. E.

q	90-T	F	EXTENDED TO ME Exempt Organization Bus	AY 1 sine	.5, 202 <b>ss Inco</b>	<sup>0</sup> me Tax	۔ Re	turn	1	OMB I	No 1545-0687	
Form •		_	(and proxy tax und	er se	ction 6033	B(e))			100			
	مهم	For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019									018	
Departm@	ກູt of the Treasury	■ Go to www irs gov/Form990T for instructions and the latest information ■ 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 501(c)(3) Organization									ublic Inspectic	on for
Internal Re	evenue Service	les .									Organizations O	
A	Check box if address changed		Name of organization ( Check box if name changed and see instructions ) (Emplinistru									<b>51</b>
	npt under section	The state of the s									53746	
	01(c)(3)	Tune Number, street, and room of suite no it a P.O. box, see instructions.									iess activity co s )	ae
_	08(θ) 220(θ)	440 EAST CONGRESS										
52	29(a)	City or town, state or province, country, and ZIP or foreign postal code  DETROIT, MI 48226-2917  Bliassets  E. Group exemption pumper (See instructions.)										
C Book v	value of all assets 10 f year 10 , 475 , 790 • G Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust										Other tru	
H Enter		-	tion's unrelated trades or businesses.	poration		Describe the	only (or				_ Other tru	31
	or business here	•				f only one, con	• •	•		than on	е.	
	-		ce at the end of the previous sentence, complete Pa	arts I an			•				-,	
	ess, then complete F											
I During	g the tax year, was t	he corp	oration a subsidiary in an affiliated group or a parei	nt-subsi	diary controlle	d group?		▶ [	Ye	s X	No	
			ifying number of the parent corporation.									
			LESSIA BAKER-GILES		(4) (	Telephone				664-		—
Part			le or Business Income		(A) Inco	me	(B) E	xpenses			(C) Net	
	oss receipts or sales		- Polones									
	ss returns and allow		A line 7)	1c 2		<u> </u>		N.	,		•	∸¦
	st of goods sold (So oss profit. Subtract			3								—'
	pital gain net incom			4a								
	t gain (loss) (Form											
	pital loss deduction			4c								
5 inc	come (loss) from a p	artners	hip or an S corporation (attach statement)	5								
<b>6</b> Re	nt income (Scheduli	e C)		6								
	related debt-finance		· ·	7								—
-			nd rents from a controlled organization (Schedule F)									
	restment income of a ploited exempt activ		n 501(c)(7), (9), or (17) organization (Schedule G)	10								—
<b>つ</b> :	vertising income (S	•	,	11								_
	ner income (See ins		•	12	_							
	tal. Combine lines			13		0.						
Part	II Deduction	ns No	t Taken Elsewhere (See instructions for									
•	(Except for c	ontribu	tions, deductions must be directly connected	d with t	he unrelated	business inco	ome )			_		
•		cers, dır	ectors, and trustees (Schedule K)						14			—
•	alaries and wages		RECEIVED						15			—
•	epairs and maintena	ince	RECEIVED						16 17			—
	ad debts Iterest (attach sched	lula) (ca	e instructions) MAY 0 6 2020						18			—
	axes and licenses	iuio) (se	WAT 0 6 ZUZU C						19			_
		ns (See	instructions for limitation rules)						20			
	epreciation (attach F				L	21						
22 L	ess depreciation clai	ımed on	Schedule A and elsewhere on return		[:	22a			22b			
<b>23</b> D	epletion								23			
<b>24</b> C	ontributions to defei	rred cor	npensation plans						24			
	nployee benefit programs											
	Excess exempt expenses (Schedule I)								<del></del>	—		
	xcess readership co	•	•						27 28			—
	ther deductions (att		•						29			0.
	otal deductions Ad		<del>-</del>	t lino 20	from line 13				30			0.
	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  30  31											
	·	-	come Subtract line 31 from line 30						32			0.
			work Reduction Act Notice, see instructions							Form	990-T	018)

Form 990-T		DETROIT EMPLOYMEN		S CORPORAT	rion	38-33	<u> 353746</u>	6	Page 2
Part I	II Tot	al Unrelated Business Tax	able Income		•				
33	Totál of u	nrelated business taxable income comp	uted from all unrelated	d trades or businesses	(see instructions)		33		0.
34,	34. Amounts paid for disallowed fringes 34								
35	···								
	36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of								
30									
0.7		% 36	1	000.					
	37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)								
38	38 Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,								
D		smaller of zero or line 36		_			381		0.
Part I		Computation	-				1 .		
39	Organizat	ions Taxable as Corporations Multiply	y line 38 by 21% (0 21	1)		•	▶ 39		0.
40	Trusts Tax	kable at Trust Rates See instructions t	or tax computation. Ir	ncome tax on the amo	unt on line 38 from		_ _		
	Tax	rate schedule or Schedule D (F	orm 1041)			•	▶ 40		
41	Proxy tax	See instructions				•	► 4n		
42	Alternative	minimum tax (trusts only)					42		
43	Tax on No	ncompliant Facility Income See instri	uctions				43		
44		l lines 41, 42, and 43 to line 39 or 40, w					44		0.
Part V		and Payments	•						
45 a	Foreign ta	x credit (corporations attach Form 1118	: trusts attach Form 1	116)	45a				
		dits (see instructions)	,	,	45Ь	· ·	1		
		usiness credit. Attach Form 3800			45c		<b>-1</b>		
			201 or 9997)		45d				
		prior year minimum tax (attach Form 88	001010027)		450		<del></del>		
		its Add lines 45a through 45d					45e		0.
46		ne 45e from line 44	1 — -	🖂 -			48		
47			Form 8611 F	orm 869/ Forn	n 8866 L Other	(attach schedule			
48		Add lines 46 and 47 (see instructions)					48		0.
49	2018 net 9	965 tax liability paid from Form 965-A o	r Form 965-B, Part II,	column (k), line 2	1 1 1		49		0.
50 a	Payments	A 2017 overpayment credited to 2018		<i>~</i> \	50a	<del></del>	<b>ᆜ'</b> │		
b	2018 estir	nated tax payments		21	D 50b	8,520			
С	Tax depos	ited with Form 8868		SI	€ 50c	21,390	<u>.</u>		
d	Fureign or	ganizations. Tax paid or withheld at sou	rce (see Instructions)	0,	50d				
е	Backup wi	thholding (see instructions)			50e				
f	Credit for	small employer health insurance premit	ıms (attach Form 894	1)	5Qf		t agritumatta		
			Form 2439	•					
		, , , , , , , , , , , , , , , , , , , ,	Other	Total	<b>▶</b> 50g				
51		nents. Add lines 50a through 50g						29.	910.
		tax penalty (see instructions) Check if	Form 2220 is attached	· <b>-</b>			30		
		f line 51 is less than the total of lines 48				_	► <del>3</del> 3		
53 54					4	<5	54	29	910.
54		ent If line 51 is larger than the total of		enter amount overpait	1	انگریسی	<del>                                      </del>		910.
		amount of line 54 you want Credited to tements Regarding Certair		Other Informa		efunded V	30	29,	<u> </u>
Part V				·				T.	<del></del>
56	,	o during the 2018 calendar year, did the	•	•		-		Ye	e No
	over a fina	incial account (bank, securities, or other	·) in a foreign country	? If "Yes," the organiza	ation may have to fi	le			
	FinCEN Fo	rm 114, Report of Foreign Bank and Fin	ancial Accounts If "Ye	es," enter the name of	the foreign country	•			
	here 🕨 _				·· <u>·</u>				<u> X</u>
57	During the	tax year, did the organization receive a	distribution from, or	was it the grantor of, o	or transferor to, a fo	oreign trust?		<u> </u>	X
	If "Yes," se	e instructions for other forms the organ	nization may have to fi	le.					
58	Enter the a	amount of tax-exempt interest received	or accrued during the	tax year ►\$					i
	Under p	enalties of perjury, I declare that I have examine	d this return, including acc	companying schedules an	d statements, and to th	e best of my know	viedge and be	elief, it is true,	
Sign	correct,	and complete Declaration of preparer (other the	an taxpayer) is based on a	information of which pre INTER	IM PRESII	ËNT/ 🛮			
Here									
	Sig	nature of officer	Date	Title				<sup>)?</sup> X Yes	No
-	<del></del> _				Date	Check	if PTIN		
		nt/Type preparer's name	Preparer's signatur	10	Jaio		**	•	
Paid	L	NATE AS SUITE CASE NO.	L VADATE A	TITT CIAS ATAT	04/21/20	self- employe		0005381	1
Prepa	II EI	NNE M. HUISMANN		HUISMANN	04/21/20	T			
Use O	nly Firr	n's name ► PLANTE & MOI				Firm's EIN	<u> </u>	<u>8-13579</u>	<u> </u>
			THWESTERN			1	/ 0 / 0 3	. 250 0	EOO
	Firr	n's address   SOUTHFIEL	D, MI 4803	4		Phone no	(248)	) 352- <u>2</u>	
823711 01-	·09-19		<u></u>					Form <b>990-</b>	· [ (2018)

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Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation > N/A					
Inventory at beginning of year 1				Inventory at end of year		6			
Purchases 2				Cost of goods sold Su	ine 6				
3 Cost of labor	]	from line 5. Enter here							
4 a Additional section 263A costs	line 2 7								
(attach schedule)	4a	8 Do the rules of section 263A (with respect to Yes N							
<b>b</b> Other costs (attach schedule)	4b	property produced or acquired for resale) apply to							
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real I	Property and	Per	sonal Property L	ease	d With Real Prop	erty	) 	
1 Description of property									
(1)									
(2)							_	-	
(3)			_						
(4)								<b>_</b>	
	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%)	e than	of rent for p	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	<b>3(a)</b> Deductions directly columns 2(a) ar	conne nd 2(b)	cted with the income in (attach schedule)	
(1)									
(2)									
(3)		•		<u> </u>					
(4)				<del></del>					
Total	0.	Total			0.			-	
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Det	ot-Financed	Income (see	ınstru	ctions)					
	Gross income from	3 Deductions directly connected with or allocable to debt-financed property							
1. Description of debt-fi	nanced property		- -	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	s
(1)									
(2)		•							
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)	Ť	-		%					
(2)		***		%					
(3)	<u> </u>			%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (I	
Totals				<b>•</b>		0			0.
Total dividends-received deductions	ncluded in column	ı 8				<b>•</b>			0.
		<del></del>	_				•	Form 000-T	(2019)

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0

0.

0.

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Totals (carry to Part II, line (5))

%

%

%

columns 2 through 7			3 (	Direct	4 Advertising gain or (loss) (col 2 minus		<del></del>	Readership	7 Excess readership costs (column 6 minus	
1 Name of periodical		income ad		ing costs	col 3) If a gain, compute in cols 5 through 7		come	costs	column 5, but not more than column 4)	
(1)										
(2)										
(3)										
(4)			•							
Totals from Part I	┫	0.		0.			•		0.	
		Enter here and on page 1, Part I, line 11, col (A)	page 1	re and on I, Part I, col (B)					Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	<b>&gt;</b>	0.		0.					0.	
Schedule K - Compensa	ation	n of Officers, D	Directo	rs, and	Trustees (see in:	structio	ns)			
1 Name				2. Title			3 Percent of time devoted to business		npensation attributable inrelated business	
(4)			İ				0/			

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(2)

(3)

(4)

Total. Enter here and on page 1, Part II, line 14