POSTMARK DATE JUN 0 1 2020

Form <b>990-T</b>			rurn - Secti						1	OMP N	o 1545-0		
Form 330-1	<b>-</b>	Exempt Orga				ах	nei		r_	OIVID N	1545-0		
,- <i>s</i> ,	(and proxy tax under section 6033(e))  For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018								2	01	7		
Name .	Go to www irs gov/Form990T for instructions and the latest information								U I	•			
Department of the Treasury Internal Revenue Service	<b></b>	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)  Open to Public Inspection for 501(c)(3) Organizations Only									ection for ons Only		
A Check box if address changed		Warne or organization ( orlect box in harne changed and see instituctions )									Employer identification number (Employees' trust, see instructions)		
B Exempt under section	Print	DETROIT EMP	LOYMENT SOL	UTI	ONS CORPORA	TIO	N		38	8-33	537	46	
X 501(c)(3)	or	Number, street, and roon							E Unrela	Unrelated business activity codes (See instructions)			
408(θ)220(θ)	Туре	440 EAST CO	NGRESS						(000		,		
408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code  DETROIT, MI 48226-2917 8129											
C Book value of all assets at end of year		F Group exemption num	oer (See instructions.)	<b>&gt;</b>									
14,532,3	61.	G Check organization typ	e ► X 501(c) corp	oration	501(c) trust			401(a)	trust		Other	r trust	
H Describe the organization	•		_ · _ F										
• , ,		oration a subsidiary in an		ıt-subs	idiary controlled group?			▶ ∟	Yes	s <u>X</u>	] No		
J The books are in care of		ifying number of the parer			Talaal		umber	<u> </u>	1 2 4	564-	<u> </u>	<u> </u>	
		le or Business Inc			(A) Income	Tone	_	penses	13-6		(C) Net		
1a Gross receipts or sale				ļ	(rt) moome	1	(5) = ^	2011000	ife	٠.	(0) 1101	1 15	
<b>b</b> Less returns and allow			c Balance	1c					<b>₩</b>	* 4 <u>\$</u>	. 50	. '	
2 Cost of goods sold (S		A. line 7)		2		1		**		٤		΄, ,	
3 Gross profit. Subtract		· ·	فأ	3		T					一		
4a Capital gain net incom	ne (attac	h Schedule D)	- 4	4a			R	ECi	ΞIV	EU			
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form	4797)	4b				~ip			S		
c Capital loss deduction	n for trus	its		4c				UN 1	0 2	020			
5 Income (loss) from pa	artnersh	ips and S corporations (att	ach statement)	5	_		٥				8		
6 Rent income (Schedu	,			6		1 1		GD	- 1	UT			
7 Unrelated debt-financ				7		<del>                                     </del>			===				
		nd rents from controlled o	- ' '	8		+			-				
		on 501(c)(7), (9), or (17) or	rganization (Schedule G)	9		+-		-					
<ul><li>10 Exploited exempt activities</li><li>11 Advertising income (\$\frac{1}{2}\$)</li></ul>	•	,		10		+		<del></del>					
12 Other income (See ins		•		12		1-		# .i.	,			· · · · · · · · · · · · · · · · · · ·	
13 Total. Combine lines				13	0.	1				<del></del> -			
		t Taken Elsewher	e (See instructions fo	r limita	ations on deductions)								
		itions, deductions must					me )						
14 Compensation of off	icers, dır	ectors, and trustees (Sche	dule K)						14	-			
15 Salaries and wages								-	15				
16 Repairs and mainten	ance							ļ	16				
17 Bad debts								-	17				
18 Interest (attach sche	idule)							ŀ	18				
19 Taxes and licenses	(0		()					ŀ	19				
	•	instructions for limitation	ruies)		21			-	20				
,		n Schedule A and elsewher	on return		22a				22b				
23 Depletion	unnou or	Contable A and disaminate	Oliviolarii		[224]				23				
24 Contributions to defe	erred cor	npensation plans							24				
25 Employee benefit pro									25				
26 Excess exempt exper	nses (Sc	hedule I)							26				
27 Excess readership co	osts (Sch	nedule J)							27				
28 Other deductions (at		•							<b>2</b> 8				
29 Total deductions A	dd lines	14 through 28						-	29			0.	
		ncome before net operating		l line 29	from line 13			-	30			0.	
		(limited to the amount on						-	31				
		come before specific dedu			30		•	34 l	32 33		1 /	<u>0.</u>	
·	-	\$1,000, but see line 33 in			than line 20 anter the ex	mallar		·	33		<u> </u>		
	taxable	income Subtract line 33	11 UIII 11110 32. IT IINO 33 IS (	yr eater	uiaii iiiie 3∠, enter the Si	ııaıler	UI 281U (	"	34			0.	
line 32					<del> </del>	-			34   V		000 1	C (0017)	

Form 990-T		(2017) DETROIT EMPLOYMENT SOLUTIONS CORPORATION 38-3353746									
Part I	II J	Tax Computation									
35		anizations Taxable as Corporations. See instructions for tax computation.									
*6	Contr	trolled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and,									
а	Enter	er your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):									
	(1)	) \$ (2) \$									
b	Enter	or organization's share of (1) Additional 5% tax (not more than \$11,750)									
	(2) A	Additional 3% tax (not more than \$100,000)				_					
C	Incon	ome tax on the amount on line 34			350	:		0.			
36	Trust	_									
		Tax rate schedule or Schedule D (Form 1041)	36								
37	-	xy tax. See instructions			37	<del> </del>					
38		rnative minimum tax			38	<del></del>					
39		on Non-Compliant Facility Income. See instructions			39						
40		al. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40			0.			
Part I		Tax and Payments									
		organists (corporations attach Form 1118, trusts attach Form 1116) 41a			$\dashv$						
		er credits (see instructions)  41b			-						
C		eral business credit. Attach Form 3800  41c			⊣						
d		dit for prior year minimum tax (attach Form 8801 or 8827)  al credits Add lines 41a through 41d			110	-					
ө 42		tract line 41e from line 40			41e			0.			
43		er taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Form 8866	Other (attach s	chedule)	43			<del></del>			
44		al tax Add lines 42 and 43	Other faction 3	omedaicj	44			0.			
		ments A 2016 overpayment credited to 2017				<del></del>		<u> </u>			
		7 estimated tax payments			٦ ·						
		deposited with Form 8868 SIC 45c	8.	498							
		eign organizations; Tax paid or withheld at source (see instructions)			ヿ・`						
		kup withholding (see instructions) 45e									
f		dit for small employer health insurance premiums (Attach Form 8941)									
g		er credits and payments: Form 2439			7	ŀ					
		Form 4136 Other Total ▶ 45g				_]					
46	Total	al payments. Add lines 45a through 45g			46		8,4	<u>98.</u>			
47	Estim	mated tax penalty (see instructions) Check if Form 2220 is attached			47	<b>_</b>					
48	Tax d	due. If line 46 is less than the total of lines 44 and 47, enter amount owed		ا _ر.	48						
49	Overp	rpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	, >	?, ▶	49			98.			
50	Enter	or the amount of line 49 you want: Credited to 2018 estimated tax	Refunded	<b>20</b> ▶	50		<u>8,4</u>	<u>98.</u>			
Part V	_	Statements Regarding Certain Activities and Other Information (see					٦.,	Τ			
51	•	ny time during the 2017 calendar year, did the organization have an interest in or a signature or other a	-				Yes	No_			
		a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have									
		EN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign co	ountry					X			
50	here	ing the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	to a foreign tri	ıct?				X			
52		ES, see instructions for other forms the organization may have to file.	io, a toroigir iri	1511				1			
53		or the amount of tax-exempt interest received or accrued during the tax year >\$									
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, a correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any ki	nd to the best of r	ny knowle	edge and	belief, it is tr	ue,	·			
Sign	co		SIDENT.	_		RS discuss th		th			
Here		Fellers 05/27/2020 CEO				rer shown be		VILLI			
		Signature of officer Date Title		ı	nstructio	ns)? X	Yes	No			
		Print/Type preparer's name Preparer's signature Date	Check		if P	TIN					
Paid				nployed							
Prepa	rer	LYNNE M. HUISMANN LYNNE M. HUISMANN 05/20/				P0005					
Use C		Firm's name ► PLANTE & MORAN, PLLC	Firm's	EIN 🕨	<u> </u>	38-13 <u>!</u>	<u>95 ر</u>	1			
	-	27400 NORTHWESTERN HIGHWAY			/ ^ 4 -	)\ <u> </u>		0.0			
		Firm's address ► SOUTHFIELD, MI 48034	Phone	no.	(24)	3) 352	2−25 9 <b>90-T</b>				
						⊢orm :	クラリー I				

Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory v	aluation ▶ N/A		<del></del>				
1 Inventory at beginning of year 1				Inventory at end of year		<u> </u>	6			
2 Purchases	2		1	Cost of goods sold. St		line 6	٣			
3 Cost of labor	3		1 '	from line 5. Enter here						
4a Additional section 263A costs			1	line 2		7				
(attach schedule)	4a		8	Do the rules of section		Yes	No			
b Other costs (attach schedule)	4b		1 ~		•		1.50	+ "		
5 Total Add lines 1 through 4b	5		1	property produced or acquired for resale) apply to the organization?						
Schedule C - Rent Income (see instructions)		Property and	Per		.ease	d With Real Prop	erty)			
1 Description of property	<u>.</u>									
_(1)										
(2)				· <u></u> ·						
_(3)										
(4)		<u> </u>								
	2 Rent receive	ed or accrued								
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)		of rent for p	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar		ted with the income in attach schedule)	1	
(1)										
(2)						]				
(3)		,	-							
(4)										
Total	0.	Total			0.					
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Deb	ı (A)	<b></b>	netru	ctions)	0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.	
Official Des	it i manoca	income (see		,		3 Deductions directly control to debt-finance				
1 Description of debt-financed property				Gross income from or allocable to debt-financed property	(a)	Straight line depreciation (attach schedule)	J S prop	(b) Other deductions (attach schedule)		
(1)					<u> </u>	<del></del>				
(2)			<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>					
(3)										
(4)	<u> </u>					<u></u>	+			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis illocable to need property i schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(	8 Allocable deducti column 6 x total of co 3(a) and 3(b))		
(1)				%						
(2)				%						
(3)				%		•	1			
(4)				%	-					
		-		,,		nter here and on page 1, Part I, line 7, column (A)		nter here and on pag Part I, line 7, column (		
Totals				▶		0			0.	
Total dividends-received deductions in	cluded in column	8				•			0.	
		<del></del>		<del></del>				Form 000 T		

Schedule F - Interest,	· · · [		-	<del></del>	Controlled O				1-00	struction	
1 Name of controlled organization		2 Emp identific numl	cation	3 Net uni	related income e instructions)	<b>4</b> Tot	al of specified nents made	5 Part of column 4 that included in the control organization's gross inc		rolling	6 Deductions directly connected with income in column 5
(1)		<u>.                                    </u>									<del></del>
(2)				<b>†</b>		-					<del></del>
(3)											
(4)											
lonexempt Controlled Organ	ızatıons										
7 Taxable Income		related incom e instructions		9. Total	of specified payn made	nents	10 Part of colur in the controlli gross	nn 9 thai ng organ s income	lization's		ductions directly connected income in column 10
(1)		_									
(2)		_			,						
(3)						Ī					
(4)											
							Add colum Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (8)
otals						<u>▶</u>	•		0.	<u></u>	0
Schedule G - Investme		e of a S	ection	501(c)(7	'), (9), or ( <sup>-</sup>	17) Org	anization				
(see inst	ructions)				T	I	2 Darkinston				
1 Desc	cription of incom	ie			2 Amount of	ncome	3 Deduction directly connecting	cted	4 Set-		5 Total deductions and set-asides
(1)	<del></del>						(attach sched	ule)	(		(col 3 plus col 4)
(2)			****							-	<del> </del>
(3)											<del></del>
(4)											
					Enter here and o Part I, line 9, col	umn (A)					Enter here and on page Part I, line 9, column (B)
otals				<u> </u>	<u></u>	0.			1 100	•••	0
Schedule I - Exploited (see instru	•	Activity	incom	e, Otner	inan Adv	ertisin	g income				
1 Description of exploited activity	2. Grunrelated buncome trade or bu	from	directly of un	penses connected oduction related is income	4. Net incom from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inco from activity the is not unrelate business incor	hat ed	6 Exp attribute colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)	Enter here page 1, line 10, c	Part I, oI (A)	page 1	ere and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 26
otals ► Schedule J - Advertisi	l na Incom	0.	etruction	0.	<u> </u>	·				_	] 0.
Part I Income From					solidated	Rasis				···	
		1.15p0			aa.cou						
1 Name of periodical		2 Gross advertising income		3 Direct ertising costs	4 Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, compute	5 Circulati	ion	6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
atala (parrii ta Dart II. lina (5))		_		^							0
otals (carry to Part II, line (5))	▶	U	١.	0	•		1				U

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line by-line basis) 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 7 Excess readership 2 Gross advertising 3 Direct 5 Circulation 6 Readership 1 Name of periodical advertising costs income costs column 5, but not more than column 4) ıncome (1) (2) (3) (4) ▶ 0. 0. 0. Totals from Part I Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part II, line 27 0. Totals, Part II (lines 1-5) 0. 0.

Schedule K -	Compensation of	Officers, D	irectors, and	Trustees	(see instructions)

1. Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b>_</b> _	0.

Form 990-T (2017)

FOOTNOTES

STATEMENT 9

THE RETURN WAS AMENDED AS A RESULT OF THE REPEAL OF SECTION 512(A)(7). THE TAXPAYER HAS NO OTHER UNRELATED BUSINESS ACTIVITY OTHER THAN THE REPEALED SECTION 512(A)(7) QUALIFIED TRANSPORTION FRINGE AND THEREFORE HAS NO REMAINING TAX LIABILITY.

LINES 12(A) AND 12(C) HAVE BEEN AMENDED TO REMOVE THE \$48,272 OF 512(A)(7) QUALIFIED TRANSPORTION FRINGE ACTIVITY ORIGINALLY REPORTED. THIS RESULTED IN ZERO UNRELATED BUSINESS TAXABLE INCOME ON LINE 34 AND ZERO TOTAL TAX ON LINE 40.