000 T	l Ev	AMENDEI									OMB No 1545-0887	
Form 990-T	EX	empt Org	anizati and orov	y tax und	SIIIE Iar sa	SS IIIC	033(9)) COLLIE	lax	Retur	۱ <u>۱</u>	0.008.140 1343-4067	
	For calend	lar year 2018 or other ta		-					195	スト	<i>2</i> 018	
	1 0, 00,000			rm990T for in				ormation	- 	-		
Department of the Treasury Internal Revenue Service	▶ Do	not enter SSN num). S	pen to Public Inspection for 01(c)(3) Organizations Only	
A Check box if address change		Name of organization (X Check box if name changed and see instructions.)						D Employer identification number (Employees' trust, see instructions)				
B Exempt under section	Print D	Print DETROIT FUTURE CITY							47-5050055			
X 501(c)(3)	or M	or Nember, street, and room or suite no. If a P.O. box, see instructions.							E Unrelated business activity code (See instructions.)			
408(e)220(e	" ¨ _	Type 2990 WEST GRAND BOULEVARD, NO. 2] ,	-	
408A530(a		City or town, state or province, country, and ZIP or foreign postal code										
529(a)		ETROIT, M								1	·	
C gook value of all assets	Book value of all assets at end of year G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust											
H Enter the number of the					poration		501(c) tru					
trade or business here	_	i s ulli elaleu iraues i	มะ มนรแชรรธร.			·	_		nly (or first) ut Note Baste I-V	. If more than one,		
describe the first in the		at the and of the ore	nous contance	complete D	arte l an	d II compi	•					
business, then complet	· ·	at the end of the pre-	NOUS SEMENCE	s, complete i	aito i a it	o n, compi	cie a ouile	adic ivi ic	A GACII AUUILIU	iai tiaus	OI .	
During the tax year, wa		tion a subsidiary in a	an affiliated or	oup or a pare	nt-subsi	diary contr	alled arou	p?		Yes	No	
If "Yes," enter the name			-		0000	J	J. 50					
J The books are in care of							Tel	ephone n	umber 🕨 (313)	259-4407	
Part I Unrelate	ed Trade	or Business I	ncome			(A) I	ncome		(B) Expense	s	(C) Net	
1 a Gross receipts or sa	iles											
b Less returns and alle			c Balance		1c							
	Cost of goods sold (Schedule A, line 7)											
3 Gross profit Subtra					3							
4a Capital gain net inco					4a							
												
					4c			 -				
5 Income (loss) from :6 Rent income (Sched					6	·				+	···	
6 Rent income (Sched7 Unrelated debt-finan	, ,	Schadula EV			7							
8 Interest, annuities, re					\mapsto		 	+-				
9 Investment income of					$\overline{}$			\dashv				
10 Exploited exempt ac					10							
11 Advertising income (11							
12 Other income (See in	nstructions; a	ttach schedule)			12							
13 Total, Combine line	s 3 through 1	12			13).[
Part II Deduction												
		ns, deductions mu										
14 Compensation of of	fficers, directe	ors, and trustees (So	chedule K)	RE	CE17	、但D			······· ·	14		
15 Salaries and wages			· ··· ···· α	o: · · · · · · · ·	······ · ·		70		····· · · · · · ·	15		
16 Repairs and mainte	nance			YH SEP	2.8.	20211	1 81…			16		
17 Bad debts	odula) (aan in	istructions)				· •	<u> </u>	•••	• •• •••••	17		
18 Interest (attach sch19 Taxes and licenses	euule) (See III	istructions) .		() () () () () () () ()			16.			18		
20 Charitable contribut	· · · ·	tructions for limitate	on rules)	ىدى لىمالىتىدى <u>ر</u>	٠٠ <u>. ١</u> ٠٠	, 				20		
21 Depreciation (attach	h Form 4562)	ALCOHOLIS 107 III IMALI	on raics)		*********		121				·	
22 Less depreciation c										22b		
23 Depletion										23	·····	
24 Contributions to de										24		
25 Employee benefit pr										25		
26 Excess exempt expe										26		
27 Excess readership of										27		
28 Other deductions (a	ittach schedu	le)								28		
29 Total deductions. Add lines 14 through 28							29	0.				
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13								30	0.			
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 32 Unrelated business taxable income. Subtract line 31 from line 30						31						
					· · · ·	· · · · ·	· ·······	<u></u>	· · · · · · · · · · · · · · · · · · ·	32_	0.	
823701 01-09-19 LHA F	or raperwork	i Reduction ACI Not	ice, see instri	JCTIONS.							Form 990-T (2018)	

Form 990-	T (2018) DETROIT FUTURE CITY	<u>47-505</u>	0055	Page
Part	III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instruc	tions)	33	0.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		-	
	enter the smaller of zero or line 36	2 220 112	38	0.
Part	IV Tax Computation			
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)		39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 30			
	Tax rate schedule or Schedule D (Form 1041)		40	
41	Proxy tax See instructions		41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	311 444551 444453-55 11 14	44	0.
Part '	V Tax and Payments			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	- 		
b	Other credits (see instructions)			
c	General business credit. Attach Form 3800			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 45a through 45d		45e	
46			46	0.
47	Subtract line 45e from line 44 Other taxes. Check if from: Form 8255 Form 8611 Form 8697 Form 8866	Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments. A 2017 overpayment credited to 2018		Ì	
b	2018 estimated tax payments			
C	Tax deposited with Form 8868	2,954.		
	Foreign organizations: Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions) 50e			
f	Credit for small employer health insurance premiums (attach Form 8941)			
0	Other credits, adjustments, and payments: Form 2439	_		
	Form 4136 X Other 124. Total ▶ 50g	124.		
51	Total payments. Add lines 50a through 50g SEE STATEME	NT. 2	51	3,078.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	、	54	3,078.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded	55	<u>3,078.</u>
Part \	/I Statements Regarding Certain Activities and Other Information (see	instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other a			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have			1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If Yes," enter the name of the foreign c	ountry		
	here >			_
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor t	o, a foreign trust?		
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
Sign	Under penalties of perjury, I declarefinat I have exampled this return, including accompanying schedules and statements, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any	wito to the best of my know knowledge	wage and belief	, II IS ITUO,
Here	10/19/2020 A DUDOUMENT D	TDDGGG	-	s this return with
	Signature of officer Date Date 9/18/2020 EXECUTIVE D		preparer shown tructions)?	,
				Yes No
	Print/Type preparer's name Preparer's signature Date	Check if	PTIN	
Paid	MICHARI P NICHOLAC 2 44 4 7 7 100	self- employed	DOOG	C C 1 A A
Prepa				66144
Use C	Poly Fum's name ► GEORGE JOHNSON & COMPANY	Firm's EIN ▶	20-20	029668
	1200 BUHL BUILDING, 535 GRISWOLD Firm's address DETROIT, MI 48226-3689	Phone no. (313\ 04	65-2655
823711 01-		Titanine in:		0 5 - 2 6 3 5 1 990-T (2018)
II UI	IV		rom	(2010)

FOOTNOTES

STATEMENT

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AMENDED RETURN

FORM 990-T IS BEING AMEDED AS A RESULT OF THE REPEAL OF SECTION 512(A)(7). THE ITEMS THAT ARE BEING REVISED ARE AS FOLLOWS:

- PART III, LINES 34, 36, AND 38
- PART IV, LINES 39 AND 44
- PART V, LINES 46, 48, 50G, 51, 54, AND 55

FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION	AMOUNT
PAYMENT DUE TO IRS NOTICE	124.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G	124.