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Form **99**

(Rev. January 2020)

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

ſ 9 20 **Open to Public** . Inspection

OMB No. 1545-0047

, Depa	tment o	of the Treasury	Do not enter social security numbers on this form as it may	•	Open to Public
Intern	al Rever	nue Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection
AF	or the	e 2019 calenda	r year, or tax year beginning $JAN 28$, 2019 and ending	DEC 31, 2019	
В с а	heck if pplicable	e: C Name of	organization	D Employer identifica	tion number
	Addres change		DIT MOBILITY GROUP		
	Name change		siness as MICHIGAN MOBILITY INSTITUTE	83-343104	4
X	Initial return	Ŭ	and street (or P.O. box if mail is not delivered to street address) Room/sui	te E Telephone number	
•	Final return/ termin	6001	CASS AVENUE	(313)338-	
	ated Ameno	City or to	wn, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	231,503.
	return	DEIR	DIT, MI 48202	H(a) Is this a group retu	
	tion	F Name ar	d address of principal officer: JESSICA ROBINSON	for subordinates?	
	· · · · · ·	SAME A	AS C ABOVE	H(b) Are all subordinates inclu	
		empt status:			st. (see instructions)
			AICHIGANMOBILITYINSTITUTE.ORG	H(c) Group exemption	
KF	orm of	organization:	Corporation Trust Association Other 🕨 🛛 L Ye	ar of formation: 2019 M	State of legal domicile: M L
Pa	rt I	Summary		<u> </u>	
e			the organization's mission or most significant activities: THE MICHI		
Governance		ACCELERA	ATES MOBILITY WORKFORCE DEVELOPMENT, UP		
srna	2	Check this box	if the organization discontinued its operations or disposed of mo	re than 25% of its net asset	
0 Vě			ng members of the governing body (Part VI, line 1a)		3
3			ependent voting members of the governing body (Part VI, line 1b)		1
es			f individuals employed in calendar year 2019 (Part V, line 2a)		1
Activities &			f volunteers (estimate if necessary)		5
Acti			business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated b	ousiness taxable income from Form 990-T, line 39		0.
			_	Prior Year	Current Year
e	8	Contributions a	and grants (Part VIII, line 1h)		231,503.
nuə		e e	e revenue (Part VIII, line 2g)		0.
Revenue					0.
щ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
	12	Total revenue -	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		231,503.
	13	Grants and sim	ilar amounts paid (Part IX, column (A), lines 1-3)		0.
	14	Benefits paid to	o or for members (Part IX, column (A), line 4)		0.
s			compensation, employee benefits (Part IX, column (A), lines 5-10)		165,725.
nse	16a	Professional fu	ndraising fees (Part IX, column (A), line 11e)		0.
Expenses			ig expenses (Part IX, column (D), line 25) ►45 , 299 .		
Û	17	Other expense	s (Part IX, column (A), lines 11a-11d, 11f-24e)		18,867.
			. Add lines 13-17 (must equal Part IX, column (A), line 25)		184,592.
		Revenue less e	xpenses. Subtract line 18 from line 12		46,911.
or ces				Beginning of Current Year	End of Year
sets alan	20	Total assets (P	art X, line 16)		46,911.
Net Assets or Fund Balances	21	Total liabilities	(Part X, line 26)		0.
Eun	22		und balances. Subtract line 21 from line 20		46,911.
Pa	rt II	Signature	Block		
Unde	er pena	llties of perjury, I	declare that I have examined this return, including accompanying schedules and state	ments, and to the best of my k	nowledge and belief, it is
true,	correc	t, and complete.	Declaration of preparer (other than officer) is based on all information of which prepar	er has any knowledge.	
Sigr	า	Signature	of officer	Date	
Here	е	JESS:	ICA ROBINSON, PRESIDENT		

11010							
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	LISA FORT	LISA FORT	10/23/20	if self-employed	P0022353	2	
Preparer	Firm's name PLANTE & MORAN, PLLC			Firm's EIN ▶ 38-1357951			
Use Only							
	AUBURN HILLS, MI 48326			e no. (248) 375-71	00	
May the IRS discuss this return with the preparer shown above? (see instructions)							
932001 01-2	I32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2019) DETROIT MOBILITY GROUP	83-3431	044	Page 2
Par	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			. X
1	Briefly describe the organization's mission: THE MICHIGAN MOBILITY INSTITUTE ACCELERATES MOBILITY WO DEVELOPMENT, UDCKILLING, DEOCRAME, AND, DOCT, SECONDARY, DE			
	DEVELOPMENT, UPSKILLING PROGRAMS, AND POST-SECONDARY DE			
	BRINGING INDUSTRY AND EDUCATION PARTNERS TOGETHER. WE M HISTORIC EXCELLENCE OF ENGINEERING, DESIGN, AND SUPPLY			
2	Did the organization undertake any significant program services during the year which were not listed on the	CHAIN IN		
2	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	0	Yes	X No
3	If "Yes," describe these changes on Schedule O.	£		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	is measured by e	xnenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth			d
	revenue, if any, for each program service reported.		,,	-
4a	(Code:) (Expenses \$49,033. including grants of \$) (Rev	venue \$)
	CREATED THE CENTER FOR ADVANCED MOBILITY IN PARTNERSHIP	WITH WAY	NE	
	STATE UNIVERSITY. REVIEWED CURRENT ENGINEERING DEGREE P	ROGRAMS A	ND	
	ENHANCED EDUCATIONAL OFFERINGS THROUGH THE CREATION OF	NEW DEGRE	ES	
4b	(Code:) (Expenses \$ including grants of \$) (Rev	·····)
40	(Code:) (Expenses \$) (Rev	/enue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$)
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 49,033.			00
			Form 9	90 (2019)
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 Form 990 (2019)
 DETROIT MOBILITY GROUP

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			77
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	7		
8	- , 1	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	°		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			- 23
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u> </u>		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
	complete Schedule G, Part III	19		X v
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of Rate IX, column (A), line 12, if IV/column (A) approximation of the second domestic approximation of	04		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	990	 (2019)
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			Yes	No
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
ia	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
6	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
-	Schedule N, Part II	32		x
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
,	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
		- 55		
ł	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
5 ~	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		⊢ ^
Ø	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
5	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			.
-	If "Yes," complete Schedule R, Part V, line 2	36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
ar	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
la				
la b		-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
		1 c Form	х	

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Form	990 (2019) DETROIT MOBILITY GROUP 83-3431 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) 63-3431	044	P	age 5
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g				
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a b	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against			
D.	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
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Form **990** (2019)

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Form 990 (2019)
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DETROIT MOBILITY GROUP

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

				Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
-	officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the				
-	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				X X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				X
6	Did the organization have members or stockholders?			Х	
74			. 7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		10		
U			7b	х	
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				
8			8a	x	
	The governing body? Each committee with authority to act on behalf of the governing body?			X	-
-					+
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		9		X
ec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		z :
00	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue Code.)		Vee	
^ -	Did the eventiation have lead checking hyperates or efficience		10-	Yes	N X
	Did the organization have local chapters, branches, or affiliates?		<u>10a</u>		1-1
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	• • •			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?				-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form	? 11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12 b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe			
	in Schedule O how this was done			X	_
3	Did the organization have a written whistleblower policy?				X
4	Did the organization have a written document retention and destruction policy?		14	_	X
5	Did the process for determining compensation of the following persons include a review and approval	l by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15 a	Х	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent with a			
	taxable entity during the year?		. 16 a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's			
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MI				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-T (Section 501(c)(3)s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain	on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	and finar	cial	
	statements available to the public during the tax year.	1			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records			
	JESSICA ROBINSON - (313)338-8656				
	6001 CASS AVENUE, DETROIT, MI 48202				
			_	n 990	(00

Form 990 (2019)	DETROIT MOBILITY GROUP	83-3431044 Page	7			
Part VII Compe	nsation of Officers, Directors, Trustees, Key Employees, H	lighest Compensated	_			
Employ	Employees, and Independent Contractors					
Check if S	chedule O contains a response or note to any line in this Part VII					
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Employees	yees				
1a Complete this tabl	e for all persons required to be listed. Report compensation for the calendar	year ending with or within the organization's tax yea	ır.			
 List all of the org 	anization's current officers, directors, trustees (whether individuals or organization)	nizations), regardless of amount of compensation.				

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)						(D)	(E)	(F)		
Name and title	Average hours per week	box	x, unless person is both an compensation compensatio						Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) JESSICA ROBINSON	40.00											
PRESIDENT AND EXECUTIVE DIRECTOR	0.00	Х		X				115,500.	0.	0.		
(2) CHRISTOPHER THOMAS	12.50											
TREASURER	0.00	Х		Х				35,000.	0.	0.		
(3) J MICHAEL BERNARD	0.50											
SECRETARY	0.00	Х		Х				0.	0.	0.		
		-										
		•										
		-										
		-										
		-										
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	Form 990 (2019) DETROIT MOBILITY GROUP 83-3431044 Page									age 8							
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)																
	(A) Name and title	(B) Average hours per week (list any	erage Pos (do not check box, unless pe officer and a d				(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than c s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		am ((F) timate ount o other pensat	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	;C)	orga and	om the anizati I relate nizatio	on ed			
	Subtotal								150,500.		0.			0.			
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	l, Section A	· · · · · · ·	· · · · · · ·		· · · · · · ·			0. 150,500.		0.			0.			
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			Yes	1 No			
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	-			•	-		•	• • •		[3		X			
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual	-	-	4		X			
Sec	rendered to the organization? <i>If "Yes." com</i> tion B. Independent Contractors	-				-			•			5		Х			
1	Complete this table for your five highest con the organization. Report compensation for t										ensatio	on fro	m				
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Co	(C ompen		ı			
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to f	thos (ted	above) who received mo	ore than	_		000 /-				
											F	orm S	/JUC (2	:019)			

932008 01-20-20

Form	1 99	0 (2	2019) DETROIT MOB	ILITY GROUP			83-3431	044 Page 9
Pa	rt V	/	Statement of Revenue					
			Check if Schedule O contains a respor	se or note to any line				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	-		Membership dues 1b					
ng G			Fundraising events 1c					
ifts ar A			Related organizations 1d					
s, G nila			Government grants (contributions) 1e	2,200.				
Sir			All other contributions, gifts, grants, and					
her		-	similar amounts not included above 1f	229,303.				
l Ot		g	Noncash contributions included in lines 1a-1f					
Cor		-	Total. Add lines 1a-1f	>	231,503.			
				Business Code	•			
е	2	а						
vic		b						
Ser		с						
am eve		d						
Program Service Revenue		е						
Pro		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, in					
			other similar amounts)					
	4		Income from investment of tax-exempt bor					
	5		Royalties	►				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d						
	7	а	Gross amount from sales of (i) Securitie					
			assets other than inventory 7a					
		b	Less: cost or other basis					
an			and sales expenses 7b					
venue		с	Gain or (loss) 7c					
Rev			Net gain or (loss)	>				
er	8		Gross income from fundraising events (not					
Other			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	8a				
		b		8b				
			Net income or (loss) from fundraising event	s 🕨				
	9	а	Gross income from gaming activities. See					
				9a				
		b		9b				
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			-	10a				
		b		10b				
			Net income or (loss) from sales of inventory	<u>/</u>				
s				Business Code				
iscellaneous Revenue	11	а		_				
ane		b		_				
scellaneo Revenue		с		_				
Misc		d	All other revenue					
~			Total. Add lines 11a-11d					
	12		Total revenue. See instructions	►	231,503.	0.	0.	0.
93200	9 01-	-20-	20	٥				Form 990 (2019

Form 990 (2019)
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DETROIT MOBILITY GROUP Part IX Statement of Functional Expenses

Check if Schedule O contains a response to not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations		expenses	general expenses	expenses
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
B Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	150,500.	39,375.	68,145.	42,980
6 Compensation not included above to disqualified	100,0000			42,500
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,000.	6,000.		
B Pension plan accruals and contributions (include	0,000+			
section 401(k) and 403(b) employer contributions)				
· · · · · · · · · · · · · · · · · · ·				
	9,225.	2,306.	5,443.	1,476
Payroll taxes Fees for services (nonemployees):	,44,5	2,500.	5,113.	1,470
a Management	700.		700.	
b Legal	534.		534.	
c Accounting	554.		554.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)	1,036.		1,036.	
2 Advertising and promotion	23.	9.	14.	
3 Office expenses	1,094.	9.	1,094.	
Information technology	1,094.		1,094.	
5 Royalties				
	6,205.	986.	4,574.	645
7 Travel	0,205.	900.	4,574.	045
B Payments of travel or entertainment expenses				
for any federal, state, or local public officials	2 0 2 0		2 0 2 0	
Conferences, conventions, and meetings	2,829.		2,829.	
) Interest				
Payments to affiliates				
2 Depreciation, depletion, and amortization	E 200		E 200	
Insurance	5,380.		5,380.	
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a MEALS AND ENTERTAINMENT	743.	357.	241.	145
b DUES AND SUBSCRIPTIONS	270.		270.	
c GENERAL PRINTING AND CO	53.			53
d				
e All other expenses				
·	184,592.	49,033.	90,260.	45,299
 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization 	107,334.	Ţ, UJJ•	50,200•	ŦJ,4JJ
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				

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Form **990** (2019)

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33 Total liabilities and net assets/fund balances

0. 33

46,911.

Form 990 (2019)

DETROIT MOBILITY GROUP

Check if Schedule O contains a response or note to any line in this Part X

2 Savings and temporary cash investments 2 3 Piedges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4558/(0)(1)), and persons described in section 4558/(0)(5)) 6 7 Notes and loans receivable, net 8 9 9 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 1 Investments - brogram-related. See Part IV, line 11 11 12 11 Investments - brogram-related. See Part IV, line 11 13 14 16 Tota assets. Add lines 1 through 15 (must equal line 33) 0 16 6 17 Accounts payable and accrued expenses 17 4 6 6 17 Accounts payable and accrued expenses 17 4 6 6 18 Grants payable and accrued exp	(B) End of year
2 Savings and temporary cash investments 2 3 Piedges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4558/(0)(1)), and persons described in section 4558/(0)(5)) 6 7 Notes and loans receivable, net 8 9 9 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 1 Investments - brogram-related. See Part IV, line 11 11 12 11 Investments - brogram-related. See Part IV, line 11 13 14 16 Tota assets. Add lines 1 through 15 (must equal line 33) 0 16 6 17 Accounts payable and accrued expenses 17 4 6 6 17 Accounts payable and accrued expenses 17 4 6 6 18 Grants payable and accrued exp	38,008.
3 Piedges and grants receivable, net 3 4 Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(B) 6 7 Notes and loans receivables from other disqualified persons (as defined under section 4958(r)(1), and persons described in section 4958(r)(3)(B) 6 10a Land, building, and equipment: toor or ther basis. Complete Part VI of Schedule D 10a 10a Iob 10b 11 Investments - publicity traded securities 111 12 Investments - publicity traded securities 111 13 Investments - publicity traded securities 111 14 Intargible assets 104 105 16 Total assets. Add lines 1 through 15 (must equal line 33) 0. 16 19 Defered revenue 21 22 21 Escrow or custocial account liability. Complete Part IV of Schedule D 21 22 Total assets. Add lines 1 through 15 (must equal line 33) 0. 16 19 Defered revenue 21 22 22 Escrow o	<u> </u>
4 Accounts receivables, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (ac defined under section 4958()(1)), and persons described in section 4958()(3)(B) 6 6 Loans and other receivables from onther disqualified persons (ac defined under section 4958()(1)), and persons described in section 4958()(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 9 10a Loans, buildings, and equipment: cost or other 10a 10a 10b 10c 11 Investments - publicly traded securities 111 11 Investments - program-related. See Part IV, line 11 12 11 Investments - add accrued expenses 17 12 Investments - add accrued expenses 17 13 Intradiguble assets 18 14 Intagible assets 17 15 If Total assets. Add lines 1 through 15 (must equal line 33) 0 16 14 Itas asset add accrued expenses 17 <t< td=""><td>8,903.</td></t<>	8,903.
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⁸ ⁸ ⁸ ⁸ ¹⁰	
¹ 32 Total net assets or fund balances Ω Ω Ω Ω	
	46,911.

Form 990 (2019)
Part X Balance Sheet

_	1990 (2019) DETROIT MOBILITY GROUP	83-343	31044	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			03.
2	Total expenses (must equal Part IX, column (A), line 25)	2	184		
3	Revenue less expenses. Subtract line 2 from line 1	3	46	5 , 91	<u>11.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	46	5 , 91	11.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L
				000	

Form **990** (2019)

SCHED	ULI	ΕA
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the	organization
-------------	--------------

-								identification number			
			OIT MOBILI						3-3431044		
Pa	irt I	Reason for Public C	Charity Status	All organizations must co	omplete th	is part.) Se	e instructions	6.			
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in		
		section 170(b)(1)(A)(vi). (C									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
		university:				-		-			
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	oort from o	contributio	ns, membersl	nip fees, an	d gross receipts from		
		activities related to its exem	npt functions - subject	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	rom gross investment		
		income and unrelated busir									
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).				
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). C	Check the box in		
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	ypically by g	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	pporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ing		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	lly integrate	d with,		
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	integrated. A supp	oorting organization oper	ated in co	nnection w	vith its suppo	ted organiz	ation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	l an attentiv	reness		
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .				
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally integrated, or	Type III non-function	nally integrated supportin	ng organiz	ation.					
f	Ente	er the number of supported o	organizations								
<u> </u>		vide the following information			(iii) le the error	a institut lista d					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount o	-	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
Tota											
		Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 or	990-EZ.	932021 09-	25-19 Sche	dule A (For	m 990 or 990-EZ) 2019		

Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 DETROIT MOBILITY GROUP

Part II

83-3431044 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support				.			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) 1	Fotal
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")					231,503.	231	<u>,503.</u>
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3					231,503.	231	<u>,503.</u>
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						231	,503.
Sec	ction B. Total Support			7	1			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) T	Fotal
7	Amounts from line 4					231,503.	231	,503.
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						231	<u>,503.</u>
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
_	organization, check this box and stop	o here						► X
Sec	ction C. Computation of Publi	c Support Per	centage			<u> </u>		
	Public support percentage for 2019 (I		•	(77		14		%
	Public support percentage from 2018					15		%
16a	33 1/3% support test - 2019. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	k and	
	stop here. The organization qualifies		-					
b	33 1/3% support test - 2018. If the o							
	and stop here. The organization qual							
17a	7a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	nis box and stop	here. Explain in Pa	art VI how the organ	nization	
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	d organization			
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is [.]	10% or	
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, cl	heck this box and	stop here. Explai	n in Part VI how the)	
	organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a publi	cly supported orga	nization		▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructions		
					Sch	edule A (Form 990	or 990-l	E Z) 201 9

932022 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 DETROIT MOBILITY GROUP

Part III Support Schedule for Organizations Described in Section 509(a)(2)

83-3431044 Page 3

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Sup	port						
Calendar year (or fiscal year be	ginning in) 🕨 📘	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributio							
membership fees receiv	· ·						
include any "unusual gra	······ –						
2 Gross receipts from adm merchandise sold or ser formed, or facilities furn any activity that is relate organization's tax-exem	rvices per- ished in ed to the						
3 Gross receipts from acti are not an unrelated trac							
iness under section 513							
4 Tax revenues levied for	·····						
ization's benefit and eith or expended on its beha	ner paid to						
5 The value of services or	facilities						
furnished by a governme	ental unit to						
the organization without	t charge						
6 Total. Add lines 1 throu	gh 5						
7a Amounts included on lir 3 received from disquali							
b Amounts included on lines 2 and from other than disqualified pers exceed the greater of \$5,000 or amount on line 13 for the year	sons that 1% of the						
c Add lines 7a and 7b							
8 Public support. (Subtract lin Section B. Total Supp	ne 7c from line 6.)						
Calendar year (or fiscal year be	ginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
10a Gross income from inter dividends, payments red securities loans, rents, r and income from similar	rest, ceived on royalties,						
b Unrelated business taxable							
(less section 511 taxes) fro	om businesses						
acquired after June 30, 197	75						
c Add lines 10a and 10b							
11 Net income from unrelat activities not included in whether or not the busin regularly carried on	n line 10b,						
12 Other income. Do not in or loss from the sale of assets (Explain in Part V	capital						
13 Total support. (Add lines 9, 1	· ·						
14 First five years. If the F	orm 990 is for t	he organization's	first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop	ohere				-	-	
Section C. Computation	on of Public	Support Per	centage				
15 Public support percenta	age for 2019 (line	e 8, column (f), d	ivided by line 13,	column (f))		15	%
16 Public support percenta						16	%
Section D. Computation	on of Investi	ment Income	Percentage				
17 Investment income perc	centage for 201	9 (line 10c, colun	nn (f), divided by l	ine 13, column (f))		17	%
18 Investment income perc	centage from 20)18 Schedule A, I	Part III, line 17			18	%
19a 33 1/3% support tests	- 2019. If the o	rganization did n	ot check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, che	eck this box and	stop here. The	organization qual	ifies as a publicly	supported organiza	ition	
b 33 1/3% support tests							
line 18 is not more than	33 1/3%, check	this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20 Private foundation. If the	he organization	did not check a l	box on line 14, 19	a, or 19b, check t			
932023 09-25-19			15	5	Sch	edule A (Form 99	0 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 DETROIT MOBILITY GROUP Part IV Supporting Organizations

83-3431044 Page 4

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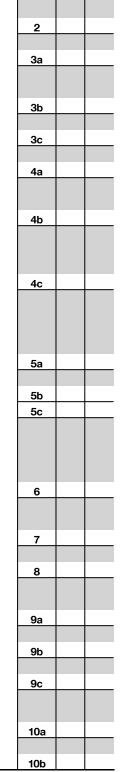
Yes No

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 DETROIT MOBILITY GROUP Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)	_	
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
932025	6 09-25-19 Schedule A (Form 9	90 or 99	0-EZ)	2019

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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 DETROIT MOBILITY GROUP Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v integrated	Type III supporting orga	nization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 DETROIT MOBILITY GROUP

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u> i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
				I

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form 990 or 990-EZ) 2019	DETROIT	MOBILITY	GROUP	83-3431044 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	nation. Provid 2, 3b, 3c, 4b, 4d ines 2 and 3; Pa	de the explanation c, 5a, 6, 9a, 9b, 9c rt IV, Section E, lir	s required by Part II, line 10; Part II, c, 11a, 11b, and 11c; Part IV, Sectio	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V,
932028 09-25-1	9				Schedule A (Form 990 or 990-EZ) 2019

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

2019

Employer identification number

83-3431044

Organization type (check of	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

DETROIT MOBILITY GROUP

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., burpose. 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 for an *exclusively* set is the set of the parts unless to the set of the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the year for an *exclusively* set 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 for an *exclusively* set 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 for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to the parts unless the **General Rule** applie

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

83-3431044

DETROIT MOBILITY GROUP

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$15,000.	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
2		\$50,000.	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		\$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
4		\$5,000.	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
5		\$5,000.	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
<u> </u>		\$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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Name of organization

Employer identification number

DETROIT MOBILITY GROUP

83-3431044

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		
		\$			
923453 11-06	-19	Schedule B (Form S	990, 990-EZ, or 990-PF) (2019)		

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ame of org	ganization			Employer identification number	
ETROI	T MOBILITY GROUP			83-3431044	
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line encoder charitable, etc., contributions of \$1,000 or	try. For organizations		
a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
		(e) Transfer of gif	 t		
_	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
F	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee	
a) No. from	(b) Purpose of gift (c) Use of		(d) Desc	cription of how gift is held	
Part I					
		(e) Transfer of gif	 t		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee	
a) No.					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
—					
Γ	(e) Transfer of gift				
F	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee	
3454 11-06- ⁻	19	24	Schedule	B (Form 990, 990-EZ, or 990-PF) (2	

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2019.04030 DETROIT MOBILITY GROUP 127537_1

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



DETROIT MOBILITY GROUP

83-3431044

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

POST-SECONDARY DEGREES BY BRINGING INDUSTRY AND EDUCATION PARTNERS

TOGETHER. WE MERGE THE HISTORIC EXCELLENCE OF ENGINEERING, DESIGN, AND

SUPPLY CHAIN IN MICHIGAN WITH DEEP INSIGHT INTO THE GLOBAL HIRING NEEDS

OF NEXT-GENERATION MOBILITY DISRUPTORS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MICHIGAN WITH DEEP INSIGHT INTO THE GLOBAL HIRING NEEDS OF

NEXT-GENERATION MOBILITY DISRUPTORS.

FORM 990, PART VI, SECTION A, LINE 2:

CHRIS THOMAS AND JESSICA ROBINSON ARE BUSINESS PARTNERS IN AN UNRELATED

LLC. J MICHAEL BERNARD IS LEGAL COUNSEL TO THAT ENTITY.

FORM 990, PART VI, SECTION A, LINE 6:

THE CORPORATION IS ORGANIZED AS A MEMBERSHIP NONNPROFIT CORPORATION, WITH

THE MEMBERS ELECTING THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7A:

THE CORPORATION IS ORGANIZED AS A MEMBERSHIP NONNPROFIT CORPORATION, WITH

THE MEMBERS ELECTING THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

THE CORPORATION IS ORGANIZED AS A MEMBERSHIP NONNPROFIT CORPORATION, WITH

THE MEMBERS ELECTING THE BOARD. IN ADDITION, UNDER MICHIGAN LAW, THE

 MEMBERS
 MUST
 APPROVE
 CERTAIN
 ACTIONS
 SUCH
 AS
 AMENDMENTS
 TO
 THE
 ARTICLES
 OF

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)
 Schedule O (Form 990 or 990-EZ) (2019)

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chedule O (Form 990 or 990-EZ) (2019) Page 2						
Name of the organization DETROIT MOBILITY GROUP	Employer identification number 83-3431044					
INCORPORATION, THE SALE OF ALL OR SUBSTANTIALLY ALL OF TH	E ASSETS OF THE					

CORPORATION, THE MERGER OF THE CORPORATION, ETC.

FORM 990, PART VI, SECTION B, LINE 11B:

JESSICA ROBINSON, PRESIDENT; CHRISTOPHER THOMAS, TREASURER; AND J MICHAEL

BERNARD, SECRETARY WILL REVIEW THE FORM 990 PRIOR TO FILING

FORM 990, PART VI, SECTION B, LINE 12C:

ORGANIZATION INSIDERS, INCLUDING MEMBERS OF THE BOARD OF DIRECTORS AND KEY

EMPLOYEES, SIGN AN ACKNOWLEDGEMENT OF RECEIPT OF THE ORGANIZATION'S

CONFLICT OF INTEREST POLICY. THIS POLICY IS REVIEWED ANNUALLY, AND A

DISCLOSURE OF FINANCIAL INTERESTS IS SIGNED AND RETURNED AT THE FIRST

MEETING EACH YEAR BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE EXECUTIVE DIRECTOR WAS DISCUSSED AND REVIEWED

PRIVATELY BY THE REMAINING MEMBERS OF THE BOARD OF DIRECTORS WITHOUT HER

PRESENCE AND INCLUDED BENCHMARK DATA ON COMPENSATION FOR EXECUTIVE

POSITIONS FROM THE 2019-2020 MICHIGAN NONPROFIT COMPENSATION AND BENEFIT

REPORT PUBLISHED BY THE MICHIGAN NONPROFIT ASSOCIATION. CONTEMPORANEOUS

NOTES ON THE DELIBERATION AND DECISION WERE KEPT BY THE SECRETARY.

COMPENSATION FOR THE TREASURER WHO HELD A CONTRACTING ROLE WITH THE

ORGANIZATION WAS DISCUSSED AND REVIEWED PRIVATELY BY THE REMAINING MEMBERS

OF THE BOARD OF DIRECTORS WITHOUT HIS PRESENCE. CONTEMPORANEOUS NOTES ON

THE DELIBERATION AND DECISION WERE KEPT BY THE SECRETARY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS AVAILABLE TO THE PUBLIC Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19 26 2019.04030 DETROIT MOBILITY GROUP 127537_1