits Legal fees STMT 3  Accounting fees STMT 4 Other professional fees STMT 5 Interest Taxes STMT 6 Depreciation and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses STMT 7 Total operating and administrative expenses. Add lines 13 through 23   | 2,057. 56,293,237. 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146. 679,083. 39,127. 1,652,950. 222,785. 121,068. 24,576,744.                                     | 0.<br>1,015.<br>0.<br>0.<br>0.<br>0.<br>0.       | SET  | 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146. 679,083.  1,652,950. 222,785. 121,068. 24,576,744.                          |
| and Administrative Expenses | 8 9 10a b c 11 12 13 14 15 16a b c 17 18 19 20 21 22 23 24        | Net short-term capital gain Income modifications Gross eates less returns and allowences Less Cost of goods sold Gross profit or (loss) Other Income  Total. Add lines 1 through 11  Compensation of officers, directors busiess, etc Other employee salaries and wages Pension plans, employee benefits Legal fees STMT 3  Accounting fees STMT 4 Other professional fees STMT 5 Interest Taxes STMT 6 Depreciation and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses STMT 7 Total operating and administrative expenses. Add lines 13 through 23 Contributions, gifts, grants paid                  | 2,057. 56,293,237. 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146. 679,083. 39,127. 1,652,950. 222,785. 121,068. 24,576,744.                                     | 0.<br>1,015.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0. | SET  | 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146. 679,083.  1,652,950. 222,785. 121,068. 24,576,744.                          |
| and Administrative Expenses | 8 9 10a b c 11 12 13 14 15 16a b c 17 18 19 20 21 22 23 24        | Net short-term capital gain Income modifications Gross eales less returns and allowences Less Cost of goods sold Gross profit or (loss) Other Income  Total. Add lines 1 through 11  Compensation of officers, directors business, etc Other employee salaries and wages Pension plans, employee benefits Legal fees STMT 3  Accounting fees STMT 4 Other professional fees STMT 5 Interest Taxes STMT 6 Depreciation and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses STMT 7 Total operating and administrative expenses. Add lines 13 through 23   | 2,057. 56,293,237. 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146. 679,083. 39,127. 1,652,950. 222,785. 121,068. 24,576,744.                                     | 0.<br>1,015.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0. | SET  | 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146. 679,083.  1,652,950. 222,785. 121,068. 24,576,744.                          |
| and Administrative Expenses | 8 9 10a b c 11 12 13 14 15 16a b c 17 18 19 20 21 22 23 24 25 28  | Net short-term capital gain Income modifications Gross extes less returns and allowences Less Cost of goods sold Gross profit or (loss) Other Income  Total. Add lines 1 through 11  Compensation of officers, directors busiess, etc Other employee salaries and wages Pension plans, employee benefits Legal fees STMT 3  Accounting fees STMT 5 Interest Taxes STMT 5 Depreciation and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses STMT 7  Total operating and administrative expenses. Add lines 13 through 23 Contributions, gifts, grants paid Total expenses and disbursements.              | 2,057. 56,293,237. 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146. 679,083. 39,127. 1,652,950. 222,785. 121,068. 24,576,744. 36,979,755. 16,151,671. 53,131,426. | 0.<br>1,015.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0. | SET  | 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146. 679,083.  1,652,950. 222,785. 121,068. 24,576,744.  36,940,628. 16,151,671. |
| and Administrative Expenses | 8 9 10a b c c 11 13 14 15 16a b c c 17 18 19 20 21 22 23 24 25 28 | Net short-term capital gain Income modifications Gross extes less returns and allowences Cost of goods sold Gross profit or (loss) Other Income Total. Add lines 1 through 11  Compensation of officers, directors business, etc Other employee salaries and wages Pension plans, employee benefits Legal fees STMT 3 Accounting fees STMT 5 Interest Taxes STMT 6 Depreciation and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses STMT 7 Total operating and administrative expenses. Add lines 13 through 23 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 | 2,057. 56,293,237. 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146. 679,083. 39,127. 1,652,950. 222,785. 121,068. 24,576,744. 36,979,755. 16,151,671.             | 0.<br>1,015.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0. | SET  | 841,030. 7,188,730. 978,941. 90,025. 58,126. 531,146. 679,083.  1,652,950. 222,785. 121,068. 24,576,744.  36,940,628. 16,151,671. |



Form 990-PF (2017)

723501 01 03 18 LHA For Paperwork Reduction Act Notice, see instructions.

| For         | m 99 | 0-PF (2017) DETROIT EMPLOYMENT SOLUT  |                   | ION 38-        | 3353746 Page 2        |
|-------------|------|---|-------------------|----------------|-----------------------|
| П           | art  | Balance Sheets Altached schedules and amounts in the description                          | Beginning of year | End o          |                       |
|             | art  | calumn should be for end of year amounts only   | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
|             | 1    | Cash - non-interest bearing   | 5,342,236.        | 7,635,190.     | 7,635,190.            |
|             | 2    | Savings and temporary cash investments  |                   |                |                       |
|             | 1    | Accounts receivable ► 2.480.  |                   |                |                       |
|             | 1 "  | Less: allowance for doubtful accounts   | 121,008.          | 2,480.         | 2,480.                |
|             | ١.   |   | 121,000.          | 4,400.         | 2,400.                |
|             | 4    | Pledges receivable  |                   | _ n a ann mag  |                       |
|             | l    | Less; allowance for doubtful accounts   | 0 005 540         | <u> </u>       | 6 001 100             |
|             |      | Grants receivable   | 2,987,548.        | 6,801,139.     | 6,801,139.            |
|             | 8    | Receivables due from officers, directors, trustees, and other                             |                   |                |                       |
|             | [    | disqualified persons ,  |                   |                |                       |
|             | 7    | Other notes and to ans receivable   |                   |                | <br>  *-              |
|             | ļ    | Less: allowance for doubtful accounts   |                   |                |                       |
| 63          | 8    | Inventories for sale or use   |                   |                |                       |
| Assets      |      | Prepaid expenses and deterred charges   | 212,285.          | 0.             | 0.                    |
| Ş           |      | Investments - U.S. and state government obligations                                       |                   |                |                       |
|             | 1    | Investments - corporate stock   |                   |                |                       |
|             |      | Investments - corporate bonds   |                   | <del></del>    |                       |
|             | _    |   |                   | <del></del>    | <del></del>           |
|             | 111  | Investments - land buildings, and equipment basis   |                   |                |                       |
|             |      | Less: accumulated depreciation  | <del></del>       |                |                       |
|             |      | Investments - mortgage loans  |                   |                |                       |
|             |      | Investments - other ,   |                   |                |                       |
|             | 14   | Land, buildings, and equipment basis ► 814,836.   |                   |                |                       |
|             |      | Less accomplaint top email n  | 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                                     |                   | 1              |                       |
|             |      | 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.     |                       |
| Liabilities | 20   | Loans from officers, directors trustees and other disqualified persons                    |                   |                |                       |
|             | 21   | Mortgages and other notes payable   |                   |                |                       |
| 3           | •    | Other liabilities (describe   |                   |                |                       |
|             | "    | Outer Hadrings (describs  |                   |                |                       |
|             |      | Total Habilities (add lines 47 Magnets 60)  | 6,741,442.        | 9,316,236.     | ı                     |
| _           | 23   | Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here |                   | 7,310,230.     |                       |
|             | l    | • • •   |                   |                |                       |
|             | ł    | and complete lines 24 through 28, and lines 30 and 31.                                    | 40 455            | .O.C. ATIA .   | 1                     |
| Balances    | 24   | Unrestricted  | 49,455.           | <96,474.>      | <del>,</del>          |
| la<br>P     | 25   | Temporarily restricted  | 2,004,859.        | 5,312,599.     |                       |
| 8           |      | Permanently restricted  |                   |                |                       |
| Pun         | 1    | Foundations that do not follow SFAS 117, check here                                       |                   |                |                       |
| Ĭ.          | ]    | and complete lines 27 through 31.   |                   |                |                       |
| þ           | 27   | Capital stock, trust principal, or current funds  |                   |                |                       |
| sets        | 28   | Paid-in or capital surplus, or land, bldg, and equipment fund                             |                   |                |                       |
| Ass         | 29   | Retained earnings, accumulated income, endowment, or other funds                          |                   |                |                       |
| Z S         | 30   | Total net assets or fund balances   | 2,054,314.        | 5,216,125.     |                       |
| Z           | ]"   | And her fine at large at large and and a  |                   |                |                       |
|             | 24   | Total liabilities and net assets/fund balances  | 8,795,756.        | 14,532,361.    |                       |
| _           |      |   |                   | 21/332/3021    | <del></del>           |
| P           | art  | III Analysis of Changes in Net Assets or Fund Ba  | lances            |                |                       |
| =           |      |   | <u> </u>          | <del></del>    |                       |
| 1           |      | net assets or fund balances at beginning of year - Part II, column (a), line              | JU                | 1 1            | 2 054 244             |
|             |      | st agree with end-of-year figure reported on prior year's return)                         |                   | . 1            | 2,054,314.            |
| _           |      | r amount from Part I, line 27a  | ×                 | 2              | 3,161,811.            |
| 3           | Othe | r increases not included in line 2 (itemize)  |                   | 3              | 0.                    |
| 4           | Add  | lines 1, 2, and 3   |                   | 4              | 5,216,125.            |
|             |      | eases not included in line 2 (itemize)  | <del></del>       | 5              | 0.                    |
| 6           | Tota | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co            | lumn (b), line 30 | 6              | 5,216,125.            |
|             |      |   |                   |                | Form 990-PF (2017)    |

| (e) Crease sales proce (f) Depreciation allowed (readless) (g) East account (fig. days.yr.)  (e) Gress sales proce (f) Depreciation allowed (readless) (g) Cost or other basis (g) Pais (f) minus (g))  (e) Gress sales proce (f) Depreciation allowed (readless) (g) Cost or other basis (g) Pais (f) minus (g))  (e) Gress sales proce (f) Depreciation allowed (readless) (g) Cost or other basis (g) Pais (f) minus (g))  (f) FMV as of 12/31/69 (g) Against followed by the foundation on 12/31/69.  (ii) FMV as of 12/31/69 (g) Against followed by the foundation on 12/31/69.  (iii) FMV as of 12/31/69 (g) Against followed by over cot. (g) Against followed by cot. (g) Against followed followed by cot. ( |  | ROIT EMPLOYM                | ENT SOLUTI                       | ONS CORPO               | RATION  |                  | 38-335                                  | 374 <u>6</u>                          | Page 3   |
|--|--|-----------------------------|----------------------------------|-------------------------|---|------------------|---|---------------------------------------|----------|
| NONE  NONE  (e) Grass sales price (f) Operatation allowed (or allowable) (er allowable)  (e) Grass sales price (f) Operatation allowed (or allowable) (f) Excass of call (f) Operated for the complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (g) Favi as of 12/31/69 (g) Favi a | Part IV Capital Gains a                                  | nd Losses for Ta            | x on Investment                  |                         |   |                  |   |                                       |          |
| NONE  (e) Gross sales price (f) Depreciation allowed (or allowable)  (g) Cost or other basis (h) Cost  |  |                             |                                  | ate,                    | b) How acquire<br>P - Purchase<br>D - Oonation      | d (c) (          | Date acquired<br>io., day, yr.)         |                                       |          |
| (e) Gross sales price (f) Depreciation allowed (or allowable) (a) Cost or other basis (b) Gain or (floss) (b) Julia (f) mimus (g))  a.   | 1a   |                             |                                  |                         |   |                  |   |                                       |          |
| (a) Gross sales price (b) Depreciation allowed (c) Cost or other basis (e) Dus expanse of sale (file) plus (r) mimus (g))  d.  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (ii) FMV as of 12/31/69 (iii) Adjusted basis (iii) Adjusted basis (iii) Expanse of col. (i) (iii) Expanse of col. (iii) (iii) Expanse o | b NON  | MR                          |                                  |                         |   |                  |   |                                       |          |
| (a) Gross sales price  (b) Depreciation allowed (c) Cost or other basis (de) plus expense of sale  (de) plus (1) mimus (gl))  Complete only for assets showing pain in column (h) and owned by the foundation on 12/31/69.  (ii) FANY as of 12/31/69 (iii) Adjusted basis and iii) Init Adjusted basis and iiii) Init Adjusted basis and ii | <u>c</u>   |                             |                                  |                         |   |                  |   |                                       |          |
| (e) plus (f) minus (gi)  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (ii) FMV as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iii) Adjusted basis on 12/31/69 (iii) Adjusted basis over cot. (ii), I may cover cot. (iii) as of 12/31/69 (iii) Adjusted basis of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) Ad | <u>d</u>   |                             |                                  |                         |   | _                |   |                                       |          |
| (e) plus (f) minus (gi)  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (ii) FMV as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iii) Adjusted basis on 12/31/69 (iii) Adjusted basis over cot. (ii), I may cover cot. (iii) as of 12/31/69 (iii) Adjusted basis of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) as of 12/31/69 (iii) Adjusted basis over cot. (iii) Ad |  |                             |                                  |                         | <del></del>   |                  |   |                                       |          |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/3 1/69.  (i) FMV as of 12/3 1/69 (ii) Adjusted basis so over cot. (ii) fany column (h) gain minus cot. (k), but not less than -0-) or col. (k), but not less than -0-) or coll (k), but not less than -0-) or col. (k), but not not not not not not not not not no   | (e) Gross sales price                                    |                             |                                  |                         |   |                  |   |                                       |          |
| Complete only for assorts showing gain in column (ft) and owned by the foundation on 123 169.  (i) FMV as of 123 1/69 (ii) Adjusted basis as of 123 1/69 (iii) Adjusted basis as of 123 1/69 (iv) Adjusted basis over cot. (ii) Adjusted basis over cot. (iii) Adjusted basis as of 123 1/69 (iv) Adjusted basis basis as of 123 1/69 (iv) Adjusted basis ba | <u>a</u>   |                             |                                  |                         |   |                  |   |                                       |          |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (i) FAMV as of 12/31/69 (i) Adjusted basis (h) Excess of cot. (i) column (h), and owned by the foundation on 12/31/69.  (ii) FAMV as of 12/31/69 (ii) Adjusted basis (h) Excess of cot. (i) cover cot. (ii), if any cover cot. (iii), if any cover cov | <u>b</u>   |                             |                                  |                         |   |                  |   |                                       |          |
| Complete only for assets showing gain in column (h) and ewned by the foundation on 12/31/69.  (i) FMV as of 12/31/69  (ii) FMV as of 12/31/69  (iii) | <u>c</u>   |                             |                                  |                         |   |                  | <u> </u>                                |                                       |          |
| 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 (ii) Adjusted bats so over col. (ii), if any col. (iii), distribution of the coll | <u>d</u>   |                             |                                  |                         | <u> </u>  |                  |   |                                       |          |
| (i) FMV as of 12/31/69 (ii) Adjusted basis over col. (i), if any col. (iii), but not less than -d-) or col. (iii), if any col. (iii), but not less than -d-) or col. (iii), if any col. (iii) and col. (i |  |                             |                                  |                         |   |                  |   |                                       |          |
| (i) FMV as of 12/31/69   Cosses (from col. (h))    a   | Complete only for assets showing                         | <del></del>                 |                                  | n on 12/31/69.          | _   | (I) Gai          | ns (Col. (h) gain                       | minus                                 |          |
| b c d d e e Capital gain net income or (net capital loss)  | (i) FMV as of 12/31/69                                   |                             |                                  |                         |   | cal. (k),<br>Lo: | but not less than<br>sses (from col. (i | 1 -0-) <b>e</b> r                     |          |
| b c d d e e Capital gain net income or (net capital loss)  | _a   |                             |                                  |                         |   |                  |   |                                       |          |
| d d d d d d d d d d d d d d d d d d d  |  |                             |                                  |                         |   |                  |   |                                       |          |
| Base perior years perior years (b) Adjusted qualifying distributions  2 Capital or in 1, column (d) 3 Average distribution at seen in existence if less than 5 years the roundation has been in existence if less than 5 years  2 Tetal of line 1, column (d) 3 Average distributions from Part X, line 2 by 5.0, or by the number of years the roundation has been in existence if less than 5 years  3 Enter the workshort or in existence if less than 5 years  4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.  |  |                             |                                  |                         |   |                  |   |                                       |          |
| Example 1  |  |                             |                                  |                         |   |                  |   |                                       |          |
| 2 Capital gain net broome or (net capital loss)  If gain, also enter in Part I, line 7 If (loss), enter-0- in Part I, line 8 If gain, also enter in Part I, line 8, column (c). If gain, also enter in Part I, line 8, column (c). If (loss), enter-0- in Part I, line 8 If gain, also enter in Part I, line 8, column (c). If (loss), enter-0- in Part I, line 8 If gain, also enter in Part I, line 8, column (c). If (loss), enter-0- in Part I, line 8 If gain, also enter in Part I, line 8, column (c). If (loss), enter-0- in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 8 If gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 4 If (gain, also enter in Part I, line 4 If (gain, also enter in Part I, line 4 If gain, also enter in Part I, line 4 If gain, also enter in Part I, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.   |  |                             |                                  |                         |   |                  |   |                                       |          |
| 2 Capital gain net income or (net capital loss)  If (loss), enter -0. In Part I, line 7  If gain, also enter in Part I, line 8, column (c).  If (loss), enter -0. In Part I, line 8  Part V   Qualification Unider 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.)  Is 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 X No  I Section 4940(d)(2) applies, leave this part blank.  Was the foundation desert qualify under section 4940(e). Do not complete this part.  I Enter the appropriate amount in each column for each year; see the incutons before making any entries.  (c)  Base privily years  Calendar year (or tax year beginning in)  Adjusted qualifying distributions  Net value of noncharitable-use assets  (col. (b) divided by col. (c))  2016  2014  2013  2012  Total of line 1, column (d)  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 lass than 5 years  3 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5  4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5  Adultiply hine 4 by line 3  5 Enter the of the section of Part I, line 27b)  Adultiply hine 4 by line 3  Enter the of the section of Part II, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line to, and complete that part using a 1% tax rate.   | <b>_</b>   | ( If main                   | also enter in Part I, line       | . 7                     |   |                  |   |                                       |          |
| 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  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 uncome.)  If section 4940(d)(2) applies, leave this part blank.  Was the foundation lable for the section 4940 at 2x on the distributable amount of any year in the base period?  If yes, the foundation doesn't qualify under section 4940(e). Do not complete this part.  Enter the appropriate amount in each column for each year; see the instructions before making any entries.  (b)  Calendar year (or tax year beginning in)  Adjusted qualifying distributions  Net value of noncharitable-use assets  (col. (b) divided by col. (c))  2015  2014  2013  2014  2013  2014  2013  2016  Total of line 1, column (d)  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  4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5  Multiply kine 4 by line 3  5 Enter 1% of net investment income (1% of Part I, line 27b)  7 Add lines 5 and 6  Finiter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.   | 2 Capital gain net income or (net cap                    |                             |                                  |                         | 1 2   |                  |   |                                       |          |
| If gain, also enter in Part I, line 8, column (c).  If (loss), enter 9-in Part I, line 8  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 uncome.)  If section 4940(d)(2) applies, leave this part blank.  Was the foundation liable for the section 4940 (a). Do not complete this part.  Test: the foundation doesn't qualify under section 4940(e). Do not complete this part.  Tester the appropriate amount in each column for each year; see the instructions before making any entries.  Base period years  Calendar year for tax year beginning in)  Adjusted qualifying distributions  Net value of noncharitable-use assets  Coli. (b) divided by col. (c)  2015  2014  2013  2012  2 Total of line 1, column (d)  3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years  4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5  5 Multiply hine 4 by line 3  5 Enter 1% of net investment income (1% of Part I, line 27b)  7 Add lines 5 and 6  8 Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.  See the Part VI instructions.  | , , ,  | , (,                        |                                  | •                       | / <del>                                      </del> |                  |   | · · · · · · · · · · · · · · · · · · · |          |
| If (ioss), enter -0: in Part I, line 8  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 invastment 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?  If yes, the foundation doesn't qualify under section 4940(a). Do not complete this part.  If Enter the appropriate amount in each column for each year; see the instructions before making any entries.  (a)  Catendar year (of tax year beginning in)  Adjusted qualifying distributions  Adjusted qualifying distributions  Net value of noncharitable-use assets  (col. (b) divided by col. (c))  2016  2019  2019  2019  Total of line 1, column (d)  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  If Enter the net value of noncharitable-use assets for 2017 from Part X, line 5  Multiply line 4 by line 3  Enter 1% of net investment income (1% of Part I, line 27b)  Add lines 5 and 6  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.   |  |                             | (a):                             | •                       | 1   1   |                  |   |                                       |          |
| For policial 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 leable for the section 4942(a) tax on the distributable amount of any year in the base period?  Yes, "the foundation desprit quality under section 4940(a). Do not complete this part.  Enter the appropriate amount in each column for each year; see the instructions before making any entries.  (d)  Enter the appropriate amount in each column for each year; see the instructions before making any entries.  (d)  Enter the appropriate amount in each column for each year; see the instructions before making any entries.  (d)  (c)  (d)  (d)  (d)  (d)  (d)  (d)   |  | colonii (c).                |                                  |                         | Pl a  |                  |   |                                       |          |
| For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)  It 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?  If yes, the foundation desent qualify under section 4940(a). Do not complete this part.  Enter the appropriate amount in each column for each year, see the instructions before making any entries.  (a)  Base period years  Calendar year (of tax year beginning in)  2016  2016  2015  2016  2013  2012  Total of line 1, column (d)  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 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5  4 Multiply line 4 by line 3  Enter the one tyalue of noncharitable-use assets for 2017 from Part X, line 5  Add lines 5 and 6  7 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.   | Part V   Qualification Ur                                | nder Section 4940           | (e) for Reduced                  | Tax on Net In           | vestment  | ncome            |   |                                       |          |
| f 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?  If yes, the foundation doesn't qualify under section 4940(e). Do not complete this part.  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)  Adjusted qualifying distributions  (b)  Adjusted qualifying distributions  Net value of noncharitable-use assets  (col. (b) divided by col. (c))  2015  2016  2016  2017  2018  2019  2019  2019  2019  2019  2 Total of line 1, column (d)  3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years  the foundation has been in existence if less than 5 years  3 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5  4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.  See the Part VI instructions.  |  |                             | <del>``</del>                    |                         |   |                  |   |                                       |          |
| As the foundation lable for the section 4942 tax on the distributable amount of any year in the base period?  (**Yes*, the foundation doesn't qualify under section 4940(e). Do not complete this part.    Enter the appropriate amount in each column for each year; see the instructions before making any entires.    Calendar year (or tax year beginning in)   Adjusted qualifying distributions   Net value of noncharitable-use assets   Col. (b) divided by col. (c)   | (For opnovational provide                                | TOUTION TOUTOUT TO THE      | 3 300 (ID) 43 40 (ID) (ID) 45 40 | The modernicht glob     | ,   |                  |   |                                       |          |
| 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.    Calendar year (or tax year beginning in)   Adjusted qualifying distributions   Net value of noncharitable-use assets   Col. (b) divided by col. (c)  | if section 4940(d)(2) applies, leave the                 | is part blank.              |                                  |                         |   |                  |   |                                       |          |
| 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.    Calendar year (or tax year beginning in)   Adjusted qualifying distributions   Net value of noncharitable-use assets   Col. (b) divided by col. (c)  | Was the foundation liable for the secti                  | on ADA2 tay on the distrib  | v vac to tayone electur          | ear in the bace perior  | 12  |                  |   | □ vac                                 | Y No     |
| Enter the appropriate amount in each column for each year; see the instructions before making any entries.    Calendar year (or tax year beginning in)   Adjusted qualifying distributions   Net value of noncharitable-use assets   Cool. (b) divided by col. (c)   |  |                             |                                  | •                       |   |                  |   |                                       | [25] 110 |
| Base period years Calendar year for tax year beginning in) Adjusted qualifying distributions  Adjusted qualifying distributions  Net value of noncharitable-use assets  (col. (b) divided by col. (c))  2016 2015 2014 2012  Total of line 1, column (d) 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  Enter the net value of noncharitable-use assets for 2017 from Part X, line 5  Multiphy line 4 by line 3  Enter 1% of net investment income (1% of Part I, line 27b)  Add lines 5 and 6  Inter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.  See the Part VI instructions.   |  |                             |                                  |                         | 185.  |                  |   |                                       |          |
| Calendar year (or tax year beginning in)  2016  2016  2015  2014  2013  2012  2 Total of line 1, column (d)  3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years  3 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5  4 Multipply line 4 by Iline 3  5 Enter 1% of net investment income (1% of Part I, line 27b)  Add lines 5 and 6  7 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.  |  |                             |                                  | <del></del>             |   |                  |   | (d)                                   |          |
| 2015 2014 2013 2012  ? Total of line 1, column (d) 2 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 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 Multiphy line 4 by line 3 Enter 1% of net investment income (1% of Part I, line 27b)  Add lines 5 and 6  The fine 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.  | Base period years<br>Calendar year (or tax year beginnin | g in) Adjusted qua          |                                  |                         |   | sets             | Distrib<br>(col. (b) div                | útión ratio<br>ided by col.           | (c))     |
| 2014 2013 2012  2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years 3 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 4 Multiphy line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) 6 Add lines 5 and 6 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.   | 2016   |                             |                                  |                         |   |                  |   |                                       |          |
| 2013 2012  2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years 3 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 4 Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) 6 Add lines 5 and 6 7 Inter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.  | 2015   |                             |                                  |                         |   |                  |   |                                       |          |
| 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years 3 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 4 Multiphy line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) 6 Add lines 5 and 6 7 Inter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.   | 2014   |                             |                                  | <del></del>             |   |                  |   |                                       |          |
| 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years 3 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 4 Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) 6 Add lines 5 and 6 7 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.   | 2013   |                             |                                  | 1                       |   |                  |   |                                       |          |
| 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  Enter the net value of noncharitable-use assets for 2017 from Part X, line 5  Multiphy line 4 by line 3  Enter 1% of net investment income (1% of Part I, line 27b)  Add lines 5 and 6  Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.   | 2012   |                             |                                  |                         |   |                  |   |                                       |          |
| 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  Enter the net value of noncharitable-use assets for 2017 from Part X, line 5  Multiphy line 4 by line 3  Enter 1% of net investment income (1% of Part I, line 27b)  Add lines 5 and 6  Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.   |  |                             |                                  | <u> </u>                |   |                  |   |                                       |          |
| 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  Enter the net value of noncharitable-use assets for 2017 from Part X, line 5  Multiphy line 4 by line 3  Enter 1% of net investment income (1% of Part I, line 27b)  Add lines 5 and 6  Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.   | 2 Total of line 1, column (d)                            |                             |                                  |                         |   | 1                | 2                                       |                                       |          |
| the foundation has been in existence if less than 5 years  Enter the net value of noncharitable-use assets for 2017 from Part X, line 5  Multiply line 4 by line 3  Enter 1% of net investment income (1% of Part I, line 27b)  Add lines 5 and 6  Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.  | · ·  | -year base period - divide  | the total on line 2 by 5         | O, or by the number     | of years  |                  |   |                                       |          |
| Enter the net value of noncharitable-use assets for 2017 from Part X, line 5  Multiply line 4 by line 3  Enter 1% of net investment income (1% of Part I, line 27b)  Add lines 5 and 6  Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.   | •  | •                           | •                                | •                       | •   | 1                | 3                                       |                                       |          |
| 5 Multiply line 4 by line 3  5 Enter 1% of net investment income (1% of Part I, line 27b)  6 Add lines 5 and 6  7 Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.   |  | •                           |                                  |                         |   |                  |   |                                       |          |
| Add lines 5 and 6  Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.  | 4 Enter the net value of noncharitable                   | e-use assets for 2017 froi  | n Part X, line 5                 | •                       |   |                  | 4                                       |                                       |          |
| Add lines 5 and 6  Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.  |  |                             |                                  |                         |   | - 1              |   |                                       |          |
| Add lines 5 and 6  Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.  See the Part VI instructions.   | 5 Multiply line 4 by line 3                              |                             |                                  |                         |   | <u> </u>         | 5                                       |                                       |          |
| Add lines 5 and 6  Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.  See the Part VI instructions.   |  | _                           |                                  |                         |   | - 1              |   |                                       |          |
| Enter qualifying distributions from Part XII, line 4  If fine 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.  | 6 Enter 1% of net investment income                      | e (1% of Part I, line 27b)  |                                  |                         |   | ⊢                | 8                                       |                                       |          |
| Enter qualifying distributions from Part XII, line 4  If fine 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.  |  |                             |                                  |                         |   | 1                |   |                                       |          |
| 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.<br>See the Part VI instructions.  | 7 Add lines 5 and 6                                      |                             |                                  |                         |   | L                | 7                                       |                                       |          |
| 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.<br>See the Part VI instructions.  |  |                             |                                  |                         |   |                  |   |                                       |          |
| See the Part VI instructions.  | 8 Enter qualifying distributions from                    | Part XII, line 4            |                                  |                         |   | L                | 8 1                                     |                                       |          |
|  |  | line 7, check the box in Pi | art VI, line 15, and com         | plete that part using a | ı 1% tax rate.                                      | _                |   |                                       |          |
|  | 723521 01 03 18  |                             |                                  |                         | <del></del>   | •                |   | orm 990-l                             | PF (2017 |

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|    | 990-PF (2017) DETROIT EMPLOYMENT SOLUTIONS CORPORATION 38-<br>IT VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948-   | 3353740<br>see instru |  | Page 4<br>S)                                     |    |
|----|--|-----------------------|--|--|----|
| 10 | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.  |                       |  |  |    |
|    | Date of ruling or determination letter;  | }                     |  |  |    |
| ь  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%   |                       |  | 20.  |    |
| •  | of Part I, line 27b  |                       |  |  |    |
| c  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).  |                       |  |  |    |
|    | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)   |                       |  | 0.   |    |
| 3  | Add lines 1 and 2  |                       |  | 20.  |    |
| 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-  | <b>†</b>              |  | 20.  |    |
| 6  | Credits/Payments:  | †·                    |  |  |    |
| -  | 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 0.  | ]                     |  |  |    |
|    | Exempt foreign organizations - tax withheld at source 65 0.  | 1                     |  |  |    |
|    | Tax paid with application for extension of time to file (Form 8868) Bc 0.  | 1                     |  |  |    |
|    | Backup withholding erroneously withheld 6d 0.  | }                     |  |  |    |
|    | Total credits and payments. Add lines 6a through 6d  | ]                     |  | 0.   |    |
| 6  | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8   |                       |  | 0.   |    |
| _  | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  |                       |  | 20.  |    |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  | 1                     |  |  |    |
| 11 | la a a la  | †                     |  |  |    |
|    | rt VII-A   Statements Regarding Activities   |                       |  |  |    |
| 18 | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in   |                       | Yes  | No   |    |
|    | any political campaign?  | 11                    | 1  | X  |    |
| ь  | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition   | 1b                    | $\top$   | X  |    |
| -  | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or   |                       | 1  |  |    |
|    | distributed by the foundation in connection with the activities.   |                       |  |  |    |
|    | Did the foundation file Form 1120-POL for this year?   | 10                    | 1  | x  |    |
|    | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:   |                       | 1  |  |    |
| •  | (1) On the foundation. ▶ \$ O . (2) On foundation managers. ▶ \$ O .   | ł                     | 1  |  |    |
|    | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation  | 1                     |  | 1  |    |
| •  | managers. > \$ 0.  |                       |  |  |    |
| 2  | Has the foundation engaged in any activities that have not previously been reported to the IRS?  | 2                     |  | х  |    |
| _  | If "Yes," attach a detailed description of the activities.   | <u> </u>              | <del>                                     </del> |  |    |
| 3  | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or  | 1                     |  |  |    |
| •  | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes   | 3                     | 1  | Х  |    |
| 42 | Did the foundation have unrelated business gross income of \$1,000 or more during the year?  | 4a                    | X  |  |    |
|    | If "Yes," has it filed a lax return on Form 990-T for this year?   | 4b                    | X  | <del>                                     </del> |    |
|    | Was there a liquidation, termination, dissolution, or substantial contraction during the year?   | 5                     | 1  | X  |    |
| -  | If "Yes," attach the statement required by General Instruction T   |                       |  |  |    |
| 6  | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  |                       | 1  |  |    |
| •  | By language in the governing instrument, or  |                       | 1  |  |    |
|    | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law   |                       | 1  |  |    |
|    | remain in the governing instrument?  | 6                     | 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  | 7                     | X  | $\vdash$   |    |
| •  | The second secon | <u> </u>              | <del>1</del>                                     |  |    |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions.   |                       | 1  |  |    |
|    | MI   |                       | 1  |  |    |
| ь  | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)  |                       | 1  |  |    |
| •  | of each state as required by General Instruction G? If "No," attach explanation  | 86                    | 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  |                       | 1  |  | 1  |
| •  | year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV  | 9                     | 1  | х  | () |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes " shach a schedule listing their names and addresses  | 10                    | 1  | X  | •  |
|    |  | Form 95               | 0-PF   | /2017)   |    |

|     | 990-PF (2017) DETROIT EMPLOYMENT SOLUTIONS CORPORATION 38-3353   | 746             |  | Page 5        |
|-----|--|-----------------|--|---------------|
| Pa  | rt 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  | 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?   |                 |  |               |
|     | If "Yes," attach statement. See instructions   | 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 case of ► ALBSSIA BAKER-GILES  Telephone no. ► 313-66   | 4-5             | 560  |               |
| • • | Located at > 440 B. SUITE 400 CONGRESS, DETROIT, MI ZIP+4 >45  |                 |  | <del>17</del> |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in Ileu of Form 1041 - check here  |                 | •  |               |
|     | and enter the amount of tax-exempt interest received or accrued during the year  | N               | /A   |               |
| 18  | At any time during calendar year 2017, 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?   | 16              |  | X             |
|     | See the instructions for exceptions and filling requirements for FinCEN Form 114. If "Yes," enter the name of the  |                 |  |               |
|     | foreign country.   |                 |  | 1             |
| Pa  | rt 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            |
| 1.  | During the year, did the foundation (either directly):   |                 |  |               |
|     | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No   |                 |  |               |
|     | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  |                 |  |               |
|     | a disqualified person?   |                 | ·  |               |
|     | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No   |                 |  |               |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  X Yes No   |                 |  | i             |
|     | (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)?  | j .             |  |               |
|     | (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.)   |                 | l '  |               |
|     | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations   | 1               |  |               |
|     | section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  | 15              |  | х             |
|     | Organizations relying on a current notice regarding disaster assistance, check here  | <u>"</u>        | ┝  |               |
|     | 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              | 1  | х             |
| •   | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation   | -"              | <del>                                     </del> |               |
| ٤   |  |                 |  |               |
|     | defined in section 4942(j)(3) or 4942(j)(5)): 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?   |                 |  |               |
|     | · · · · · · · · · · · · · · · · · · ·  |                 |  |               |
|     | If "Yes," list the years >  Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect  | 1               |  |               |
| 0   | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach   |                 | 1  |               |
|     | ~~ / ~   | 26              |  |               |
| _   | ,  | 20              |  |               |
| 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               |  |               |
|     | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time  |                 |  |               |
| 38  |  |                 |  |               |
|     | <del>-</del> -   |                 |  |               |
| D   | If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after   | 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               |  |               |
|     | 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 | aL              |  |               |
| _   |  | 35              |  | X             |
|     | Old the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  | 48              | $\vdash \vdash$                                  | _             |
| b   | Did the foundation make any investment in a prior year (but after December 31, 1969) that could geopardize its charitable purpose that   | _               |  | ₩             |
|     | had not been removed from jeopardy before the first day of the tax year beginning in 2017?   | 1 4b<br>11m 990 | L  | X             |
|     | Fo   | ilw aai         | 7-LL   | (2017)        |

| Form 990-PF (2017) DETROIT EMPLOYMENT SOLUT   |  |                  | <u> 38-33537</u>                            | 46          | Page 6   |
|---|--|------------------|---|-------------|----------|
| Part VII-B   Statements Regarding Activities for Which F                                | orm 4720 May Be Re                       | equired (continu | <i>Jed</i> i                                |             |          |
| 5a During the year, did the foundation pay or incur any amount to:                      |  |                  |   | Yes         | No       |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section         | 4945(e))?                                | <u></u>          | s X No                                      |             |          |
| (2) Influence the outcome of any specific public election (see section 4955); or        | r to carry on, directly or indire        |                  |   | Í           | İ        |
| any voter registration drive?   |  |                  | s X No                                      |             |          |
| (3) Provide a grant to an individual for travel, study, or other similar purposes'      | 7  | Ye               | s X No                                      |             |          |
| (4) Provide a grant to an organization other than a charitable, etc., organization      | n described in section                   |                  |   | - [         | İ        |
| 4945(d)(4)(A)? See instructions   |  | Ye               | s 🛣 No                                      |             | ٠ ا      |
| (5) Provide for any purpose other than religious, charitable, scientific, literary,     | or educational purposes, or fo           |                  |   | [           |          |
| the prevention of cruelty to children or animals?                                       |  | Ye               | s X No                                      | İ           |          |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und  | der the exceptions described is          | Regulations      | j   | - 1         |          |
| section 53.4945 or in a current notice regarding disaster assistance? See instru        | ictions                                  |                  |   | 5b          |          |
| Organizations relying on a current notice regarding disaster assistance, check h        | ere                                      |                  | . ▶□  | - 1         |          |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr      |  |                  |   | -           | 1        |
| expenditure responsibility for the grant?   | N  | /A Ye            | s 🔲 No                                      |             | 1        |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d).            |  |                  |   |             | Ì        |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to   | pay premiums on                          |                  |   |             |          |
| a personal benefit contract?  |  | <u></u>          | s 🛣 No                                      |             |          |
| b Old the foundation, during the year, pay premiums, directly or indirectly, on a p     | ersonal benefit contract?                |                  | ·  -  | 66          | X        |
| If "Yes" to 6b, file Form 8870.   |  |                  |   |             |          |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s    | helter transaction?                      | , L Ye           | s X No                                      | فند         | ļ        |
| b If Yes," did the foundation receive any proceeds or have any net income attribu       |  |                  | N/A   | <u>76  </u> | <u> </u> |
| Part Vill Information About Officers, Directors, Truste Paid Employees, and Contractors | es, Foundation Man                       | agers, Highly    |   |             |          |
| List all officers, directors, trustees, and foundation managers and trustees.           | Air compensation                         | <del></del>      | <del></del>                                 |             |          |
| List all officers, directors, bustees, and foundation managers and tr                   | (b) Title, and average                   | (c) Compensation | (d) Contributions to                        | (a) Ev      | nonco    |
| (a) Name and address  | nours per week devoted                   | (If not paid,    | loyee benefit plans                         | (e) Ex      | , other  |
|   | to position                              | enter -0-)       | compensation                                | allowa      | inces    |
|   |  |                  |   |             |          |
| SEE STATEMENT 8   |  | 811,873.         | 29,158.                                     |             | 0.       |
|   |  | 0,00,000         |   |             | <u> </u> |
|   |  |                  |   |             |          |
|   |  |                  |   |             |          |
|   |  |                  |   |             |          |
|   |  |                  |   |             |          |
|   |  |                  |   |             |          |
|   |  |                  |   |             |          |
|   |  |                  |   |             |          |
|   |  |                  | _   | 1.          |          |
| 2 Compensation of five highest-paid employees (other than those inc                     | luded on line 1). If none, c             | nter "NONE."     |   |             |          |
| (a) Name and address of each employee pard more than \$50,000                           | (b) Title, and average<br>hours per week | (c) Compensation | (d) Contributions to employee benefit plans | (e) Ex      |          |
| (a) Name and address of each employee paid more than \$50,000                           | devoted to position                      | (C) Compensation | and delerred<br>compensation                | allowa      | nces     |
| NICOLE STALLINGS - 440 BAST   | DEPUTY DIRECT                            | DR MWDB          |   |             |          |
| CONGRESS, DETROIT, MI 48226-2917  | 40.00                                    | 134,167.         | 13,022.                                     |             | 0.       |
|   | DEPUTY DIRECT                            |                  | ·   |             |          |
| CONGRESS, DETROIT, MI 48226-2917  | 40.00                                    | 108,000.         | 12,706.                                     |             | 0.       |
|   | ACCOUNTING MA                            |                  |   |             |          |
| CONGRESS, DETROIT, MI 48226-2917  | 40.00                                    |                  |   |             | 0.       |
|   | SENIOR ASSOCI                            |                  |   | ALBN        |          |
| DETROIT, MI 48226-2917  | 40.00                                    |                  | 11,534.                                     | <u></u>     | 0.       |
|   | SR ACCOUNTANT                            |                  |   |             |          |
| DETROIT, MI 48226-2917  | 40.00                                    | 71,602.          | 23,614.                                     |             | 0.       |
| Total number of other employees paid over \$50,000                                      |  |                  | . •   |             | 71       |
|   |  |                  | Form  | 990-PF      | (2017)   |

Form 990-PF (2017) DETROIT EMPLOYMENT SOLUTIONS CORPORATION 38-3353746 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 (c) Compensation (b) Type of service 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 PLANTE MORAN - 27400 NORTHWESTERN HIGHWAY, CONSULTANT SERVICES 52,968. <u>51,795</u>. SOUTHFIELD, MI 48037 AUDITING SERVICES Total number of others receiving over \$50,000 for professional services

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 Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 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 All other program-related investments. See instructions. Ω. Total. Add lines 1 through 3

Form 990-PF (2017)

| Par  | Minimum Investment Return (All domestic foundations must complete this part. Foreign four                                    | idations,  | see instructions ) |
|------|--|--|--------------------|
| Fa   | air market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:                   |  |                    |
| a A  | verage monthly fair market value of securities   | 18   | 0                  |
| b A  | verage of monthly cash balances , , , , , , , , , , , , , , , , , , ,  | 16   | 4,210,220          |
| c Fa | eir market value of all other assets   | 1c   |                    |
| d To | otal (add lines 1a, b, and c)  | 16   | 4,210,220          |
| a R  | eduction claimed for blockage or other factors reported on lines 1a and  |  |                    |
| 10   | c (attach detailed explanation)  |  |                    |
| A    | equisition indebtedness applicable to line 1 assets  | 2  | 0                  |
| S    | ubtract line 2 from line 1d  | 3  | 4,210,220          |
| C    | ash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)                     | 4  | 63,153             |
| N    | et value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4                          | 5  | 4,147,067          |
| M    | inimum investment return. Enter 5% of line 5   | 6  | 207,353            |
| Par  | t XI. Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations are               | ıd certain                                       |                    |
|      | foreign organizations, check here  and do not complete this part.)   |  | 207,353            |
|      | linimum investment return from Part X, line 6  | <del>                                     </del> | 407,333            |
| -    | ax on investment income for 2017 from Part VI, line 5  20.  20.  2 20.  2 498.   | 1 1  |                    |
|      |  | <b>-</b> - 1 -                                   | 0 510              |
| -    | dd Ilnes 2a and 2b   | 2¢   | 8,518              |
|      | Istributable amount before adjustments. Subtract line 2c from line 1   | 3  | 198,835            |
|      | ecoveries of amounts treated as quakfying distributions  | 1  | 100 025            |
|      | dd Imes 3 and 4  | 5  | 198,835            |
|      | eduction from distributable amount (see instructions)  | 6  | 100 025            |
|      | istributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1                            | 7  | 198,835            |
| Par  | t XII. Qualifying Distributions (see instructions)   |  |                    |
| Α    | mounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                    | 1 1  |                    |
| a E  | xpenses, contributions, gifts, etc total from Part I, column (d), line 26  | 18   | 53,092,299         |
| b P  | rogram-related investments - total from Part IX-B  | 16   | 0                  |
| Α    | mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes                     | 2  | ····               |
| Α    | mounts set aside for specific charitable projects that satisfy the:  |  |                    |
| a S  | uitability test (prior IRS approval required)  | 3a   |                    |
| ьС   | ash distribution test (attach the required schedule)   | 3b   |                    |
|      | valifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4                    | 4  | 53,092,299         |
|      | oundations that qualify under section 4940(e) for the reduced rate of tax on nat investment                                  | I  |                    |
| II.  | come. Enter 1% of Part I, line 27b   | 5  | 0                  |
| A    | djusted qualifying distributions. Subtract line 5 from line 4  | 6  | 53,092,299         |
|      | ete: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | unlities to                                      | ar the coetion     |

DETROIT EMPLOYMENT SOLUTIONS CORPORATION 38-3353746 Part XIII Undistributed Income (see instructions) Corpus Years prior to 2016 2016 2017 1 Distributable amount for 2017 from Part XI, 198,835 a Enter amount for 2016 only b Total for prior years: 3 Excess distributions carryover, if any, to 2017: 40,155,183. 37,064,018. a From 2012 **b From 2013** 34,550,894 c From 2014 34,134,842 d From 2015 40,435,363 e From 2016 f Total of lines 3a through e R MENT 4 Qualifying distributions for 2017 from Part XII, line 4: ► \$ 53,092,299 a Applied to 2016, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) e Treated as distributions out of corpus (Election required - see instructions) d Applied to 2017 distributable amount 52.893.464 e Remaining amount distributed out of corpus Excess distributions carryover applied to 2017 (if an amount appears in column (d) the same a must be shown in column (a).) 6 Enter the net total of each column as indicated below: 239,233,764 & Corpus Add lines 3t, 4c and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b e 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 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. f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 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) Excess distributions carryover from 2012 40,155,183 not applied on line 5 or line 7 Excess distributions carryover to 2018. 199.078,581 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: ▲ Excess from 2013 **B7,064,018** <u>34,550,894</u>. b Excess from 2014 34,134,842 e Excess from 2015 40,435,363 d Excess from 2016 893,464 e Excess from 2017 Form 990-PF (2017)

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| Detroit Employment Solutions Corporat | tion in it is |
|---------------------------------------|---------------|
| Attachment to IRS Form 8940           |               |
|                                       |               |

| m 990-PF (2017) DBTROIT  art XIV   Private Operating Fo                          | EMPLOYMENT<br>oundations (see ins |                           |                         | N/A                         | 35,3746 Pag                           |
|--|-----------------------------------|---------------------------|-------------------------|-----------------------------|---------------------------------------|
| a If the foundation has received a ruling o                                      |                                   |                           |                         |                             |                                       |
| foundation, and the ruling is effective fo                                       | 2017, enter the date of th        | e ruling                  | ▶ ∟                     |                             |                                       |
| b Check box to indicate whether the found  |                                   |                           | section                 | 4942(j)(3) of 4             | 942(j)(5)                             |
| a Enter the lesser of the adjusted net   | Tax year                          |                           | Prior 3 years           |                             |                                       |
| income from Part I or the minimum  | (a) 2017                          | (b) 2016                  | (c) 2015                | /(d) 2014                   | (e) Total                             |
| investment return from Part X for  |                                   |                           |                         |                             |                                       |
| each year listed   |                                   |                           |                         | _/_                         |                                       |
| 85% of line 2a   |                                   |                           |                         |                             |                                       |
| Qualifying distributions from Part XII,  |                                   |                           |                         |                             |                                       |
| line 4 for each year listed  |                                   |                           |                         |                             |                                       |
| Amounts included in line 2c not  |                                   |                           |                         |                             |                                       |
| used directly for active conduct of  |                                   |                           |                         |                             |                                       |
| exempt activities  |                                   |                           |                         |                             | <u> </u>                              |
| Qualifying distributions made directly   |                                   |                           |                         |                             |                                       |
| for active conduct of exempt activities.   |                                   |                           |                         | 1                           |                                       |
| Subtract line 2d from line 2c  |                                   |                           | /                       |                             |                                       |
| Complete 3a, b, or c for the alternative test relied upon:                       |                                   |                           |                         |                             | 1                                     |
| "Assets" alternative test - enter:   |                                   |                           |                         |                             | 1                                     |
| (1) Value of all assets  |                                   |                           |                         |                             |                                       |
| (2) Value of assets qualifying   |                                   |                           |                         |                             |                                       |
| under section 4942(j)(3)(B)(i)   |                                   |                           |                         |                             | <del></del>                           |
| Endowment alternative test - enter 2/3 of minimum investment return              |                                   |                           |                         |                             |                                       |
| shown in Part X, line 6 for each year  |                                   |                           |                         |                             |                                       |
| listed   |                                   |                           |                         |                             |                                       |
| "Support" alternative test - enter:  |                                   |                           |                         |                             |                                       |
| (1) Total support other than gross   |                                   |                           |                         |                             |                                       |
| investment income (interest,<br>dividends, rents, payments on                    | 1                                 | 7                         |                         |                             |                                       |
| securities loans (section  | /                                 | ı                         |                         |                             | 1                                     |
| 512(a)(5)), or royalties)  | <del></del>                       |                           |                         |                             | -                                     |
| (2) Support from general public and 5 or more exempt                             | /                                 |                           |                         |                             | İ                                     |
| organizations as provided in   | /                                 |                           |                         | Ì                           |                                       |
| section 4942(j)(3)(B)(iii)   |                                   |                           |                         |                             | ļ                                     |
| (3) Largest amount of support from   | _ /                               |                           |                         |                             |                                       |
| an exempt organization   |                                   |                           |                         |                             |                                       |
| (4) Gross investment income art XV   Supplementary info                          | rmation /Complet                  | a this most only if       | the foundation          | had \$5 000 or mo           | ro in cocoto                          |
| at any time during t   |                                   |                           | tile fourtuation        | i nau 49,000 or mo          | าช แเ สรรษเร                          |
|  |                                   | -                         | <del></del>             |                             | · · · · · · · · · · · · · · · · · · · |
| Information Regarding Foundatio  | _                                 | 504 -445- 4-4-44          | <b></b>                 |                             |                                       |
| List any managers of the foundation whear (but only if they have contributed in  |                                   |                           | Dutions received by th  | e tonugation petore the clo | se or any tax                         |
|  | 1010 (11111) 40,000). 1000 30     | Citori 501 (0)(E).)       |                         |                             |                                       |
| NB   |                                   |                           |                         |                             |                                       |
| List any managers of the foundation who other entity) of which the foundation ha |                                   | •                         | ir an equally large pon | non of the ownership of a p | artnersmp or                          |
| • •  | o to to or ground millions.       | •                         |                         |                             |                                       |
| NB   | Count Cift Loop (                 | Cabalanahia ata Das       |                         |                             |                                       |
| Information Regarding Contribution Check here                                    |                                   | •                         | _                       | not accept uncollected root | acts for funds. If                    |
| the foundation makes gifts, grants, etc.,  |                                   |                           |                         |                             | 16515 101 181105. 11                  |
|  |                                   |                           |                         |                             |                                       |
| The name, address, and telephone num   | let of email address of the       | person to whom applica    | mons should be adule:   | 224U.                       |                                       |
|  |                                   |                           |                         |                             |                                       |
| The form in which applications should b  | e cubmitted and informati         | on and materials they sh  | anid include:           |                             |                                       |
| i ine ioun in winen abhiirainnis sunnin r  | s seemmen and mountain            | on and meterials may sin  | 7414 MEIUUG.            |                             |                                       |
| : Any submission deadlines;  |                                   |                           |                         |                             |                                       |
|  |                                   |                           |                         |                             |                                       |
| Any restrictions or limitations on award   | e cuch as hy gengraphical         | areas charitable fields I | inde of inclitutions of | other factors:              |                                       |

Form **990-PF** (2017)

| Grants and Contributions Paid During the | on (continued)  Year or Approved for Future             | Payment             | <u> </u>                       |             |
|--|---|---------------------|--------------------------------|-------------|
| Recipient                                | If recipient is an individual, show any retationship to | Foundation          | Purpose of grant or            |             |
| Name and address (home or business)      | any foundation manager<br>or substantial contributor    | status of recipient | contribution                   | Amount      |
| a Paid duning the year                   |   |                     |                                |             |
|  |   |                     |                                |             |
|  |   |                     |                                |             |
| ACCESS<br>2651 SAULINO                   | Subrecipient  | PC                  | PAYMENTS POR<br>EMPLOYMENT AND |             |
| DEARBORN, HI 48120                       |   |                     | TRAINING PROGRAMS              | 3,985,43    |
|  |   | 1                   |                                |             |
| CENTRAL DETROIT CHRISTIAN                | Subrecipient  | PC                  | PAYMENTS FOR                   |             |
| 1550 TAYLOR                              |   |                     | EMPLOYMENT AND                 |             |
| DETROIT, MI 48206                        |   | -                   | TRAINING PROGRAMS              | 39,03       |
|  |   |                     |                                |             |
| CONNECT DETROIT                          | SUBRECIPIENT  | PC                  | PAYMENTS FOR                   |             |
| 613 ABBOTT, 3RD FLOOR                    | -   |                     | employment and                 |             |
| DETROIT, MI 48226                        |   | <u> </u>            | TRAINING PROGRAMS              | 841,53      |
|  |   |                     |                                |             |
| DETROIT PUBLIC SCHOOLS COMMUNITY         | Subrecipient  | GOV                 | PAYMENTS FOR<br>EMPLOYMENT AND |             |
| 3011 W. GRAND BLVD                       |   | 1                   | TRAINING PROGRAMS              |             |
| DETROIT, MI 48202                        |   | <u> </u>            |                                | 219,03      |
|  |   |                     |                                |             |
| DEVELOPMENT CENTER                       | Subrecipient  | PC                  | PAYMENTS POR                   |             |
| 24424 W. MCNICHOLS                       |   |                     | EMPLOYMENT AND                 |             |
| DETROIT, MI 48219                        |   |                     | TRAINING PROGRAMS              | 1,833,74    |
|  | ONTINUATION SHEE  | T(S)                | <u> </u>                       | 16,151,67   |
| Approved for future payment              |   |                     |                                |             |
| NONE                                     |   |                     |                                |             |
|  |   |                     |                                |             |
|  |   |                     | +                              |             |
|  |   |                     |                                |             |
|  |   |                     |                                |             |
|  |   |                     |                                | <del></del> |
|  |   |                     |                                |             |
|  |   |                     |                                |             |
| Total                                    |   |                     | <b>▶</b> 3b                    | ·····       |

DETROIT EMPLOYMENT SOLUTIONS CORPORATION 38-3353746

| 3 Grants and Contributions Paid During the Ye            | ear (Continuation)                                      |  |                                     |           |
|--|---|--|-------------------------------------|-----------|
| Recipient  | If recipient is an individual, show any relationship to | Foundation                                       | Purpose of grant or                 | •         |
| Name and address (home or business)                      | any foundation manager<br>or substantial contributor    | status of<br>recipient                           | contribution                        | Amount    |
|  |   |  |                                     |           |
| DOWNRIVER COMMUNITY CONFERENCE                           | SUBRECIPIENT  | PC   | PAYMENTS FOR                        |           |
| 15100 NORTHLINE ROAD STE 179                             |   |  | EMPLOYMENT AND                      |           |
| SOUTHGATE, MI 48195                                      |   |  | TRAINING PROGRAMS                   | 2,096,198 |
| POCUS HOPE   | BUBRECIPIENT  | PC   | PAYMENTS FOR                        |           |
| 1200 OAKMAN BLVD.  |   |  | EMPLOYMENT AND                      |           |
| DETROIT, MI 48238  |   | <u> </u>   | TRAINING PROGRAMS                   | 627,191   |
|  |   |  |                                     |           |
| JACKETS FOR JOBS   | SUBRECIPIENT  | PC   | PAYMENTS FOR                        |           |
| 5555 CONNER AVENUE STE 2097                              |   |  | EMPLOYMENT AND<br>TRAINING PROGRAMS | 433,362   |
| DETROIT, HI 48213  |   |  | TRAINING PROGRAMS                   | 633,362   |
| JEWISH VOCATIONAL SERVICE                                | SUBRECIPIENT  | PC   | PAYMENTS FOR                        |           |
| 29699 SOUTHFIELD ROAD                                    |   |  | EMPLOYMENT AND                      |           |
| SOUTHPIELD, MI 48076                                     |   |  | TRAINING PROGRAMS                   | 50,687    |
| MATRIX HUMAN SERVICES                                    | BUBRECIPIENT  | PC   | PAYMENTS POR                        |           |
| 1400 PARSON  |   |  | enployment and                      |           |
| DETROIT, MI 48201  |   |  | TRAINING PROGRAMS                   | 39,061    |
| NEIGHBORHOOD SERVICES ORGANIZATION                       | BUBRECIPIENT  | PC PC  | PAYMENTS FOR                        |           |
| 882 OAKKAN BLVD. SUITE C                                 | SUBRECIFIENT  | •  | EMPLOYMENT AND                      | ļ         |
| DETROIT, MI 48238  |   |  | TRAINING PROGRAMS                   | 993,177   |
|  |   |  |                                     |           |
| PAYNE PULLIAM  | Subrecipient  | PC   | PAYMENTS FOR<br>EMPLOYMENT AND      |           |
| 2345 CASS AVENUE<br>DETROIT, HI 48201                    |   |  | TRAINING PROGRAMS                   | 1,902,758 |
|  |   |  |                                     | ì         |
| READING WORKS  | Subrecipient  | PC .   | PAYMENTS FOR                        |           |
| 645 GRISWALD, SUITE 2600                                 |   |  | employment and                      | 1         |
| DETROIT, MI 48226  |   | <del>                                     </del> | TRAINING PROGRAMS                   | 96,276    |
| SER METRO  | SUBRECIPIENT  | PC   | PAYMENTS FOR                        |           |
| 9301 MICHIGAN AVE  |   |  | EMPLOYMENT AND                      |           |
| DETROIT, MI 48210  |   |  | TRAINING PROGRAMS                   | 1,207,036 |
| COUMUNACE MAGNACIAM SOLOCOLON SILVER                     | CHERSCIPIUM   | PC   | PAYMENTS FOR                        |           |
| SOUTHEAST MICHIGAN COMMUNITY ALLIANCE<br>25363 TELEGRAPH | Subrecipient  | <b>[</b>   | PAYMENTS PUR<br>EMPLOYMENT AND      |           |
| TAYLOR, MI 48180   |   |  | TRAINING PROGRAMS                   | 15,862    |
| Total from continuation sheets                           | <u> </u>  |  |                                     | 9,232,880 |

| 3 Grants and Contributions Paid During the Y             | 'ear (Continuation)  |  |                                  |         |
|--|--|--|----------------------------------|---------|
| Recipient  | If recipient is an individual,   | Coundation                                       | Durance of event or              |         |
| Name and address (home or business)                      | show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient             | Purpose of grant or contribution | Amount  |
|  |  |  |                                  |         |
| SOUTHWEST CONCONIC SOLUTIONS                             | SUBRECIPIENT   | PC   | PAYMENTS FOR                     |         |
| 2835 BAGLEY, SUITE 800                                   |  |  | enployment and                   | 1       |
| DETROIT, NI 48216  |  |  | TRAINING PROGRAMS                | 754,477 |
|  |  |  |                                  |         |
| ST. VINCENT & SARAH PISHER CENTER                        | Subrecipient   | PC   | PAYMENTS FOR                     |         |
| 18600 TRINITY  |  |  | employment and                   |         |
| DETROIT, MI 48219  |  |  | TRAINING PROGRAMS                | 24,333  |
|  |  | GOV  | DA VOLENIME HOR                  |         |
| WAYNE COUNTY COMMUNITY COLLEGE<br>801 FORT ST.           | SUBRECIPIENT   | GOV  | PAYMENTS FOR<br>EMPLOYMENT AND   |         |
| DETROIT, MI 48226  |  |  | TRAINING PROGRAMS                | 388,545 |
|  |  |  |                                  |         |
| YHCA OF METROPOLITAN DETROIT                             | Subrecipient   | PC .   | PAYMENTS FOR                     |         |
| 1401 BROADWAY, SUITE A                                   |  |  | employment and                   |         |
| DETROIT, MI 48206  | <u> </u>   |  | TRAINING PROGRAMS                | 336,000 |
|  | SUBRECIPIENT   | PC   | PAYMENTS POR                     |         |
| DETROIT SCHOOL OF DIGITAL TECHNOLOGY 1759 W. 21ST STREET | SUBRECIPIENT   |  | EMPLOYMENT AND                   |         |
| DETROIT, MI 48216  | -  |  | TRAINING PROGRAMS                | 20,040  |
|  |  |  |                                  |         |
| EMERGING INDUSTRIES TRAINING CENTER                      | Subrecipient   | PC   | PAYMENTS FOR                     |         |
| 5555 CONNOR SUITE 1646                                   |  |  | EMPLOYMENT AND                   |         |
| DETROIT, MI 48213  |  |  | TRAINING PROGRAMS                | 32,589  |
| GOODWILL   | SUBRECIPIENT   | PC   | PAYMENTS FOR                     |         |
| 3111 GRAND RIVER   |  |  | EMPLOYMENT AND                   |         |
| DETROIT, MI 48205  |  |  | TRAINING PROGRAMS                | 8,712   |
|  |  |  |                                  |         |
| GREENING OF DETROIT                                      | SUBRECIPIENT   | ₽C .   | PAYMENTS FOR                     |         |
| 13000 W MCNICHOLS  |  |  | EMPLOYMENT AND                   | 5 400   |
| DETROIT, MI 48235  |  | <del>                                     </del> | TRAINING PROGRAMS                | 6,400   |
| HRDI   | SUBRECIPIENT   | PC   | PAYMENTS FOR                     |         |
| 419 S WASHINGTON BLVD                                    |  |  | EMPLOYMENT AND                   |         |
| LANSING, MI 49833  |  |  | TRAINING PROGRAMS                | 187,776 |
|  |  |  |                                  |         |
| LISC   | SUBRECIPIENT   | PC   | PAYMENTS FOR                     |         |
| 3031 W. GRAND BLVD SUITE 560                             |  |  | EMPLOYMENT AND                   |         |
| DETROIT, MI 48202  |  | <u> </u>   | TRAINING PROGRAMS                | 12,400  |

DETROIT EMPLOYMENT SOLUTIONS CORPORATION 38-3353746 Form 990-PF (2017) Page 12 Part XVI-A **Analysis of Income-Producing Activities** Unrelated business income Excluded by section 512 513 or 514 Enter gross amounts unless otherwise indicated. (C) Exclusion code (a) Business (b) Related or exempt (d) Amount Amount function income code 1 Program service revenue: Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash 1,015 investments 4 Dividends and interest from securities 14 (42) M 5 Net rental income or (loss) from real estate: Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory VENDING PROCEEDS FOIA REQUEST FEES 0. 1,015. 2,057. 12 Subtotal. Add columns (b), (d), and (e) 3,072 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of Line No. the foundation's exempt purposes (other than by providing funds for such purposes). THE ORGANIZATION PROVIDES VENDING MACHINES FOR THE CONVENIENCE OF ITS 11A CLIENTS. 11B THE ORGANIZATION RESPONDED TO FOIA REQUESTS AND CHARGED A SMALL FEE TO COVER THE EXPENSES OF COMPILE THE DOCUMENTS. 723821 01 03 18

| <u>Form 990-PF (</u>       |  | EMPLOYMENT  | SOLUTIONS COR   | PORATION   | 38-                        | 3353746                                     | Page 13          |
|----------------------------|--|---|---|--|----------------------------|---|------------------|
| Part XVII                  |  |   | and Transactions a  | nd Relationsh                                    | ips With None              | charitable                                  |                  |
| (other th                  | Exempt Organization of programme of the control of  | ngage in any of the follo<br>i) or in section 527, rela | ting to political organizations?  |  | ion 501(c)                 |   | Yes No           |
| a Transfers (1) Casi       | s from the reporting foundation to   | a noncnaritable exempt                                  | organization of:  |  |                            | 1   | x                |
| (1) Casi<br>(2) Othi       |  |   |   |  |                            | 1a(1)<br>1a(2)                              | $\frac{x}{x}$    |
| b Other tra                |  |   | ,   |  |                            | 1.5157                                      |                  |
| (1) Sale                   | s of assets to a noncharitable exer  | npt organization  | ,   |  |                            | 16(1)                                       | <u> </u>         |
| (2) Pure                   | chases of assets from a noncharita   | ible exempt organization                                | 1   |  |                            | 15(2)                                       | X                |
| (3) Ren                    | tal of facilities, equipment, or other   | r assets  |   |  |                            | 1b(3)                                       | X                |
| • •                        | nbursement arrangements  | ,   | ,   |  |                            | 16(4)                                       | X                |
|                            | ns or loan guarantees<br>formance of services or membersh  | un ar fundralsina solicit                               | ations  |  |                            | 16(5)<br>16(8)                              | <del>-   x</del> |
| ` '                        | of facilities, equipment, mailing list   | · .   |   |  |                            | 10,07                                       | $\frac{x}{x}$    |
| d If the and<br>or service | swer to any of the above is "Yes," c<br>es given by the reporting foundation<br>(d) the value of the goods, other as   | omplete the following s<br>on. If the foundation rec    | chedule. Column (b) should a<br>eived less than fair market val                   |  | -                          | •   | els,             |
| (a) Line no                | (b) Amount involved  | <del></del>   | able exempt organization  | (d) Description                                  | n of transfers, transactio | na and sharing are                          | ngemente         |
|                            |  | N/2   | <u> </u>  |  |                            | <del> </del>                                |                  |
|                            |  | <del></del>   | ··  | <del></del>                                      |                            |   |                  |
| -                          | ··   |   |   | <del></del>                                      |                            |   |                  |
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|                            |  |   |   |  |                            |   |                  |
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| <del></del>                |  |   |   | <del></del>                                      |                            | <del></del>                                 | <del></del>      |
|                            | ······································   |   | · · · · · · · · · · · · · · · · · · ·   | <del>                                     </del> |                            |   |                  |
|                            |  |   |   |  |                            |   |                  |
|                            |  |   |   |  |                            |   |                  |
|                            |  |   |   |  |                            |   |                  |
| in sectio                  | undation directly or indirectly affilia<br>n 501(c) (other than section 501(c<br>complete the following schedule.  | •   | • •   | itzations described                              |                            | Yes   | X No             |
|                            | (a) Name of organization   | n   | (b) Type of organization  |  | (c) Description of re      | latronship                                  |                  |
|                            | N/A  |   |   |  |                            |   |                  |
|                            |  |   |   | <u> </u>   |                            | <del></del>                                 |                  |
|                            |  |   |   | <del></del>                                      |                            |   |                  |
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| Sign Here                  | w penaltice of classic I doctore that I have belief it a pro- correct any Exploit to p |   | ding accompanying schedules and a<br>han texpeyor) is based on all inform<br>Date |  | as any knowledge           | May the IRS directors with the shown below? | ta eber ea       |
|                            | Print/Type preparer's name   | Preparer  | s signature   | Date   | Check if                   | PTIN  |                  |
|                            | 1  | [   |   |  | self- employed             |   |                  |
| Paid                       | LYNNE M. HUISM   |   | M. HUISMANN   | 04/23/19   | . <b>,</b> l               | P00053                                      |                  |
| Preparer                   | 11111131101110   | & MORAN, P  | LLC   |  | Firm's EIN ► 3             | 8-13579                                     | 51               |
| Use Only                   | Firm's address ► 27400   | MODERNING   | DM UTCITAN  |  | ļ                          |   |                  |
|                            |  | NORTHWESTE<br>FIELD, MI 4                               |   |  | Phone no. (2               | 48) 350.                                    | - 2500           |
|                            |  | THE THE T   |   |  | Timuna III. ( Z            |   | -PF (2017)       |

## Schedule B

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

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545 0047

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization DETROIT EMPLOYMENT SOLUTIONS CORPORATION 38-3353746 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 [X] 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)

| Det | roit | Emp          | lōy | ment | Sol | utior | is Ca | orporation |   |
|-----|------|--------------|-----|------|-----|-------|-------|------------|---|
| ΕIΝ | 38-  | <b>335</b> 3 | 74  | 6    | -   |       | _     |            | _ |
|     |      |              |     |      |     |       | _     |            |   |

| Schedule     | B (Form 990, 990-EZ, or 990-PF) (2017)  |                           |           | Page 2  |  |
|--------------|---|---------------------------|-----------|---|--|
| Name of or   | ganization  |                           | Employe   | er identification number                      |  |
| DETRO        | IT EMPLOYMENT SOLUTIONS CORPORATION   |                           | 38        | -3353746                                      |  |
| Part I       | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.          |           |   |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | 19        | (d)<br>Type of contribution                   |  |
|              |   |                           |           | (m)   |  |
| 1            | BANK OF AMERICA THE GUARDIAN BLDG 500 GRISWOLD                                | s <u>25,0</u>             | 00.       | Person X Payroll Noncash                      |  |
|              | DETROIT, MI 48226   |                           |           | (Complete Part II for noncash contributions.) |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | ns        | (d)<br>Type of contribution                   |  |
| 2            | CHASE   |                           |           | Person X                                      |  |
|              | 611 WOODWARD  | s500,0                    | 00.       | Payroll                                       |  |
|              | DETROIT, MI 48226   |                           |           | (Complete Part II for noncash contributions)  |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c) Total contribution    |           | (d)<br>Type of contribution                   |  |
| 3            | CITIZENS BANK   |                           |           | Person X                                      |  |
|              | P.O. BOX 42078  | s <u>10,0</u>             | 00.       | Payroll<br>Noncash                            |  |
|              | PROVIDENCE, RI  |                           |           | (Complete Part II for noncash contributions)  |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | ns        | (d)<br>Type of contribution                   |  |
| 4            | CITY OF DETROIT   |                           |           | Person X                                      |  |
|              | 2 WOODWARD AVENUE   | s <u>1,747,2</u>          | 91.       | Payroll<br>Noncash                            |  |
|              | DETROIT, MI 48226   |                           |           | (Complete Part II for noncash contributions)  |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | ns        | (d)<br>Type of contribution                   |  |
| 5            | COMERICA CHARITABLE FOUNDATION  |                           |           | Person X                                      |  |
|              | P.O. BOX 75000  | s <u>12,6</u>             | 00.       | Payroll                                       |  |
|              | DETROIT, MI 48275   |                           |           | (Complete Part II for noncash contributions)  |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | 15        | (d)<br>Type of contribution                   |  |
| 6            | cvs   |                           |           | Person X                                      |  |
|              | 939 ROUTE 146   | \$18,0                    | 00.       | Payroll Noncash (Complete Part II for         |  |
|              | CLIFTON PARK, NY 12065  |                           |           | noncash contributions)                        |  |
| 723452 11 01 | 1-17  | Schedule i                | e (Form 9 | 90, 990-EZ, ar 990-PF) (2017)                 |  |

| Detroit Emp  | loyment Sc | lutions Cô | rporation |  |
|--------------|------------|------------|-----------|--|
| .EIN/38:3353 | 7.46       |            |           |  |
|              |            |            |           |  |

| Schedule I | B (Form 990, 990 EZ, or 990 PF) (2017)  |                                       |             | Page 2  |
|------------|---|---------------------------------------|-------------|---|
| Name of or | ganization  |                                       | Employe     | er identification number                      |
| DETRO      | IT EMPLOYMENT SOLUTIONS CORPORATION   | · · · · · · · · · · · · · · · · · · · | 38          | -3353746                                      |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.                      |             |   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution             | ns.         | (d)<br>Type of contribution                   |
| 7          | DETROIT ECONOMIC GROWTH   |                                       |             | Person X                                      |
|            | 500 GRISWOLD #2200  | s <u>45,0</u>                         | 00.         | Payroll Noncash                               |
|            | DETROIT, MI 48226   |                                       |             | (Complete Part II for noncash contributions ) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio              | ns          | (d)<br>Type of contribution                   |
| 8          | DETROIT PISTONS   |                                       |             | Person X<br>Payroll                           |
|            | 6 CHAMPIONSHIP DRIVE  | s                                     | 00.         | Noncash                                       |
|            | AUBURN HILLS, MI 48326  |                                       |             | (Complete Part II for noncash contributions ) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio              | ns          | (d)<br>Type of contribution                   |
| 9_         | DRESNER FOUNDATION  |                                       |             | Person X                                      |
|            | 6960 ORCHARD LAKE RD STE 149  | \$ <u>500,0</u>                       | 00.         | Payroll                                       |
|            | WEST BLOOMFIELD, MI 48322   |                                       |             | (Complete Part II for noncash contributions)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio              | ns          | (d)<br>Type of contribution                   |
| 10         | DTE ENERGY FOUNDATION   |                                       |             | Person X                                      |
| -          | 1 ENERGY PLAZA  | s <u>21,5</u>                         | <u> 16.</u> | Payroll                                       |
|            | DETROIT, MI 48226   |                                       |             | (Complete Part II for noncash contributions)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio              | ns          | (d)<br>Type of contribution                   |
| 11         | FORD FOUNDATION   |                                       |             | Person X                                      |
|            | 320 EAST 43RD STREET  | s <u>200,</u> 0                       | 00.         | Payroll<br>Noncash                            |
|            | NEW YORK, NY 10017  |                                       |             | (Complete Part II for noncash contributions)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio              | ns          | (d)<br>Type of contribution                   |
| 12         | FORD MOTOR COMPANY FUND   |                                       | _           | Person X                                      |
|            | ONE AMERICAN ROAD RM 215-E1   | s 50,0                                | 00.         | Payroli Noncash Complete Part II for          |
|            | DEARBORN, MI 48126  |                                       |             | (Complete Part II for noncash contributions)  |

| Detroit | Employment | Solütiöns      | Côrp | orátión" |  |
|---------|------------|----------------|------|----------|--|
| FIN 38- | 3353746    | ′ <del>.</del> |      |          |  |

| Schedule ( | 8 (Farm 990, 990-EZ, or 990-PF) (2017)  |                          |         | Page 2  |
|------------|---|--------------------------|---------|---|
| Name of or | ganization  |                          | Employe | er 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)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio | ns      | (d)<br>Type of contribution   |
| 13         | ONE AMERICAN ROAD RM 215-E1  DEARBORN, MI 48126                                     | \$150,0                  | 00.     | Person X Payroll  Noncash  (Complete Part II for noncash contributions) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contribution   | ns      | (d)<br>Type of contribution   |
| 14_        | KELLOGG FOUNDATION  28 W. ADAMS  DETROIT, MI 48226                                  | s300,0                   | 00.     | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio | ns      | (d)<br>Type of contribution   |
| 15         | KINEXUS 499 W. MAIN STREET BENTON HARBOR, MI 49022                                  | s46,5                    | 10.     | Person X Payroll  Noncash  (Complete Part II for noncash contributions) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio | ns      | (d)<br>Type of contribution   |
| 16         | MICHIGAN STRATEGIC FUND  300 N. WASHINGTON SQUARE  LANSING, MI 48933                | s <u>40,846,3</u>        | 68.     | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio | ns      | (d)<br>Type of contribution   |
| 17         | MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052                           | s <u>75,4</u>            | 11.     | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio | ns      | (d)<br>Type of contribution   |
| 18         | MILWAUKEE AREA WORKFORCE INVESTMENT BOARD  2338 N. 27TH STREET  MILWAUKEE, MI 53210 | s <u>122,6</u>           | 91.     | Person X Payroll  |

723452 11-01 17

| Schedule I         | B (Form 990, 990-EZ, or 990-PF) (2017)  |                           |          | 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 additional | space is needed           |          |   |
| (a)<br>No.         | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | ns       | (d)<br>Type of contribution   |
| <u>19</u>          | RALPH C WILSON JR FOUNDATION  3101 E. GRAND BLVD. STE 200  DETROIT, MI 48202  | \$ <u>2,000,0</u>         | 00.      | Person X Payroll  |
| (a)<br><u>No</u> . | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | ns       | (d)<br>Type of contribution   |
| 20                 | SATTER FOUNDATION  500 N. MICHIGAN AVE SUITE 1700  CHICAGO, IL 60611          | s10,0                     | 00.      | Person X Payroti  |
| (a)<br>No.         | (b)<br>Name, address, and ZIP + 4   | (c) Total contribution    | ne       | (d) Type of contribution  |
|                    | UAW FORD  151 W. JEFFERSON AVE  DETROIT, MI 48226                             | s50,0                     | 00.      | Person X Payroll  |
| (a)<br>No.         | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | ns       | (d)<br>Type of contribution   |
| 22                 | UNITED WAY FOR SOUTHEASTERN MICHIGAN 660 WOODWARD STE 300 DETROIT, MI 48226   | \$45,0                    |          | Person X Payroli Concash (Complete Part II for noncash contributions.)  |
| (a)<br>No.         | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | ns       | (d)<br>Type of contribution   |
| 23                 | USDOL ETA  230 W. DEARBORN  CHICAGO, MI 60604                                 | s <u>1,240,6</u>          |          | Person X Payroll  Noncash  (Complete Part II for noncash contributions) |
| (a)<br>No.         | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | าร       | (d)<br>Type of contribution   |
| 24_                | VITEC 2801 CLARK STREET   | s7,2                      | 00.      | Person X Payroll  Noncash  (Complete Part II for                        |
| 723452 11 01       | DETROIT, MI 48210   | Schadula                  | A /Form  | noncash contributions )<br>990, 990-EZ, or 990-PF) (2017)               |
| responde titu'     | 1 <b>11</b>   | Centernia                 | - 1. 2 ; | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                  |

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| EIN_3 | 8-3353   | 746       |            |           | ************************************** |             |
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| ame of or  | ganization                              |                           | Employer identification number                                     |
|------------|---|---------------------------|--|
| ETRO       | IT EMPLOYMENT SOLUTIONS CORPORATION     |                           | 38-3353746   |
| Part I     |   | dditional space is needed |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4       | (c)<br>Total contribution | (d)<br>ns Type of contribution                                     |
| <u>25</u>  | WALBRIDGE                               |                           | Person X Payroll   |
|            | 777 WOODWARD AVE #300 DETROIT, MI 48226 | \$ 50,0                   | (Complete Part II for noncash contributions                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4       | (c)<br>Total contribution | (d)  |
|            |   | s                         | Person Payroll Noncash (Complete Part II for noncash contributions |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4       | (c)<br>Total contribution | (d) Type of contributio  |
|            |   | s                         | Person Payroll Noncash (Complete Part II for noncash contributions |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4       | (c)<br>Total contribution | (d)  Type of contribution  |
|            |   | s                         | Person Payroll Noncash (Complete Part II for noncash contributions |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4       | (c)<br>Total contribution | (d)<br>ns Type of contributio                                      |
|            |   | s                         | Person Payroll Noncash (Complete Part II for noncash contributions |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4       | (c)<br>Total contribution | (d)<br>Type of contributio   |
| —          |   | s                         | Person Payroll Noncash (Complete Part II for noncash contributions |

|                              | (Form 990, 990·EZ, or 990·PF) (2017)  |  | Page 3                                 |
|------------------------------|---|--|--|
| Name of orga                 | snization   |  | Employer identification number         |
| DETROI                       | T EMPLOYMENT SOLUTIONS CORPORATION  |  | 38-3353746                             |
| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part I               | l if additional space is needed              | <b>1</b> .                             |
| (a)<br>No.<br>from<br>Part I | (c) (b) FMV (or estimate) Description of noncash property given (See instruction) |  | ' I Data sasaiyad                      |
|                              |   | <u> </u>                                     |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate<br>(See instructions |  |
|                              |   | s  |  |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given   | (c)<br>FMV (or estimate<br>(See instructions |  |
|                              |   | <u> </u>                                     |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                                      | (c)<br>FMV (or estimate<br>(See instructions |  |
|                              |   | s  |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                                      | (c)<br>FMV (or estimate<br>(See instructions | ' Deteraceivad                         |
|                              |   | s  |  |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given   | (c)<br>FMV (or estimate<br>(See instructions |  |
| 723453 11-01                 |   | Schadula                                     | B (Form 980, 990-EZ, or 990-PF) (2017) |

| Schedule B                | (Form 990, 990-EZ, or 990-PF) (2017)  |  | Page (   |  |  |  |  |  |  |
|---------------------------|---|--|--|--|--|--|--|--|--|
| Name of org               | enization   |  | Employer identification number                                       |  |  |  |  |  |  |
| DETROI                    | T EMPLOYMENT SOLUTIONS  | COPPOPATION  | 38-3353746   |  |  |  |  |  |  |
| Part III                  | Exclusively fellolous, charitable, etc., con  | tributions to greanizations described in   | section 501(c)(7), (8), or (10) that total more than \$1,000 for     |  |  |  |  |  |  |
|                           | the year from any one contributor. Complete completing Part II, enter the total of exclusively religion | i COIUMNS (a) INFOUGN (6) and INB follow)<br>as charitable, etc. contributions of \$1,000 or lee | ING BINTRY. For organizations as for the year (Enterthis into once ) |  |  |  |  |  |  |
| (a) No.                   | Use duplicate copies of Part III if addition  | nal space is needed  |  |  |  |  |  |  |  |
| from<br>Part I            | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held                                  |  |  |  |  |  |  |
|                           |   |  |  |  |  |  |  |  |  |
|                           |   |  |  |  |  |  |  |  |  |
|                           |   |  |  |  |  |  |  |  |  |
|                           |   | (e) Transfer of gift   |  |  |  |  |  |  |  |
| -                         | Transferee's name, address, a   | and ZIP + 4  | Relationship of transferor to transferee                             |  |  |  |  |  |  |
|                           |   |  |  |  |  |  |  |  |  |
| (a) No.                   |   |  |  |  |  |  |  |  |  |
| from<br>Part I            | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held                                  |  |  |  |  |  |  |
|                           |   |  |  |  |  |  |  |  |  |
|                           |   |  |  |  |  |  |  |  |  |
| ŀ                         |   | (e) Transfer of gift   |  |  |  |  |  |  |  |
|                           | Transferrale name address and 710 . 4   |  |  |  |  |  |  |  |  |
| }                         | Transferee's name, address, a   | and ZIP + 4  | Relationship of transferor to transferee                             |  |  |  |  |  |  |
| ļ                         |   |  |  |  |  |  |  |  |  |
|                           |   |  |  |  |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held                                  |  |  |  |  |  |  |
|                           |   |  |  |  |  |  |  |  |  |
|                           |   |  |  |  |  |  |  |  |  |
| -                         |   | (-) T( ( - 1/4)  |  |  |  |  |  |  |  |
|                           |   | (e) Transfer of gift   |  |  |  |  |  |  |  |
| -                         | Transferee's name, address, a   | and ZIP + 4  | Relationship of transferor to transferee                             |  |  |  |  |  |  |
|                           |   |  |  |  |  |  |  |  |  |
| Ĭ                         |   |  |  |  |  |  |  |  |  |
| (a) No.                   |   |  |  |  |  |  |  |  |  |
| from<br>Part I            | (b) Purpose of grft   | (c) Use of gift  | (d) Description of how gift is held                                  |  |  |  |  |  |  |
|                           |   |  |  |  |  |  |  |  |  |
|                           |   |  | _  |  |  |  |  |  |  |
| _                         |   |  |  |  |  |  |  |  |  |
|                           |   | (e) Transfer of gift   |  |  |  |  |  |  |  |
| ].                        | Transferee's name, address, a   | ind ZIP + 4  | Relationship of transferor to transferee                             |  |  |  |  |  |  |
| Ì                         |   |  |  |  |  |  |  |  |  |
| ŀ                         |   |  |  |  |  |  |  |  |  |
|                           |   |  |  |  |  |  |  |  |  |

# DETROIT EMPLOYMENT SOLUTIONS CORPORATION

38-3353746

| INGS AND T  | EMPORARY | CASH  | INVESTMENTS  | STATEMENT 1  |  |
|---|----------|---|--|--|--|
| RB'   | VENUE    | (B) NET INVESTMENT INCOME . 1,015.  |  | (C)<br>ADJUSTED<br>NET INCOME  |  |
|   | 1,015.   |   |  |  |  |
|   | 1,015.   | ,015. 1,015.  |  |  |  |
| OTHER   | INCOME   |   |  | STATEMENT 2  |  |
|   |          | _   | (B)<br>NET INVEST-<br>MENT INCOME  |  |  |
| ·   |          |   |  |  |  |
|   |          |   |  |  |  |
| :   |          |   |  |  |  |
| LEGAL FEES  |          |   | STATEMENT 3  |  |  |
|   | AL FEES  |   |  | STATEMENT 3  |  |
| (A)<br>EXPENSES<br>PER BOOK                             | NET I    |   |  | (D)<br>CHARITABLE  |  |
| (A)<br>EXPENSES   | NET I    | NVEST-<br>INCOME  | ADJUSTED   | (D)<br>CHARITABLE  |  |
| (A)<br>EXPENSES<br>PER BOOK                             | NET I    | NVEST-<br>INCOME  | ADJUSTED<br>NET INCOM  | (D)<br>CHARITABLE<br>PURPOSES<br>90,025.   |  |
| (A)<br>EXPENSES<br>PER BOOK<br>90,02                    | NET I    | NVEST-<br>INCOME<br>0   | ADJUSTED NET INCOM   | (D)<br>CHARITABLE<br>PURPOSES<br>90,025.   |  |
| (A)<br>EXPENSES<br>PER BOOK<br>90,02                    | NET I    | NVEST-<br>INCOME<br>0   | ADJUSTED NET INCOM   | (D) CHARITABLE PURPOSES 90,025.  90,025.  STATEMENT 4  (D) CHARITABLE  |  |
| (A) EXPENSES PER BOOK 90,02 90,02  ACCOUN  (A) EXPENSES | NET I    | NVEST-<br>INCOME<br>0<br>0<br>S<br>S<br>NVEST-  | ADJUSTED NET INCOM   | CHARITABLE PURPOSES 90,025. 90,025. STATEMENT 4 (D) CHARITABLE   |  |
|   | OTHER    | (A) REVENUE PER BOOKS  1,015.  1,015.  OTHER INCOME  (A) REVENUE PER BOOKS  , LINE 11 | (A) REVENUE NET PER BOOKS  1,015.  1,015.  OTHER INCOME  (A) REVENUE PER BOOKS  132. 1,925. , LINE 11 2,057. | (A) REVENUE PER BOOKS  1,015.  1,015.  1,015.  1,015.  1,015.  OTHER INCOME  (A) REVENUE PER BOOKS  (B) (B) (B) (B) (B) (B) (B) (B) (B) (B |  |

#### DETROIT EMPLOYMENT SOLUTIONS CORPORATION

38-3353746

|  |   | •                                 |                               |   |  |
|--|---|-----------------------------------|-------------------------------|---|--|
| FORM 990-PF  | OTHER PROFES  | SIONAL FEES                       | STATEMENT 5                   |   |  |
| DESCRIPTION  | (A)<br>EXPENSES<br>PER BOOKS  | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>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  | TAX   | BS                                | STATEMENT 6                   |   |  |
| DESCRIPTION  | (A)<br>EXPENSES<br>PER BOOKS  | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>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 E   | XPENSES                           | STATEMENT 7                   |   |  |
| DESCRIPTION  | (A)<br>EXPENSES<br>PER BOOKS  | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES   |  |
| INSURANCE INFORMATION TECHNOLOGY DUES & SUBSCRIPTIONS SUPPORTIVE SERVICES OFFICE EXPENSE ADVERTISING TRAINING OTHER SUBCONTRACTOR FEES REPAIRS AND MAINTENANCE TO FORM 990-PF, PG 1, LN 23 | 161,799. 372,238. 62,422. 1,093,220. 241,575. 379,192. 10,117,306. 24,507. 10,357,198. 1,767,287. | 0.<br>0.<br>0.<br>0.<br>0.        |                               | 161,799. 372,238. 62,422. 1,093,220. 241,575. 379,192. 10,117,306. 24,507. 10,357,198. 1,767,287. |  |

# DETROIT EMPLOYMENT SOLUTIONS CORPORATION

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| FORM 990-PF PART VIII - LIS TRUSTEES AND                              | T OF OFFICERS, DO FOUNDATION MANAGE | STATEMENT 8              |                                 |         |
|---|-------------------------------------|--------------------------|---------------------------------|---------|
| NAME AND ADDRESS  | TITLE AND<br>AVRG HRS/WK            | COMPEN~<br>SATION        | EMPLOYEE<br>BEN PLAN<br>CONTRIB | RYDRNGE |
| NICOLE SHERARD-FREEMAN<br>440 EAST CONGRESS<br>DETROIT, MI 48226-2917 | PRESIDENT/CEO<br>50.00              | 181,231.                 | 0.                              | 0.      |
| JEFFREY DONOFRIO<br>440 EAST CONGRESS<br>DETROIT, MI 48226-2917       | BOARD MEMBER/E                      | XEC DIRECTOR<br>120,000. | MAYORS 1                        | VORK    |
| TERRI WEEMS 440 BAST CONGRESS DETROIT, MI 48226-2917                  | CHIEF FINANCIA                      | L OFFICER<br>119,423.    | 12,706.                         | 0.      |
| ALESSIA BAKER-GILES<br>440 EAST CONGRESS<br>DETROIT, MI 48226-2917    | DIRECTOR FINANC                     | CE<br>104,300.           | 4,172.                          | 0.      |
| STEPHANIE NIXON<br>440 EAST CONGRESS<br>DETROIT, MI 48226-2917        | CHIEF PROGRAM (                     | OFFICER<br>102,000.      | 4,080.                          | 0.      |
| MICHELLE RAFFERTY<br>440 EAST CONGRESS<br>DETROIT, MI 48226-2917      | CHIEF OPERATING                     | G OFFICER<br>99,919.     | 0.                              | 0.      |
| ROBERT SHIMKOSKI<br>440 EAST CONGRESS<br>DETROIT, MI 48226-2917       | DIRECTOR PLANN                      | ING<br>85,000.           | 3,400.                          | 0.      |
| LAURA HUGHES<br>440 EAST CONGRESS<br>DETROIT, MI 48226-2917           | CORPORATION BOX<br>0.50             | ARD CHAIR<br>0.          | 0.                              | 0.      |
| CALVIN C SHARP<br>440 EAST CONGRESS<br>DETROIT, MI 48226-2917         | CORPORATION BOX                     | ARD VICE CHA<br>0.       | .IR<br>0.                       | 0.      |
| TONEY STEWART<br>440 EAST CONGRESS<br>DETROIT, MI 48226-2917          | BOARD MEMBER<br>0.50                | 0.                       | 0.                              | 0.      |

| DETROIT EMPLOYMENT SOLUTIONS   | CORPORATION |                  |          | 38      | -3353746 |
|--|-------------|------------------|----------|---------|----------|
| CHRIS UHL<br>440 EAST CONGRESS<br>DETROIT, MI 48226-2917             |             | TREASURER<br>.50 | 0.       | 0.      | 0.       |
| MICHAEL AARON<br>440 EAST CONGRESS<br>DETROIT, MI 48226-2917         |             | MEMBER<br>.50    | 0.       | 0.      | 0.       |
| LENA BARKLEY<br>440 EAST CONGRESS<br>DETROIT, MI 48226-2917          |             | MEMBER<br>.50    | 0.       | 0.      | 0.       |
| ALICE THOMAS<br>440 EAST CONGRESS<br>DETROIT, MI 48226-2917          |             | SECRETARY<br>.50 | 0.       | 0.      | 0.       |
| DON O'CONNELL<br>440 EAST CONGRESS<br>DETROIT, MI 48226-2917         |             | MEMBER<br>.50    | 0.       | 0.      | 0.       |
| RIC PREUSS<br>440 EAST CONGRESS<br>DETROIT, MI 48226-2917            |             | MEMBER<br>.50    | 0.       | 0.      | 0.       |
| MARIA WOODRUFF-WRIGHT<br>440 EAST CONGRESS<br>DETROIT, MI 48226-2917 |             | MEMBER<br>.50    | 0.       | 0.      | 0.       |
| TOTALS INCLUDED ON 990-PF, P.  | AGE 6, PART | viii <u> </u>    | 811,873. | 29,158. | 0.       |