Form **990-PF**

EXTENDED TO MAY 15, 2020 Return of Private Foundation

2949103006320

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public ► Go to www irs gov/Form990PF for instructions and the latest information

		rtment of the Treasury								it may be ma		1900		<u> 10 </u>
•		nal Revenue Service						tor instri		he latest info			Open to Publ	ic Inspection
		calendar year 2018 o me of foundation	rtax year b	eginning	JUL	Ι,	2018		, and e	naing	JUN 3 A Employe	0, 2019 er identification		 -
	ח	ETROIT EM	DT.OVME	יאויי כיו	ר דותדרו	אום ר	י∩ם ם∩ם	አመፐብ	.NT		30_	3353746		
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2020		40 EAST C			va eu to sireet e					Tioonv suite		– 6 6 4 – 5 5	60	<u>, , , , , , , , , , , , , , , , , , , </u>
0		or town, state or pro ETROIT, M		ry, and ZII 26 – 25		ostal co	de				C If exempti	on application is p	ending, check here	: ▶ □
က က		Check all that apply:	$\overline{}$	nitial returi			Initial retu	rn of a fo	ormer public c	harity	D 1 Foreig	gn organizations	s, check here	ightharpoons
APR			一二.	ınal return .ddress ch			Amended Name cha				2 Foreigi	n organizations me here and attach co	eeting the 85% test, imputation	· ▶□
E Sun	H_C	Check type of organiza	ation 2	Section	1 501(c) <u>(3)</u> ex		rvate found	ation	• •	au	E If private	e foundation sta	itus was termina	ated
歐	l Fa	Section 4947(a)(1) air market value of all			J Account		axable privat	te founda Cash	tion X Accr	U J)(A), check here	
霞	(fr	om Part II, col (c), li	ne 16)	•	o	ther (sp	ecify)		·				60-month term:)(B), check here	
Σ,	▶				(Part I, colur	nn (d) n	nust be on c	ash basis	s.)					
	Pa	Analysis of Re (The total of amo necessarily equa	evenue and I unts in column: I the amounts i	E xpenses s (b), (c), and n column (a)	(d) may not) Revenue a Denses per t		(b) Net in inco			ljusted net icome	(d) Disburs for charitable (cash bas	purposes
		1 Contributions,	gifts, grants,	etc , recei	ved	60	,991,(39.			N	/A		
37			f the foundation is		attach Sch B				·					
'/		3 Interest on saving cash investments	s and temporar	у			2,4	157.		2,457.			STATEM	ENT 1
クレ		4 Dividends and i	nterest from	securities										
	`	5a Gross rents											ļ	<u></u>
		b Net rental income	or (loss)										ļ	
	<u>o</u>	6a Net gain or (loss) fi Gross sales price		ets not on la	ne 10								 	l
	Revenu	b assets on line 6a	-			<u> </u>							<u> </u>	
	3ev	7 Capital gain net in	•	t IV, line 2)		<u> </u>				0.				
	_	o Net Short-term	. •			<u></u>					/_	ARCO		
		9 Income modific				-				-	/ŵ/ `	CEN		
		10a and allowances b Less Cost of good					-				10/ N	MV	FO -	
		c Gross profit or	_		.			1				06 20		
5		11 Other income	(1000)					09.		<u> </u>	00		STATEM	ENT 2
>		12 Total. Add line	s 1 through	11		60	,994,4			2,457.	100	DEN VI	STATEM	1
AZE .		13 Compensation of			etc		707,6			0.		VV	74/ 707	7,600.
耳		14 Other employee	salaries and	l wages		8	,864,6			0.			₿,864	1,651.
_		15 Pension plans,	employee be	nefits		1	, 344, 8	330.	=	0.				1,830.
APR	es	16a Legal fees		SI	MT 3		121,4			0.				L, <u>463.</u>
	Expenses	b Accounting fees	5		MT 4		85,2			0.				5,275.
2 3	Exp	c Other professio	nal fees	SI	MT 5	1_	<u>,135,2</u>	281.		0.			1,135	281.
	ve	17 Interest									,		 	013
202	rat	18 Taxes		SI	MT 6		884,9	_		0.			884	1,913.
	nist	19 Depreciation an	d depletion			<u> </u>	35,0		,	0.			1 74/	1 1 1 1
	İmi	20 Occupancy				┝┷╧	<u>,744,1</u>			0.				1,141.
	ΑK	21 Travel, conferen		etings			372,7			0.	_			2,757.
	ano	22 Printing and pu		Cu	wm 7	26	131,5			0.			26,550	1,518.
	ing	23 Other expenses			MT 7	40	<u>,550,9</u>	229.		- 0.		•	20,330	1,040.
	erat	24 Total operating expenses Add				11	,978,4	137		0.			41,943	3.358-
	Oper	25 Contributions,		-	•		, 385 , 4						19,385	
	-	25 Contributions, 9				 -	, 505, 9	- J + •			·		1 , 5 5 5	,
		Add lines 24 an		ements		61	, 363, <u>8</u>	391.		0.			61,328	3,812.
•		27 Subtract line 26				 ~~~	, , , , , ,				13 ²	···		
		& Excess of revenue		-	sements] .	-369,4	186.			,5 ² ,5 ⁴ ,5 ²			
		b Net investment	•						-	2,457.				
		c Adjusted net in					•				N	/A		{
-													000	DE (0010)

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
(must agree with end-of-year figure reported on prior year's return)	1	5,216,125.
2 Enter amount from Part I, line 27a	2	-369,486.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	4,846,639.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	4,846,639.
- Total Hot books of the board		Form 990-PF (2018)

Part IV Capital Gains	and Losses for Tax on In	vestment Income				
(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co)					(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a					_	
b NO	NE					
C					-	
d						
e		T				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basi plus expense of sale			(h) Gain or (loss ((e) plus (f) minus	
<u>a</u>						
<u>b</u>		-				
<u>c</u>						
<u>d</u>						
Complete only for assets shown	ng gain in column (h) and owned by	the foundation on 12/31/69			(I) Gains (Col (h) gain	minue
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			ol (k), but not less tha Losses (from col (n -0-) or
a				·		
b						
C				***=		~
d						
8						
2 Capital gain net income or (net ca	apıtal loss) { If gaın, also ente	r ın Part I, line 7 I- ın Part I, line 7	}	2		,
3 Net short-term capital gain or (lo	`					
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	, column (c)	. ,	}	3		
Part V Qualification U	Inder Section 4940(e) for	Reduced Tax on Ne	et Inve	estment Inc	ome	
(For optional use by domestic private if section 4940(d)(2) applies, leave to the foundation liable for the section 4940(d)(2) applies, for the section of the section (For the section of	his part blank			.,		Yes X No
If "Yes," the foundation doesn't quali	· · · · · · · · · · · · · · · · · · ·	· · _ · _ · _ · _ · _ · _ · _ · _ ·				
	each column for each year; see the i	nstructions before making any	/ entries		·	
(a) Base period years Calendar year (or tax year beginni	ng in) Adjusted qualifying dis	stributions Net value of	(c) noncha	ritable-use asset		(d) bution ratio vided by col (c))
2017				<u></u> .		
2016		`				
2015				•		
2014				<u> </u>		
2013						
A = 1 1 - 41 4 1 1 (-1)						
2 Total of line 1, column (d) 2 Average distribution ratio for the	E was been seried during the total	on line 2 by 5.0, or by the nur	mbar of	10010	2	, <u>-</u> .
3 Average distribution ratio for the the foundation has been in existe	·	on line 2 by 5 0, or by the nut	HOUR OF	years	3	
the fourtoation has been in existe	ince il less than 5 years					
4 Enter the net value of noncharital	ble-use assets for 2018 from Part X,	line 5			4	
5 Multiply line 4 by line 3					5	
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)				6	
7 Add lines 5 and 6					7	
8 Enter qualifying distributions from	m Part XII, line 4				8	,
If line 8 is equal to or greater tha See the Part VI instructions	n line 7, check the box in Part VI, line	3 1b, and complete that part u	sing a 1	% tax rate		
823521 12-11-18						Form 990-PF (2018

18 Exempt populations (consideration described in section 4940(c)(2), crisis have been advantar MVx on line 1. Date of valuing or determination telliti. (attack capy of latest if an exassary-see instructions) Deminate localizations that meet the section 4940(c) reperterminate in Part V, check hare		990-PF (2018) DETROIT EMPLOYMENT SOLUTIONS CORPORATION (TVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49		353746 e instruc		Page 4	
Date of clump or determination later:	18		1 "				ĺ
b Domestic foundations that meet the section 4940(e) requirements in Part V, chack have							ĺ
of Part I, line 27b All other domestic foundations entire 7% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines I and 2 5 Subhits A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 4 0. 5 Tax based on any estimate income. Subtract line 4 from Ino 3. If zero of less, enter -0- 5 Tax based on any estimate income. Subtract line 4 from Ino 3. If zero of less, enter -0- 5 Tax based on any estimate income. Subtract line 4 from Ino 3. If zero of less, enter -0- 5 Tax based on any estimate income. Subtract line 4 from Ino 3. If zero of less, enter -0- 5 Tax based on any estimate income. Subtract line 4 from Ino 3. If zero of less, enter -0- 5 Tax based on any estimate income. Subtract line 4 from Ino 3. If zero of less, enter -0- 5 Tax based on any estimate income. Subtract line 4 from Ino 3. If zero of less, enter -0- 5 Tax based on any estimate income. Subtract line 5 from 8689 de 0. 6 Bester any penalty for underpayment of settimated tax. Check here in If Form 2220 is statiched 6 Bester any penalty for underpayment of estimated tax. Check here in Ino 7, enter amount overpaid 7 Total receits an Appayments Add line 5 and 8, enter the amount overpaid 8 Enter in any penalty for underpayment of estimated tax. Penalty Ino 7, enter amount overpaid 9 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 1 Overpayment If line 7 is more than the total clines 5 and 8, enter the amount overpaid 1 Overpayment If line 7 is more than the total clines 5 and 8, enter the amount overpaid 1 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervents in 1 the			1		1	49.	
a All other comsistic foundations seletar 2% of line 27th. Exempt foreign organizations, enter 4% of Part I, line 1 2, cot. (b). 2							
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 4 Add lines 1 and 2? 4 Subhtle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 6 D. Credets/Payments. 2 1016 estimated tax payments and 2017 overpayment credided to 2018 8 Exempt foregoin organizations - tax withheld at source 6 D. Credets/Payments and 2017 overpayment credided to 2018 8 Exempt foregoin organizations - tax withheld at Source 7 Total credits and payments. Add lines 6s through 66 8 Enter any penalty for underpayment of estimated tax. Provided to 2019 of 1 and 1 and 1 and 1 and 1 and 1 and 2 and 3						1	ĺ
3 Add lines 1 and 2 Subtitle A (Incomes) tax (domestic section 4947(a)(1) frusts and taxable foundations only, others, enter -0-) S						0.	,
Sebitife A (incoma) tax (domestic section 4947(1)/1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax paid with application for extension of time to file (Form 6868) 6 Do. 6 Exempt foreign organizations: tax withheld at source 7 Total zerolis and payments And line 88 th through 8d 8 Exists and payments And line 88 th through 8d 7 Total zerolis and payments And line 88 th through 8d 8 Exists and payments for underspayment of estimated tax. Check here if if Form 2220 is attached 8 Exists and payments for line 88 through 8d 8 Exists and payments and 8d is more than into 7, enter amount owed 9 Tax dee If the total of lines 5 and 8 is more than 107, enter amount owed 9 Tax dee If the total of lines 5 and 8 is more than 107, enter amount over paid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, where the amount overpaid 10 Tax because the same of line 10 lobe: Credited to 2019 estimated tax. 10 Direct the amount of line 10 lobe: Credited to 2019 estimated 1x line 1 through 8d 10 Direct the amount of line 10 lobe: Credited to 2019 estimated 1x line 1 through 8d 10 Direct the amount of line 10 lobe: Credited to 2019 estimated 1x line 1 through 8d 10 Direct the amount of line 10 lobe: Credited to 2019 estimated 1x line 1 through 8d 10 Direct the amount of line 10 lobe: Credited to 2019 estimated 1x line 1 through 8d 11 Direct the amount of line 10 lobe: Credited to 2019 estimated 1x line 1 through 8d 12 Direct the amount of line 10 lobe: Credited to 2019 estimated 1x line 1 through 8d 13 Direct through 8d throu							•
5 Tax based on investment income. Subtract line 4 from line 3. If zero or loss, enter -0- 6 CreditidiFayments: 9 2010 estimated bax payments and 2017 overpayment credited to 2018 9 2010 estimated bax payments and 2017 overpayment credited to 2018 9 2010 estimated bax power and an application for executions of the ferm 8869) 9 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	•		-				1
8 Credits/Payments and 2017 overpayment radiated to 2018 8 Exempt foregoin granucations: tax withheld at source 1 ax paid with application for axtansion of time to file (Form 8668) 8							
a 2018 estimated tax payments and 2017 overpayment credited to 2018 B Exempl foreign organizations. Eax withheld at source Tax paid with application for extension of time to this (Form 8688) Be 0. Be 0. Be 0. Be 0. Be 0. Total credits and payments add lines 6a through 6d First any penalty for underpayment of estimated tax. Check here I form 2220 is attached First any penalty for underpayment of estimated tax. Check here I form 2220 is attached First any penalty for underpayment of estimated tax. Check here I form 2220 is attached First any penalty for underpayment of estimated tax. Check here I form 2220 is attached First any penalty for underpayment of estimated tax. Check here I form 2220 is attached First any penalty for underpayment of estimated tax. Check here I form 2220 is attached First any penalty for underpayment of estimated tax. Check here I form 2220 is attached First any penalty for underpayment of estimated tax. Check here I form 2220 is attached First any penalty for underpayment of estimated tax. Check here I form 2220 is attached First any penalty for underpayment of estimated tax. Check here I form 2220 is attached First any penalty for underpayment of estimated tax. Check here I form 2220 is attached First any penalty for underpayment of estimated tax. Check here I form 2220 is attached First any penalty for underpayment of estimated tax. Check here I form 2220 is attached in a form 2220 is attached in a form 2220 is attached I		,	-3-			1).	İ
b Exampt foreign organizations - tax withheld at source 1 ayand with application for extension of time to file (Form 8868) 8		·				j	ĺ
Tax paid with application for extension of time to file (Form 8868) Betwo withholding erroreously withheld Betwo piles Total credits and payments. Add lines 68 through 66 Col.		20 to sommation tan paymont and 20 to some state to 20 to				Ì	ĺ
8 Backup withholding erroneously withheld 7 Total credits and payments Add lines 6s through 6d 8		2. Annual of Garage Control of				, Ì	ĺ
7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due If the total of lines 5 and 6 is more than hine 7, enter amount owed 9 13 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount owed 9 149. 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount ower paid 11 Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ Refunded ▶ 10 11 Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ Refunded ▶ 11 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c) Did the roundation (if any) of 1ax on political expenditures (section 4955) imposed during the year: (1) On the foundation ► S		and the second of the second o	ł				ĺ
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due if the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 vergayment If line 7 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the amount of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than 100 lines 6 and 8 is more than 100 lines 6 and 8 is more than 100 lines 6 is more than 100 lines 6 is more than 100 lines 6 is more than 100 lines 6 is more 100 lines 6 is more 100 lines 6 is more 100 line							i
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10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. 11 Enter the amount of line 10 to be: Credited to 2019 estimated tax. ▶ Refunded ▶ 11 Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, did the foundation and the state of the		. 1					
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ Refunded ▶ 11 Part VII-A Statements Regarding Activities 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1 b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition of distributed by the foundation in connection with the activities. 2 b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition of distributed by the foundation in connection with the activities. 3 b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition of the definition of the definition of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 4 b Did the foundation in Canada (and a see a	9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed				<u>49.</u>	
Part VII-A Statements Regarding Activities	10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition if the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation like Form 1120-PDL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ▶ \$			11				
any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition if the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation hile Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation by \$ 0. (2) On foundation managers ▶ \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 2. X If "Yes," attach in a detailed description of the activities. 3 As the foundation made any changes, not previously reported to the IRS? If "Yes," as it filed a tax return on Form 990-T for this year? If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: e by language in the governing instrument, or e by state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument, or e by state l	Pa	t VII-A Statements Regarding Activities			 .	N1 -	
b Did it spend more than \$100 during the year (either directly) or indirectly) for political purposes? See the instructions for the definition if the answer is "yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-PDL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation	1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın		Yes		
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year; (1) On the foundation ► \$ 0. (2) On foundation managers ► \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ 0. Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes A Did the foundation have invalided business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year? N/A b If "Yes," has it filed a tax return on Form 990-T for this year? If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(a) (relating to sections 4941 through 4945) satisfied either: By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part III, col (c), and Part XV Ba Enter the states to which the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction GP If "No," attach		any political campaign?		1a			
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c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2018.)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?

b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach

Form 990-PF (2018)

N/A

N/A

Yes X No

2b

4a

4h

statement - see instructions)

during the year?

Total number of other employees paid over \$50,000

 \blacktriangleright

0.

Total. Add lines 1 through 3

All other program-related investments. See instructions

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	8,471,364.
C	Fair market value of all other assets	10	
d		1d	8,471,364.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	8,471,364.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	127,070.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	8,344,294.
6	Minimum investment return Enter 5% of line 5	6	417,215.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar	d certair	n
	foreign organizations, check here 🕨 🧰 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	417,215.
2a	Tax on investment income for 2018 from Part VI, line 5		
Ь	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	49.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	417,166.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	417,166.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	417,166.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	61,328,812.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3ь	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	61,328,812.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	61,328,812.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies	for the section

4940(e) reduction of tax in those years

Part XIII Undistributed Income (s				
,	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
Distributable amount for 2018 from Part XI, line 7	_			417,166.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			0.	A.F.
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018.				
a From 2013 37,064,018.				
b From 2014 34,550,894.				
c From 2015 34,134,842.				
d From 2016 40,435,363.				'
e From 2017 52,893,464.				
f Total of lines 3a through e	199,078,581.			
4 Qualifying distributions for 2018 from				
Part XII, line 4 \triangleright \$ 61,328,812.				
a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			417,166.
d Applied to 2018 distributable amount	60 011 646			417,100.
e Remaining amount distributed out of corpus	60,911,646.			0.
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below.				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	259,990,227.			
b Prior years' undistributed income. Subtract		_		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0.		
assessed d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line				
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019		<u> </u>		0.
7 Amounts treated as distributions out of				· ·
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013	27 064 010			
not applied on line 5 or line 7	37,064,018.			
9 Excess distributions carryover to 2019	222 926 209			
Subtract lines 7 and 8 from line 6a	222,926,209.		-	
10 Analysis of line 9 a Excess from 2014 34,550,894.			}	
b Excess from 2015 34,134,842.				
c Excess from 2016 40,435,363.				
d Excess from 2017 52,893,464.				
e Excess from 2018 60,911,646.				

823581 12-11-18

Form **990-PF** (2018)

Form 990-PF (2018) DETROIT Part XIV Private Operating F	EMPLOYMENT	SOLUTIONS	CORPORATIO	N 38-33	3,53746 Page 10
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		-	▶∟		
b Check box to indicate whether the found		ng foundation described		4942(1)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					
each year listed		1			
b 85% of line 2a			 		
c Qualifying distributions from Part XII,			+/	- 	
line 4 for each year listed			 		
d Amounts included in line 2c not					-
used directly for active conduct of					
exempt activities					<u> </u>
 Qualifying distributions made directly 			X		
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon					
 a "Assets" alternative test - enter: (1) Value of all assets 		/			
, ,			-		
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)				- 	
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
		. <u> </u>	-	+	
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					ļ
(4) Gross investment income	<u>/</u>			<u></u>	<u> </u>
Part XV Supplementary Info			if the foundatior	n had \$5,000 or mo	re in assets
at any time during the	he year-see instr	uctions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who	_	than 2% of the total conf	ributions received by th	e foundation before the clos	se of any tax
year (but only if they have contributed in					,
NONE	. , , ,				
b List any managers of the foundation who	n aven 100/ as mass of th	atonk of a corporation	/or on aqually large por	tion of the ownership of a n	ortnorchin or
other entity) of which the foundation has			(or an equally large por	tion of the ownership of a p	artiierstiip oi
	sa 1070 or grouter interes				
NONE					
2 Information Regarding Contributi			-		
Check here 🕨 🗶 If the foundation of					ests for funds If
the foundation makes gifts, grants, etc.,	to individuals or organiza	tions under other condi	tions, complete items 2	a, b, c, and d	
a The name, address, and telephone numb	er or email address of th	e person to whom applic	cations should be addre	ssed [.]	
b The form in which applications should b	e submitted and informal	ion and materials they s	bould include		
b the form in which applications should b		ion and materials troy s	modia morodo		
e Any culturescent deadlines:					
c Any submission deadlines;					
1 0		1	loude of the total	z athan factoria	
d Any restrictions or limitations on awards	s, such as by geographica	u areas, charitable fields	, kinds of institutions, o	other factors.	
					_

3 Grants and Contributions Paid During the		<u>Payment</u>		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amarini
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
ACCESS 2651 SAULINO	SUBRECIPIENT	₽C	PAYMENTS FOR EMPLOYMENT AND	
DEARBORN, MI 48120			TRAINING PROGRAMS	4,375,636
AVALON INTERNATIONAL	SUBRECIPIENT	₽C	PAYMENTS FOR	
4731 BELLELVUE			EMPLOYMENT AND	
DETROIT, MI 48201			TRAINING PROGRAMS	10,580
CONNECT DETROIT	SUBRECIPIENT	₽C	PAYMENTS FOR	
613 ABBOTT, 3RD FLOOR	BOBRECIFIENI		EMPLOYMENT AND	
DETROIT, MI 48226			TRAINING PROGRAMS	1,746,94
DETROIT PUBLIC SCHOOLS COMMUNITY	SUBRECIPIENT	GOV	PAYMENTS FOR	
DISTRICT 3011 W. GRAND BLVD			EMPLOYMENT AND TRAINING PROGRAMS	
DETROIT, MI 48202				6,31
DETROIT TRAINING INSTITUTE	SUBRECIPIENT	₽C	PAYMENTS FOR	
5151 LORAINE	DOBRECTI TENT		EMPLOYMENT AND	
DETROIT, MI 48218			TRAINING PROGRAMS	307,22
	ONTINUATION SHEE	T(S)	▶ 3a	19,385,45
Approved for future payment				
NONE				
			▶ 3b	

Part XVI-A	Analysis of Income-Producing	Activitie
Fait AVI-A	Analysis of income-Producing	ACUVILIE

Enter gross amounts unless otherwise indicated	Unrelate	d business income		ded by section 512, 513, or 514	(e)
3,000 2,000 0,000 0,000	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue;	Business code	Amount	sion	Amount	function income
a					
b					<u> </u>
c			1 1		
d			1 1		
е			1		
1	_		1		
g Fees and contracts from government agencies					
2 Membership dues and assessments					<u> </u>
3 Interest on savings and temporary cash			1 1		
investments	ļ		14	2,457.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal		··			
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					<u>.</u>
10 Gross profit or (loss) from sales of inventory		· ·			
11 Other revenue					
a VENDING PROCEEDS					50.
b FOIA REQUEST FEES					859.
c		- 1. 1.			
d		<u>-</u>			
6					
12 Subtotal. Add columns (b), (d), and (e)		0	•	2,457.	909.
13 Total. Add line 12, columns (b), (d), and (e)				13	3,366.
(See worksheet in line 13 instructions to verify calculations)				

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

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

Form **990-PF** (2018)

Part :	XVII	Information Re • Exempt Organ		sfers to a	nd Transac	ctions an	d Relationshi	ips With None	charitable		<u>.g</u>
1 Dic	I the or	ganization directly or indi		of the followin	on with any other	r organizatio	in described in secti	on 501(c)		Yes	No
		-			-	_	iii described iii secti	011 30 1(0)			1
(other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of										İ	
		irom the reporting lounds	ation to a nonchantat	nia axambir oi í	janizanon oi				10/1		_X
	Cash								1a(1		X
	Other								1a(2	4	 ^ _,
		sactions:									- -
		of assets to a noncharital							1b(1		X
(2)	Purch	ases of assets from a noi	ncharitable exempt o	rganization					1b(2		X
(3)	Renta	l of facilities, equipment,	or other assets						1b(3		X
(4)	Reiml	oursement arrangements							1b(4	4	<u>X</u>
(5)	Loans	or loan guarantees							1b(5	Ц	X
(6)	Perfo	rmance of services or me	mbership or fundrais	sing solicitatio	ns				1b(8	\	X
c Sh	arıng of	facilities, equipment, ma	iling lists, other asse	its, or paid em	ployees				10	<u> </u>	X
d If t	he ansv	ver to any of the above is	"Yes," complete the f	following sche	dule. Column (I	b) should alv	ways show the fair n	narket value of the o	goods, other as	sets,	
or	services	s given by the reporting fo	oundation. If the four	ndation receive	ed less than fair	market valu	e in any transaction	or sharing arranger	ment, show in		
col	umn (d) the value of the goods,	other assets, or serv	ices received							
(a)Line n	0	(b) Amount involved	(c) Name of	f noncharitable	exempt organi	zation	(d) Description	of transfers, transactio	ns, and sharing ar	rangeme	nts
				N/A							
									-		
								<u> </u>	_		
		······································									
									·		
		•									
		,				•••	-		•		
	<u> </u>			1.0.7	<u></u>		<u> </u>				
2a Is 1	he four	idation directly or indirect	tly affiliated with, or i	related to, one	or more tax-ex	empt organi	zations described				
ın s	section	501(c) (other than section	n 501(c)(3)) or in se	ction 527?					Yes	X	No
b_lf "	Yes," co	mplete the following sch	edule.								
		(a) Name of org			(b) Type of or	ganization		(c) Description of re	elationship		
		N/A									
			·	_							
		- 		-							
		penalties of perjury, I declare t							May the IRS	discuss	this
Sign	and be	lief, it is true, correct, and com! سر	nplete Declaration of pre	parer (other than	taxpayer) is based	on all informat	INTER	as any knowledge M	return with t shown below	ne prepar v? See in	er str
Here		ζ,	Helen		4-29-2	2020	PRESID	ENT/ CEO	X Ye		No
Signature of officer or trustee Date Title							· 				
		Print/Type preparer's na	····	Preparer's s	ignature		Date	Check If	PTIN		
		7		, i	-			self- employed			
Paid		LYNNE M. H	UISMANN	LYNNE	M. HUIS	MANN	04/21/20		P00053	811	
Prepa	arer	Firm's name ► PLA					<u></u>	Firm's EIN ► 3			-
Use (i ii ii o ii aiii g F L LIA	1,111 G 1101C	,							
'	•	Firm's address > 27	400 NORTH	WESTER	N HTGHW	AY	<u> </u>	 			
Firm's address > 27400 NORTHWESTERN HIGHWAY SOUTHFIELD MT 48034 Phone no (248) 3							48) 352	2-25	00		

3 Grants and Contributions Paid During the	e Year (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 or substantial contributor	status of recipient	contribution	Amount
		<u> </u>		
DEVELOPMENT CENTER	SUBRECIPIENT	₽C	PAYMENTS FOR	
24424 W. MCNICHOLS			EMPLOYMENT AND	
DETROIT, MI 48219			TRAINING PROGRAMS	2,007,185
DOMINICAN LITERACY	SUBRECIPIENT	PC	PAYMENTS FOR	
5555 CONNOR 1414			EMPLOYMENT AND	
DETROIT, MI 48216	·		TRAINING PROGRAMS	1,895
DOWNRIVER COMMUNITY CONFERENCE	SUBRECIPIENT	₽C	PAYMENTS FOR	
15100 NORTHLINE ROAD STUE 179	DOBRECTI TENT	ĺ	EMPLOYMENT AND	
SOUTHGATE MI 48195			TRAINING PROGRAMS	1,839,448
		1		
DSDT	SUBRECIPIENT	₽C	PAYMENTS FOR	
1759 W. 21ST STREET			EMPLOYMENT AND	
DETROIT, MI 48216			TRAINING PROGRAMS	3,000
FOCUS HOPE	SUBRECIPIENT	₽C	PAYMENTS FOR	
1200 OAKMAN BLVD.		1	EMPLOYMENT AND	
DETROIT, MI 48238			TRAINING PROGRAMS	122,916
		na	PAYMENTS FOR	
GOODWILL 3111 GRAND RIVER	SUBRECIPIENT	PC	EMPLOYMENT AND	
DETROIT, MI 48205			TRAINING PROGRAMS	206,448
GREENING OF DETROIT	SUBRECIPIENT	PC	PAYMENTS FOR	
13000 W MCNICHOLS			EMPLOYMENT AND	
DETROIT , MI 48235			TRAINING PROGRAMS	237,229
HRDI	SUBRECIPIENT	PC	PAYMENTS FOR	
419 S WASHINGTON BLVD			EMPLOYMENT AND TRAINING PROGRAMS	395,341
LANSING, MI 49833		 	TRAINING TROCKERS	
INTERNATIONAL INSTITUTE OF METRO	SUBRECIPIENT	₽C	PAYMENTS FOR	
DETROIT			EMPLOYMENT AND	
111 EAST KIRBY			TRAINING PROGRAMS	
DETROIT, MI 48202		<u> </u>		79,262
JACKETS FOR JOBS	SUBRECIPIENT	PC	PAYMENTS FOR	
5555 CONNER AVENUE STE 2097			EMPLOYMENT AND	460,352
Total from continuation sheets		<u> </u>	TRAINING PROGRAMS	12,938,752

TRAINING PROGRAMS

155,239.

Total from continuation sheets

DETROIT, MI 48219

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
-Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
SEATTLE JOBS INITIATIVE	SUBRECIPIENT	₽C	PAYMENTS FOR	
1200 12TH STREET SUIUTE 160			EMPLOYMENT AND	
SEATTLE, WA 98144			TRAINING PROGRAMS	40,797
UNITED WAY OF SOUTHEAST MICHIGAN	SUBRECIPIENT	₽C	PAYMENTS FOR	
660 WOODWARD AVE SUTIE 300			EMPLOYMENT AND	
DETROIT, MI 48226			TRAINING PROGRAMS	281,402
YAMASKI	SUBRECIPIENT	₽C	PAYMENTS FOR	
3011 WEST GRAND BLVD			EMPLOYMENT AND	
DETROIT, MI 48202			TRAINING PROGRAMS	2,790
YMCA OF METROPOLITAN DETROIT	SUBRECIPIENT	₽C	PAYMENTS FOR	
1401 BROADWAY, SUITE A			EMPLOYMENT AND	
DETROIT, MI 48206		_	TRAINING PROGRAMS	469,000
<u></u>				
		!		

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

2018

Employer identification number

L	ETROIT EMPLOYMENT SOLUTIONS CORPORATION	38-3353/46		
Organization type (check one)				
Filers of: Section:				
Form 990 or 990-EZ 501(c)() (enter number) organization				
	527 political organization			
Form 990-PF	X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
				
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	See instructions		
General Rule				
	on filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor's			
Special Rules				
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a, c tor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amour Z, line 1 Complete Parts I and II	r 16b, and that received from		
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 (entering "N/A" in column (b) instead of the contributor name and address), 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.				
out it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo			

Employer identification number

DETROIT EMPLOYMENT SOLUTIONS CORPORATION

38-3353746

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	I space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AT&T 444 MICHIGAN AVENUE DETROIT, MI 48226	\$17,200.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BALLMER FOUNDATION PO BOX 1559 BELLEVUE, WA 98009	\$1,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BARTON MALOW 26500 AMERICAN DRIVD SOUTHFIELD, MI 48034	\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BETTER MADE SNACKS 10418 GRATIOT DETROIT, MI 48213	\$7,200.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BLOOMBERG FOUNDATION 25 E, 78TH STREET NEW YORK, NY 10075	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CENTER FOR FINANCIAL EDUCATIONS 313 MAIN STREET SIOUX CENTER , IA 51250	\$95,000.	Person X Payroll

823452 11-08-18

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number

DETROIT EMPLOYMENT SOLUTIONS CORPORATION

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CHASE 611 WOODWARD DETROIT, MI 48226	\$ 500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	P.O. BOX 42078 PROVIDENCE, RI	\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	CITY OF DETROIT 2 WOODWARD AVENUE DETROIT, MI 48226	\$ <u>4,566,690</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	COMERICA CHARITABLE FOUNDATION P.O. BOX 75000 DETROIT, MI 48275	\$7,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	COMMUNITY FOUNDATION SOUTHEAST MICHIGAN 333 W FORT STREET SUITE 2010 DETROIT, MI 48226	\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	CVS 939 ROUTE 146 CLIFTON PARK, NY 12065	\$7,200.	Person X Payroll

Employer identification number

DETROIT EMPLOYMENT SOLUTIONS CORPORATION

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DETROIT ECONOMIC GROWTH 500 GRISWOLD #2200 DETROIT, MI 48226	\$31,500.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	DETROIT PISTONS 6 CHAMPIONSHIP DRIVE AUBURN HILLS, MI 48326	\$100,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	DRESNER FOUNDATION 6960 ORCHARD LAKE RD STE 149 WEST BLOOMFIELD, MI 48322	\$ 498,865.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	DTE ENERGY FOUNDATION 1 ENERGY PLAZA DETROIT, MI 48226	\$ <u>1,377,500</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	EDIBLES REX 5555 CONNOR SUITE 1058 DETROIT, MI 48213	\$5,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017	\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

DETROIT EMPLOYMENT SOLUTIONS CORPORATION

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	HENRY FORD HEALTH SYSTEM 2799 W. GRAND BLVD DETROIT, MI 48202	\$ <u>28,800.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	INTRASTATE DISTRIBUTORS INC. (TOWNE CLUB) 6400 E. EIGHT MILE ROAD DETROIT, MI 48234	\$9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	KELLOGG FOUNDATION 28 W. ADAMS DETROIT, MI 48226	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	KINEXUS 499 W. MAIN STREET BENTON HARBOR, MI 49022	\$ <u>144,918.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	LEAR CORPORATION 21557 TELEGRAPH SOUTHFIELD, MI 48197	\$25,200.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	MAGNA INTERNATIONAL 750 TOWER DRIVE TROY, MI 48098	\$ <u>86,400.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

DETROIT EMPLOYMENT SOLUTIONS CORPORATION

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	MCGREGOR FOUNDATION 333 W. FORT STREET 2090 DETROIT, MI 48226	\$ 295,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	MICHIGAN FIRST ENERGY 2154 COMMONS PARK OKEMOS, MI 48864	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	MICHIGAN STRATEGIC FUND 300 N. WASHINGTON SQUARE LANSING, MI 48933	\$ <u>42,673,958</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052	\$120,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	MILWAUKEE AREA WORKFORCE INVESTMENT BOARD 2338 N. 27TH STREET MILWAUKEE, MI 53210	\$55,728.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	PLANTE MORAN 27400 NORTHWESTERN HWY SOUTHFIELD, MI 48034	\$18,000.	Person X Payroll

Employer identification number

DETROIT EMPLOYMENT SOLUTIONS CORPORATION

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	RALPH C WILSON JR FOUNDATION 63 KERCHEVAL AVE SUITE 200 GROSSE POINTE FARMS, MI 48236	\$2,377,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	SATTER FOUNDATION 500 N. MICHIGAN AVE SUITE 1700 CHICAGO, IL 60611	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	SKILLMAN FOUNDATION 100 TALON CENTRE SUITE 100 DETROIT, MI 48207	\$ 588,954.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	SOUTHEAST MICHIGAN COMMUNITY ALLIANCE 25363 EUREAK ROAD TAYLOR, MI 48181	\$76,500.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	STRATEGIC STAFFING SOLUTIONS 645 GRISWOLD STREET 2900 DETROIT, MI 48226	\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	TRINITY HEALTH 20555 VICTOR PARKWAY LIVONIA, MI 48152	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

DETROIT EMPLOYMENT SOLUTIONS CORPORATION

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	UNITED WAY FOR SOUTHEASTERN MICHIGAN 660 WOODWARD STE 300 DETROIT, MI 48226	\$ <u>420,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	USDOL ETA 230 W. DEARBORN CHICAGO, MI 60604	\$ 826,594.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	VITEC 28001 CLARK STREET DETROIT, MI 48210	\$7,200.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	WALDBRIDGE 777 WOODWARD AVE #300 DETROIT, MI 48226	\$54,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	WAYNE COUNTY MICHIGAN 500 GRISWOLD #1050 DETROIT, MI 48226	\$ 2,300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	WAYNE STATE UNIVERSITY 656 W. KIRBY DETROIT, MI 48202	\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

DETROIT EMPLOYMENT SOLUTIONS CORPORATION

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$	~	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$	90. 990-F7 or 990-PF\(2018\)	

Name of or	ganization	Employer identification number	
DETROI	T EMPLOYMENT SOLUTIONS	CORPORATION	38-3353746
Part III		ons to organizations described in section through (e) and the following line entry charitable, etc., contributions of \$1,000 or less	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from 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	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from 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	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from 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	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from 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	nd ZIP + 4	Relationship of transferor to transferee

		_					
FORM 990-PF INTEREST ON SAV	INGS AND TEM	IPORARY CA	SH I	NVESTMENTS	STATEMENT 1		
SOURCE	REVE			(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME		
COMERICA		2,457.		2,457.	<u> </u>		
TOTAL TO PART I, LINE 3		2,457.	=====	2,457.			
FORM 990-PF	OTHER I	NCOME			STATEMENT 2		
DESCRIPTION		(A) REVENUE PER BOOKS		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME		
VENDING PROCEEDS FOIA REQUEST FEES			50. 59.	0.			
TOTAL TO FORM 990-PF, PART I	, LINE 11	9	09.	0.			
FORM 990-PF	LEGAL	FEES	=		STATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOME			
LEGAL	121,463.	. 0			121,463		
TO FM 990-PF, PG 1, LN 16A	121,463.		0.		121,463		
FORM 990-PF	ACCOUNTI	ACCOUNTING FEES			STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES		
ACCOUNTING FEES	85,275.	-	0.		85,275		
TO FORM 990-PF, PG 1, LN 16B	85,275.		0.		85,275		
=							

TO FORM 990-PF, PG 1, LN 23 26,550,929.

26,550,929.

		•				
FORM 990-PF	SIONAL FEES	STATEMENT 5				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
OTHER PROFESSIONAL FEES	1,135,281.	0.		1,135,281.		
TO FORM 990-PF, PG 1, LN 16C	1,135,281.	0.		1,135,281.		
FORM 990-PF	TAX	ES	S	STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
PAYROLL TAXES	884,913.	0.		884,913.		
TO FORM 990-PF, PG 1, LN 18	884,913.	0.		884,913.		
FORM 990-PF	OTHER E	XPENSES	STATEMENT 7			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
INSURANCE INFORMATION TECHNOLOGY DUES & SUBSCRIPTIONS SUPPORTIVE SERVICES OFFICE EXPENSE ADVERTISING TRAINING OTHER SUBCONTRACTOR FEES REPAIRS AND MAINTENANCE	89,967. 452,149. 87,772. 2,509,227. 757,974. 277,630. 8,074,418. 38,455. 11,270,125. 2,993,212.	0. 0. 0. 0. 0. 0.		89,967. 452,149. 87,772. 2,509,227. 757,974. 277,630. 8,074,418. 38,455. 11,270,125. 2,993,212.		

0.

	- LIST OF OFFICERS, DIRECTORS ES AND FOUNDATION MANAGERS			STATEMENT 8		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE		
NICOLE SHERARD-FREEMAN 440 EAST CONGRESS DETROIT, MI 48226-2917	PRESIDENT/CEO 40.00	172,000.	0.	0.		
JEFFREY DONOFRIO 440 EAST CONGRESS DETROIT, MI 48226-2917	BOARD MEMBER/EX			VORK		
TERRI WEEMS 440 EAST CONGRESS DETROIT, MI 48226-2917	INTERIM PRESIDE		6,120.	0.		
STEPHANIE NIXON 440 EAST CONGRESS DETROIT, MI 48226-2917	CHIEF PROGRAM (4,080.	0.		
MICHELLE RAFFERTY 440 EAST CONGRESS DETROIT, MI 48226-2917	CHIEF OPERATING		5,600.	0.		
CALVIN C SHARP 440 EAST CONGRESS DETROIT, MI 48226-2917	INTERIM CORPORA 0.50	ATION BOARD 0.	CHAIR 0.	0.		
TONEY STEWART 440 EAST CONGRESS DETROIT, MI 48226-2917	BOARD MEMBER 0.50	0.	0.	0.		
CHRIS UHL 440 EAST CONGRESS DETROIT, MI 48226-2917	BOARD TREASURED	R 0.	0.	0.		
MICHAEL AARON 440 EAST CONGRESS DETROIT, MI 48226-2917	BOARD MEMBER 0.50	0.	0.	0.		
LENA BARKLEY 440 EAST CONGRESS DETROIT, MI 48226-2917	BOARD MEMBER 0.50	0.	0.	0.		

DETROIT EMPLOYMENT SOLUTIONS C	ORPORATION			38	-3353746
ALICE THOMAS 440 EAST CONGRESS DETROIT, MI 48226-2917		SECRETARY .50	0.	0.	0.
DON O'CONNELL 440 EAST CONGRESS DETROIT, MI 48226-2917		MEMBER 50	0.	0.	0.
RIC PREUSS 440 EAST CONGRESS DETROIT, MI 48226-2917		MEMBER .50	0.	0.	0.
MARIA WOODRUFF-WRIGHT 440 EAST CONGRESS DETROIT, MI 48226-2917		MEMBER 50	0.	0.	0.
DANNIS MITCHELL 440 EAST CONGRESS DETROIT, MI 48226-2917	_ -	MEMBER .50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAG	E 6, PART V	/III	687,000.	20,600.	0.