

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2003 calendar year, or tax year beginning 2003, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: THE DETROIT MEDICAL CENTER. D Employer identification number: 38-2571767. E Telephone number: (313) 578-2063. F Accounting method: Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: WWW.DMC.ORG

J Organization type (check only one): 501(c)(3)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No. I Group Exemption Number. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 322,507,830.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

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Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc, 43 Other expenses not covered above, 44 Total functional expenses.

Joint Costs. Check [ ] if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ , (ii) the amount allocated to Program services \$ , (iii) the amount allocated to Management and general \$ , and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

Table with 2 columns: Description of program service, Program Service Expenses. Rows include a LABORATORY SERVICES, b GRADUATE MEDICAL EDUCATION, c MANAGEMENT INFORMATION SYSTEMS, d ADMINISTRATIVE AND STRATEGIC PLANNING SERVICES, e Other program services, f Total of Program Service Expenses.

**Part IV Balance Sheets** (See page 25 of the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

|  |   | (A)<br>Beginning of year  |                 | (B)<br>End of year |
|--|---|---|-----------------|--------------------|
| <b>Assets</b>  | 45 Cash - non-interest-bearing . . . . .  | 174,903.  | 45              | 1,414,995.         |
|  | 46 Savings and temporary cash investments . . . . .   | 1,449,806.  | 46              | 29,594,431.        |
|  | 47a Accounts receivable . . . . .   | 47a 17,177,623.   |                 |                    |
|  | b Less: allowance for doubtful accounts . . . . .   | 47b 1,677,223.  | 38,939,976.     | 47c 15,500,400.    |
|  | 48a Pledges receivable . . . . .  | 48a NONE  |                 |                    |
|  | b Less: allowance for doubtful accounts . . . . .   | 48b   | 1,915,112.      | 48c NONE           |
|  | 49 Grants receivable . . . . .  |   | NONE            | 49 213,277.        |
|  | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .  |   |                 | 50                 |
|  | 51a Other notes and loans receivable (attach schedule) . . . . .  | STMT 4 51a 11,808,666.  |                 |                    |
|  | b Less: allowance for doubtful accounts . . . . .   | 51b   | 9,585,346.      | 51c 11,808,666.    |
|  | 52 Inventories for sale or use . . . . .  |   | 324,473.        | 52 -250,610.       |
|  | 53 Prepaid expenses and deferred charges . . . . .  |   | 17,383,449.     | 53 18,484,039.     |
|  | 54 Investments - securities (attach schedule) . . . . .   | <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 656,218.        | 54 NONE            |
|  | 55a Investments - land, buildings, and equipment: basis . . . . .   | 55a   |                 |                    |
| b Less: accumulated depreciation (attach schedule) . . . . .   | 55b   |   | 55c             |                    |
| 56 Investments - other (attach schedule) . . . . .   |   |   | 56              |                    |
| 57a Land, buildings, and equipment: basis . . . . .  | 57a 300,758,599.  |   |                 |                    |
| b Less: accumulated depreciation (attach schedule) . STMT LN 57 . . . . .  | 57b 201,161,605.  | 90,787,433.   | 57c 99,596,994. |                    |
| 58 Other assets (describe <input type="checkbox"/> STMT 5 ) . . . . .  |   | 395,602,462.  | 58 379,665,096. |                    |
| 59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .  |   | 556,819,178.  | 59 556,027,288. |                    |
| <b>Liabilities</b>   | 60 Accounts payable and accrued expenses . . . . .  | 103,621,001.  | 60              | 76,028,778.        |
|  | 61 Grants payable . . . . .   |   | 61              |                    |
|  | 62 Deferred revenue . . . . .   | 178,092.  | 62              | 165,193.           |
|  | 63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .  |   |                 | 63                 |
|  | 64a Tax-exempt bond liabilities (attach schedule) . . . . .   | STMT 6 . . . . .  | 79,651,955.     | 64a 79,651,955.    |
|  | b Mortgages and other notes payable (attach schedule) . . . . .   | STMT 7 . . . . .  | 165,166,000.    | 64b 246,144,272.   |
|  | 65 Other liabilities (describe <input type="checkbox"/> STMT 8 ) . . . . .  |   | 188,996,783.    | 65 203,986,359.    |
| 66 <b>Total liabilities</b> (add lines 60 through 65) . . . . .  |   | 537,613,831.  | 66 605,976,557. |                    |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b> |   |                 |                    |
|  | 67 Unrestricted . . . . .   |   | 4,277,232.      | 67 -65,191,207.    |
|  | 68 Temporarily restricted . . . . .   |   | 13,720,115.     | 68 14,033,938.     |
|  | 69 Permanently restricted . . . . .   |   | 1,208,000.      | 69 1,208,000.      |
|  | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>                          |   |                 |                    |
|  | 70 Capital stock, trust principal, or current funds . . . . .   |   |                 | 70                 |
|  | 71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .  |   |                 | 71                 |
|  | 72 Retained earnings, endowment, accumulated income, or other funds . . . . .   |   |                 | 72                 |
| 73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . . |   | 19,205,347.   | 73 -49,949,269. |                    |
| 74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .   |   | 556,819,178.  | 74 556,027,288. |                    |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information (See page 28 of the instructions.)

|     |  | Yes | No   |
|-----|--|-----|------|
| 76  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   | 76  | X    |
| 77  | Were any changes made in the organizing or governing documents but not reported to the IRS?<br>If "Yes," attach a conformed copy of the changes  | 77  | X    |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | 78a | X    |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year?   | 78b | X    |
| 79  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  | 79  | X    |
| 80a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  | 80a | X    |
| b   | If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt   |     |      |
| 81a | Enter direct and indirect political expenditures See line 81 instructions.   | 81a | NONE |
| b   | Did the organization file Form 1120-POL for this year?   | 81b | X    |
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?  | 82a | X    |
| b   | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)  | 82b | N/A  |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications?  | 83a | X    |
| b   | Did the organization comply with the disclosure requirements relating to quid pro quo contributions?   | 83b | X    |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible?  | 84a | N/A  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 84b | N/A  |
| 85  | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?  | 85a | N/A  |
| b   | Did the organization make only in-house lobbying expenditures of \$2,000 or less?<br>If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year               | 85b | N/A  |
| c   | Dues, assessments, and similar amounts from members  | 85c | N/A  |
| d   | Section 162(e) lobbying and political expenditures   | 85d | N/A  |
| e   | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices   | 85e | N/A  |
| f   | Taxable amount of lobbying and political expenditures (line 85d less 85e)  | 85f | N/A  |
| g   | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  | 85g | N/A  |
| h   | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?                             | 85h | N/A  |
| 86  | 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12   | 86a | N/A  |
| b   | Gross receipts, included on line 12, for public use of club facilities   | 86b | N/A  |
| 87  | 501(c)(12) orgs Enter a Gross income from members or shareholders  | 87a | N/A  |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  | 87b | N/A  |
| 88  | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88  | X    |
| 89a | 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <u>NONE</u> , section 4912 <u>NONE</u> ; section 4955 <u>NONE</u>  |     |      |
| b   | 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction          | 89b | X    |
| c   | Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |     | NONE |
| d   | Enter Amount of tax on line 89c, above, reimbursed by the organization   |     | NONE |
| 90a | List the states with which a copy of this return is filed <u>NONE</u>  |     |      |
| b   | Number of employees employed in the pay period that includes March 12, 2003 (See instructions)   | 90b | 2631 |
| 91  | The books are in care of <u>WILLIAM F. ROCHEFORT</u> Telephone no <u>(313) 578-2063</u><br>Located at <u>3663 WOODWARD AVE, SUITE 200, DETROIT, MI</u> ZIP + 4 <u>48201-2403</u>   |     |      |
| 92  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year   | 92  | N/A  |

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

|  | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (E)<br>Related or<br>exempt function<br>income |
|--|---------------------------|---------------|--------------------------------------|---------------|--|
|  | (A)<br>Business code      | (B)<br>Amount | (C)<br>Exclusion code                | (D)<br>Amount |  |
| 93 Program service revenue   |                           |               |                                      |               |  |
| a <b>STMT 11</b>   |                           | 23,204,501.   |                                      |               | 258,017,334.                                   |
| b  |                           |               |                                      |               |  |
| c  |                           |               |                                      |               |  |
| d  |                           |               |                                      |               |  |
| e  |                           |               |                                      |               |  |
| f Medicare/Medicaid payments . . . . .                                 |                           |               |                                      |               |  |
| g Fees and contracts from government agencies . . . . .                |                           |               |                                      |               |  |
| 94 Membership dues and assessments . . . . .                           |                           |               |                                      |               |  |
| 95 Interest on savings and temporary cash investments . . . . .        |                           |               |                                      |               |  |
| 96 Dividends and interest from securities . . . . .                    |                           |               | 14                                   | 5,551,488.    |  |
| 97 Net rental income or (loss) from real estate:                       |                           |               |                                      |               |  |
| a debt-financed property . . . . .                                     |                           |               |                                      |               |  |
| b not debt-financed property . . . . .                                 |                           |               | 16                                   | 1,582,595.    |  |
| 98 Net rental income or (loss) from personal property . . . . .        |                           |               |                                      |               |  |
| 99 Other investment income . . . . .                                   |                           |               |                                      |               |  |
| 100 Gain or (loss) from sales of assets other than inventory . . . . . |                           |               | 18                                   | -4,557,597.   |  |
| 101 Net income or (loss) from special events . . . . .                 |                           |               |                                      |               |  |
| 102 Gross profit or (loss) from sales of inventory . . . . .           |                           |               |                                      |               |  |
| 103 Other revenue. a   |                           |               |                                      |               |  |
| b <b>FICA REFUND</b>   |                           |               | 01                                   | 1,724,697.    |  |
| c <b>PARKING LOT</b>   |                           |               | 03                                   | 35,236.       |  |
| d <b>PURCHASE DISCOUNTS</b>  |                           |               |                                      |               | 2,911,996.                                     |
| e  |                           |               |                                      |               |  |
| 104 Subtotal (add columns (B), (D), and (E)) . . . . .                 |                           | 23,204,501.   |                                      | 4,336,419.    | 260,929,330.                                   |
| 105 Total (add line 104, columns (B), (D), and (E)) . . . . .          |                           |               |                                      |               | 288,470,250.                                   |

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) |
|----------|--|
| ▼        |  |
|          |  |
|          |  |
|          |  |

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

| (A)<br>Name, address, and EIN of corporation, partnership, or disregarded entity | (B)<br>Percentage of ownership interest | (C)<br>Nature of activities | (D)<br>Total income | (E)<br>End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| <b>STMT 12</b>   | %                                       |                             | 27,016,069.         | 170,238,946.              |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Signature of officer: *William F. Rochet*

Type or print name and title: **WILLIAM F. ROCHET**

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**Paid Preparer's Use Only**

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed), address, and ZIP + 4: **ERNST & YOUNG LLP  
500 WOODWARD AVE, S  
DETROIT, MI**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2003**

Name of the organization

**THE DETROIT MEDICAL CENTER**

Employer identification number

**38-2571767**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000  | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| <u>SEE STATEMENT 14</u>  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
| Total number of other employees paid over \$50,000 . . . . . ▶ | <b>NONE</b>  |                  |   |  |

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000          | (b) Type of service         | (c) Compensation  |
|--|-----------------------------|-------------------|
| <u>WAYNE STATE UNIVERSITY</u>  |                             |                   |
| <u>P O BOX 02788, DETROIT, MI</u>  | <b>TEACHING, GME RESID.</b> | <b>42480693.</b>  |
| <u>ACADEMIC HEALTH CENTER SERVICE</u>  |                             |                   |
| <u>540 E CANFIELD, DETROIT, MI</u>   | <b>CLIN CARE/CLIN COVER</b> | <b>42231677.</b>  |
| <u>KITCH DRUTCHAS WAGNER &amp; KENNEY PC</u>   |                             |                   |
| <u>ONE WOODWARD AVE, DETROIT, MI</u>   | <b>LEGAL SERVICES</b>       | <b>4,449,521.</b> |
| <u>TANOURY CORBET SHAW &amp; NAUTS PLLC</u>  |                             |                   |
| <u>645 GRISWOLD ST, DETROIT, MI</u>  | <b>LEGAL SERVICES</b>       | <b>3,080,829.</b> |
| <u>DYKEMA GOSSETT PLLC</u>   |                             |                   |
| <u>400 RENAISSANCE CENTER, DETROIT, MI</u>   | <b>LEGAL SERVICES</b>       | <b>2,164,393.</b> |
| Total number of others receiving over \$50,000 for professional services . . . . . ▶ | <b>75</b>                   |                   |

| Part III Statements About Activities (See page 2 of the instructions.)   |  | Yes | No |
|--|--|-----|----|
| 1  | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>327,408</u> . (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B) . . . . .   | X   |    |
| Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. |  |     |    |
| 2  | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) |     |    |
| a  | Sale, exchange, or leasing of property? . . . . .  |     | X  |
| b  | Lending of money or other extension of credit? . . . . .   |     | X  |
| c  | Furnishing of goods, services, or facilities? . . . . . <b>STATEMENT 15</b>  | X   |    |
| d  | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . <b>FORM 990, PART V</b> . . . . .  | X   |    |
| e  | Transfer of any part of its income or assets? . . . . .  |     | X  |
| 3a   | Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) . . . . .   |     | X  |
| b  | Do you have a section 403(b) annuity plan for your employees? . . . . .  | X   |    |
| 4  | Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .  |     | X  |

**Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)**

- The organization is not a private foundation because it is: (Please check only ONE applicable box.)
- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
  - 6  A school. Section 170(b)(1)(A)(ii) (Also complete Part V)
  - 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
  - 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
  - 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► -----
  - 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
  - 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
  - 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
  - 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
  - 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
| SEE STATEMENT 17                         |                            |

14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)



Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. NOT APPLICABLE

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2002, (b) 2001, (c) 2000, (d) 1999, (e) Total. Rows 15-25 include categories like Gifts, Membership fees, Gross receipts, Gross income, Net income, Tax revenues, and Total of lines 15 through 22.

Table for lines 26-27. Line 26: Organizations described on lines 10 or 11. Line 27: Organizations described on line 12. Includes sub-rows for public support and public support percentage.

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return.

Table for lines 27c-27h. Line 27c: Add Amounts from column (e) for lines 15, 16, 17, 20, 21. Line 27d: Add Line 27a total and line 27b total. Line 27e: Public support (line 27c total minus line 27d total). Line 27f: Total support for section 509(a)(2) test. Line 27g: Public support percentage (line 27e numerator divided by line 27f denominator). Line 27h: Investment income percentage (line 18, column (e) numerator divided by line 27f denominator).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
 (To be completed **ONLY** by schools that checked the box on line 6 in Part IV) **NOT APPLICABLE**

|     |  | Yes | No |
|-----|--|-----|----|
| 29  | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .  | 29  |    |
| 30  | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .   | 30  |    |
| 31  | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . .<br>If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement )<br>-----<br>-----<br>----- | 31  |    |
| 32  | Does the organization maintain the following:  |     |    |
| a   | Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .  | 32a |    |
| b   | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .  | 32b |    |
| c   | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .  | 32c |    |
| d   | Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .   | 32d |    |
|     | If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)<br>-----<br>-----  |     |    |
| 33  | Does the organization discriminate by race in any way with respect to:   |     |    |
| a   | Students' rights or privileges? . . . . .  | 33a |    |
| b   | Admissions policies? . . . . .   | 33b |    |
| c   | Employment of faculty or administrative staff? . . . . .   | 33c |    |
| d   | Scholarships or other financial assistance? . . . . .  | 33d |    |
| e   | Educational policies? . . . . .  | 33e |    |
| f   | Use of facilities? . . . . .   | 33f |    |
| g   | Athletic programs? . . . . .   | 33g |    |
| h   | Other extracurricular activities? . . . . .  | 33h |    |
|     | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)<br>-----<br>-----<br>-----   |     |    |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? . . . . .  | 34a |    |
| b   | Has the organization's right to such aid ever been revoked or suspended? . . . . .<br>If you answered "Yes" to either 34a or b, please explain using an attached statement   | 34b |    |
| 35  | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .   | 35  |    |

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check  a if the organization belongs to an affiliated group Check  b if you checked "a" and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b>                    |  | (a)<br>Affiliated group<br>totals | (b)<br>To be completed<br>for ALL electing<br>organizations |
|---|--|-----------------------------------|---|
| (The term "expenditures" means amounts paid or incurred.) |  |                                   |   |
| <b>36</b>   | Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .  | <b>36</b>                         |   |
| <b>37</b>   | Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .  | <b>37</b>                         |   |
| <b>38</b>   | Total lobbying expenditures (add lines 36 and 37) . . . . .  | <b>38</b>                         |   |
| <b>39</b>   | Other exempt purpose expenditures . . . . .  | <b>39</b>                         |   |
| <b>40</b>   | Total exempt purpose expenditures (add lines 38 and 39) . . . . .  | <b>40</b>                         |   |
| <b>41</b>   | Lobbying nontaxable amount. Enter the amount from the following table -<br>If the amount on line 40 is -                      The lobbying nontaxable amount is -<br>Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .<br>Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000<br>Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000<br>Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000<br>Over \$17,000,000 . . . . . \$1,000,000 . . . . . | <b>41</b>                         |   |
| <b>42</b>   | Grassroots nontaxable amount (enter 25% of line 41) . . . . .  | <b>42</b>                         |   |
| <b>43</b>   | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .   | <b>43</b>                         |   |
| <b>44</b>   | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .   | <b>44</b>                         |   |

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>        |             |             |             |             |              |
|--|-------------|-------------|-------------|-------------|--------------|
| Calendar year (or fiscal year beginning in) ▶                      | (a)<br>2003 | (b)<br>2002 | (c)<br>2001 | (d)<br>2000 | (e)<br>Total |
| <b>45</b> Lobbying nontaxable amount . . . . .                     |             |             |             |             |              |
| <b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .   |             |             |             |             |              |
| <b>47</b> Total lobbying expenditures                              |             |             |             |             |              |
| <b>48</b> Grassroots nontaxable amount . . . . .                   |             |             |             |             |              |
| <b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . . |             |             |             |             |              |
| <b>50</b> Grassroots lobbying expenditures . . . . .               |             |             |             |             |              |

**Part VI-B Lobbying Activity by Nonelecting Public Charities** **NOT APPLICABLE**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | Yes | No | Amount   |
|--|-----|----|----------|
| <b>a</b> Volunteers . . . . .  |     | X  |          |
| <b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h) . . . . .   | X   |    |          |
| <b>c</b> Media advertisements . . . . .  |     | X  |          |
| <b>d</b> Mailings to members, legislators, or the public . . . . .   |     | X  |          |
| <b>e</b> Publications, or published or broadcast statements . . . . .  |     | X  |          |
| <b>f</b> Grants to other organizations for lobbying purposes . . . . .   |     | X  |          |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . <b>STMT 18</b> . . . . .   | X   |    | 327,408. |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .  |     | X  |          |
| <b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .  |     |    | 327,408. |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



Form **5471**

(Rev. January 2003)

Department of the Treasury  
Internal Revenue Service

# Information Return of U.S. Persons With Respect to Certain Foreign Corporations

▶ See separate instructions.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **01/01/2003**, and ending **12/31/2003**

OMB No 1545-0704

**File in Duplicate**  
(see When and Where To File on page 1 of the instructions)

|  |  |   |
|--|--|---|
| Name of person filing this return<br><b>THE DETROIT MEDICAL CENTER</b>   |  | <b>A</b> Identifying number<br><b>38-2571767</b>  |
| Number, street, and room or suite no (or P O box number if mail is not delivered to street address)<br><b>4201 ST. ANTOINE</b> |  | <b>B</b> Category of filer (See page 1 of the instructions. Check applicable box(es))<br>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> |
| City or town, state, and ZIP code<br><b>DETROIT, MI 48201</b>  |  | <b>C</b> Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period <b>100</b> %   |
| Filer's tax year beginning <b>01/01/2003</b> , and ending <b>12/31/2003</b>  |  |   |

**D** Person(s) on whose behalf this information return is filed

| (1) Name                          | (2) Address                                   | (3) Identifying number | (4) Check applicable box(es)        |         |          |
|-----------------------------------|---|------------------------|-------------------------------------|---------|----------|
|                                   |   |                        | Shareholder                         | Officer | Director |
| <b>THE DETROIT MEDICAL CENTER</b> | <b>4201 ST. ANTOINE<br/>DETROIT, MI 48201</b> | <b>38-2571767</b>      | <input checked="" type="checkbox"/> |         |          |
| <b>HARPER HOSPITAL</b>            | <b>3990 JOHN R.<br/>DETROIT, MI 48201</b>     | <b>38-2391907</b>      | <input checked="" type="checkbox"/> |         |          |

**Important:** Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

|   |   |   |
|---|---|---|
| <b>1a</b> Name and address of foreign corporation<br><b>DMC INSURANCE COMPANY, LTD.<br/>C/O J&amp;H MARSH &amp; MCLENNAN MANAGEMENT (CAYMAN ISLANDS) LTD.<br/>P.O. BOX 1051, GEORGETOWN, GRAND CAYMAN</b> |   | <b>b</b> Employer identification number, if any<br><b>98-0198240</b>  |
| <b>d</b> Date of incorporation<br><b>03/08/1996</b>   |   | <b>c</b> Country under whose laws incorporated<br><b>GRAND CAYMAN</b> |
| <b>e</b> Principal place of business<br><b>CAYMAN ISLANDS</b>   | <b>f</b> Principal business activity code number<br><b>524150</b> | <b>g</b> Principal business activity<br><b>INSURANCE/REINSUR</b>      |
| <b>h</b> Functional currency<br><b>U.S. DOLLAR</b>  |   |   |

**2** Provide the following information for the foreign corporation's accounting period stated above

|   |  |   |
|---|--|---|
| <b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States<br><b>NONE</b> | <b>b</b> If a U S income tax return was filed, enter |   |
|   | <i>(i)</i> Taxable income or (loss)                  | <i>(ii)</i> U S income tax paid (after all credits) |
|   |  |   |

|  |   |
|--|---|
| <b>c</b> Name and address of foreign corporation's statutory or resident agent in country of incorporation<br><b>MS. TONI SILICH<br/>C/O J&amp;H MARSH &amp; MCLENNAN<br/>P.O. BOX 1051<br/>CAYMAN ISLANDS, B.W.I.</b> | <b>d</b> Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different |
|--|---|

**Schedule A Stock of the Foreign Corporation**

**Part I - All Classes of Stock**

| (a) Description of each class of stock | (b) Number of shares issued and outstanding      |   |
|--|--|---|
|  | <i>(i)</i> Beginning of annual accounting period | <i>(ii)</i> End of annual accounting period |
| <b>CLASS A COMMON VOTING</b>           | <b>1</b>   | <b>1</b>                                    |
| <b>CLASS B COMMON NON-VOTING</b>       | <b>120000</b>                                    | <b>120000</b>                               |
|  |  |   |

**Part II - Additional Information for Preferred Stock**

(To be completed only by Category 1 filers for foreign personal holding companies.)

| (a) Description of each class of Preferred stock<br>(Note: This description should match the corresponding description entered in Part I, column (a) ) | (b) Par value in functional currency | (c) Rate of dividend | (d) Indicate whether the stock is cumulative or noncumulative |
|--|--------------------------------------|----------------------|---|
|  |                                      |                      |   |
|  |                                      |                      |   |

For Paperwork Reduction Act Notice, see page 13 of the instructions.

Form 5471 (Rev 1-2003)

**Schedule B U.S. Shareholders of Foreign Corporation (See page 4 of the instructions.)**

| (a) Name, address, and identifying number of shareholder            | (b) Description of each class of stock held by shareholder (Note: This description should match the corresponding description entered in Schedule A, Part I, column (a)) | (c) Number of shares held at beginning of annual accounting period | (d) Number of shares held at end of annual accounting period | (e) Pro rata share of subpart F income (enter as a percentage) |
|---|--|--|--|--|
| THE DETROIT MEDICAL CENTER<br>4201 ST. ANTOINE<br>DETROIT, MI 48201 | CLASS A COMMON VOTING  | 1  | 1  | .0008  |
|   |  |  |  |  |
|   |  |  |  |  |
| HARPER HOSPITAL<br>3990 JOHN R.<br>DETROIT, MI 48201                | CLASS B COMMON NON-VOTING  | 120000   | 120000   | 99.9992  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

**Schedule C Income Statement (See page 5 of the instructions.)**

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

|   |  | Functional Currency | U.S. Dollars  |            |
|---|--|---------------------|---------------|------------|
| <b>Income</b>   | 1 a Gross receipts or sales . . . . .  | 1a                  |               |            |
|   | b Returns and allowances . . . . .   | 1b                  |               |            |
|   | c Subtract line 1b from line 1a . . . . .  | 1c                  | 0.00          | 0.00       |
|   | 2 Cost of goods sold . . . . .   | 2                   |               |            |
|   | 3 Gross profit (subtract line 2 from line 1c) . . . . .  | 3                   | 0.00          | 0.00       |
|   | 4 Dividends . . . . .  | 4                   |               |            |
|   | 5 Interest . . . . .   | 5                   |               | 10,353,467 |
|   | 6 Gross rents, royalties, and license fees . . . . .   | 6                   |               |            |
|   | 7 Net gain or (loss) on sale of capital assets . . . . .   | 7                   |               |            |
| 8 Other income (attach schedule) . . . . .              | 8  |                     | 28,618,728    |            |
| 9 Total income (add lines 3 through 8) . . . . .        | 9  | 0.00                | 38,972,195.00 |            |
| <b>Deductions</b>                                       | 10 Compensation not deducted elsewhere . . . . .   | 10                  |               |            |
|   | 11 Rents, royalties, and license fees . . . . .  | 11                  |               |            |
|   | 12 Interest . . . . .  | 12                  |               |            |
|   | 13 Depreciation not deducted elsewhere . . . . .   | 13                  |               |            |
|   | 14 Depletion . . . . .   | 14                  |               |            |
|   | 15 Taxes (exclude provision for income, war profits, and excess profits taxes) . . . . .   | 15                  |               |            |
|   | 16 Other deductions (attach schedule - exclude provision for income, war profits, and excess profits taxes) . . . . .  | 16                  |               | 38,972,195 |
| 17 Total deductions (add lines 10 through 16) . . . . . | 17   | 0.00                | 38,972,195.00 |            |
| <b>Net Income</b>                                       | 18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9) . . . . . | 18                  | 0.00          | 0.00       |
|   | 19 Extraordinary items and prior period adjustments (see instructions) . . . . .   | 19                  |               |            |
|   | 20 Provision for income, war profits, and excess profits taxes (see instructions) . . . . .  | 20                  |               |            |
|   | 21 Current year net income or (loss) per books (combine lines 18 through 20) . . . . .   | 21                  | 0.00          | 0          |

**Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued (See page 5 of instructions.)**

| (a)<br>Name of country or U S possession | Amount of tax              |                        |                       |
|--|----------------------------|------------------------|-----------------------|
|  | (b)<br>In foreign currency | (c)<br>Conversion rate | (d)<br>In U S dollars |
| 1 US                                     |                            |                        |                       |
| 2  |                            |                        | 0.00                  |
| 3  |                            |                        | 0.00                  |
| 4  |                            |                        | 0.00                  |
| 5  |                            |                        | 0.00                  |
| 6  |                            |                        | 0.00                  |
| 7  |                            |                        | 0.00                  |
| 8 Total                                  |                            |                        | 0.00                  |

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See page 5 of the instructions for an exception for DASTM corporations.

| Assets  |     | (a)                                   | (b)                             |
|---|-----|---------------------------------------|---------------------------------|
|   |     | Beginning of annual accounting period | End of annual accounting period |
| 1 Cash  | 1   | 13,867,302                            | 19,119,379                      |
| 2a Trade notes and accounts receivable                  | 2a  | 16,992,714                            | 9,305,692                       |
| b Less allowance for bad debts                          | 2b  | ( )                                   | ( )                             |
| 3 Inventories   | 3   |                                       |                                 |
| 4 Other current assets (attach schedule)                | 4   | 1,015,812                             | 1,087,873                       |
| 5 Loans to stockholders and other related persons       | 5   |                                       |                                 |
| 6 Investment in subsidiaries (attach schedule)          | 6   |                                       |                                 |
| 7 Other investments (attach schedule)                   | 7   |                                       |                                 |
| 8a Buildings and other depreciable assets               | 8a  | 120,492,616                           | 132,444,408                     |
| b Less accumulated depreciation                         | 8b  | ( )                                   | ( )                             |
| 9a Depletable assets                                    | 9a  |                                       |                                 |
| b Less accumulated depletion                            | 9b  | ( )                                   | ( )                             |
| 10 Land (net of any amortization)                       | 10  |                                       |                                 |
| 11 Intangible assets:                                   |     |                                       |                                 |
| a Goodwill  | 11a |                                       |                                 |
| b Organization costs                                    | 11b |                                       |                                 |
| c Patents, trademarks, and other intangible assets      | 11c |                                       |                                 |
| d Less accumulated amortization for lines 11a, b, and c | 11d | ( )                                   | ( )                             |
| 12 Other assets (attach schedule)                       | 12  |                                       |                                 |
| 13 Total assets   | 13  | 152,368,444.00                        | 161,957,352.00                  |
| <b>Liabilities and Stockholders' Equity</b>             |     |                                       |                                 |
| 14 Accounts payable                                     | 14  | 206,718                               | 235,169                         |
| 15 Other current liabilities (attach schedule)          | 15  |                                       |                                 |
| 16 Loans from stockholders and other related persons    | 16  |                                       |                                 |
| 17 Other liabilities (attach schedule)                  | 17  | 147,288,095                           | 149,907,317                     |
| 18 Capital stock:                                       |     |                                       |                                 |
| a Preferred stock                                       | 18a |                                       |                                 |
| b Common stock  | 18b | 120,001                               | 120,001                         |
| 19 Paid-in or capital surplus (attach reconciliation)   | 19  |                                       |                                 |
| 20 Retained earnings                                    | 20  | 4,753,630                             | 11,694,865                      |
| 21 Less cost of treasury stock                          | 21  | ( )                                   | ( )                             |
| 22 Total liabilities and stockholders' equity           | 22  | 152,368,444.00                        | 161,957,352.00                  |

**Schedule G Other Information**

- 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? Yes  No   
If "Yes," see page 5 of the instructions for required attachment
- 2 During the tax year, did the foreign corporation own an interest in any trust? Yes  No
- 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3? Yes  No   
If "Yes," attach a statement listing the name, country under whose laws the entity was organized, and EIN (if any) of each entity

**Schedule H Current Earnings and Profits (See page 5 of the instructions.)**

**Important:** Enter the amounts on lines 1 through 5c in functional currency.

|   |                      |                         |               |
|---|----------------------|-------------------------|---------------|
| 1 Current year net income or (loss) per foreign books of account  |                      |                         | <b>1</b>      |
| 2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):   | <b>Net Additions</b> | <b>Net Subtractions</b> |               |
| a Capital gains or losses   |                      |                         |               |
| b Depreciation and amortization   |                      |                         |               |
| c Depletion   |                      |                         |               |
| d Investment or incentive allowance   |                      |                         |               |
| e Charges to statutory reserves   |                      |                         |               |
| f Inventory adjustments   |                      |                         |               |
| g Taxes   |                      |                         |               |
| h Other (attach schedule)   | 13,956,657           |                         |               |
| 3 Total net additions   | 13,956,657.00        |                         |               |
| 4 Total net subtractions  |                      | 0.00                    |               |
| 5a Current earnings and profits (line 1 plus line 3 minus line 4)   |                      |                         | 13,956,657.00 |
| 5b DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)  |                      |                         |               |
| 5c Combine lines 5a and 5b  |                      |                         | 13,956,657.00 |
| 5d Current earnings and profits in U S dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations (see instructions)).<br>Enter exchange rate used for line 5d ▶ 1 |                      |                         | 13,956,657    |

**Schedule I Summary of Shareholder's Income From Foreign Corporation (See page 5 of instructions.)**

|   |          |  |        |
|---|----------|--|--------|
| 1 Subpart F income (line 40b, Worksheet A in the instructions)  | <b>1</b> |  | 116    |
| 2 Earnings invested in U S property (line 17, Worksheet B in the instructions)  | <b>2</b> |  |        |
| 3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)                | <b>3</b> |  |        |
| 4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions) | <b>4</b> |  |        |
| 5 Factoring income  | <b>5</b> |  |        |
| 6 Total of lines 1 through 5. Enter here and on your income tax return See page 6 of instructions                                     | <b>6</b> |  | 116.00 |
| 7 Dividends received (translated at spot rate on payment date under section 989(b)(1))  | <b>7</b> |  |        |
| 8 Exchange gain or (loss) on a distribution of previously taxed income  | <b>8</b> |  |        |

- Was any income of the foreign corporation blocked? Yes  No
  - Did any such income become unblocked during the tax year (see section 964(b))? Yes  No
- If the answer to either question is "Yes," attach an explanation



**SCHEDULE J  
(Form 5471)**

(Rev. January 2003)  
Department of the Treasury  
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)  
of Controlled Foreign Corporation**

OMB No 1545-0704

▶ Attach to Form 5471. See Instructions for Form 5471.

Name of person filing Form 5471

**THE DETROIT MEDICAL CENTER**

Name of foreign corporation

**DMC INSURANCE COMPANY, LTD.**

Identifying number

**38-2571767**

| Important. Enter amounts in functional currency.  | (a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance) | (b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance) | (c) Previously Taxed E&P (see instructions) (sections 959(c)(1) and (2) balances) |   |                        | (d) Total Section 964(a) E&P (combine columns (a), (b), and (c)) |
|---|--|--|---|---|------------------------|--|
|   |  |  | (i) Earnings Invested in U.S. Property  | (ii) Earnings Invested in Excess Passive Assets | (iii) Subpart F Income |  |
| <b>1</b> Balance at beginning of year   | <b>4,112,976</b>   |  |   |   |                        | <b>4,112,976.00</b>  |
| <b>2a</b> Current year E&P  | <b>13,956,657</b>  |  |   |   |                        |  |
| <b>b</b> Current year deficit in E&P  |  |  |   |   |                        |  |
| <b>3</b> Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b) | <b>18,069,633.00</b>   |  |   |   |                        |  |
| <b>4</b> Amounts included under section 951(a) or reclassified under section 959(c) in current year           |  |  |   |   |                        |  |
| <b>5a</b> Actual distributions or reclassifications of previously taxed E&P                                   |  |  |   |   |                        |  |
| <b>b</b> Actual distributions of nonpreviously taxed E&P  |  |  |   |   |                        |  |
| <b>6a</b> Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)                  |  |  |   |   |                        |  |
| <b>b</b> Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)              | <b>18,069,633.00</b>   |  |   |   |                        |  |
| <b>7</b> Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)             | <b>18,069,633.00</b>   |  |   |   |                        | <b>18,069,633.00</b>   |

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 1-2003)

**Transactions Between Controlled Foreign Corporation  
 and Shareholders or Other Related Persons**

▶ Attach to Form 5471. See Instructions for Form 5471.

Name of person filing Form 5471

**THE DETROIT MEDICAL CENTER**

Identifying number

**38-2571767**

Name of foreign corporation

**DMC INSURANCE COMPANY**

**Important:** Complete a *separate* Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See page 10 of the instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

| (a) Transactions of foreign corporation   | (b) U.S. person filing this return | (c) Any domestic corporation or partnership controlled by U.S. person filing this return | (d) Any other foreign corporation or partnership controlled by U.S. person filing this return | (e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return) | (f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation |
|---|------------------------------------|--|---|--|---|
| 1 Sales of stock in trade (inventory) . . . . .   |                                    |  |   |  |   |
| 2 Sales of property rights (patents, trademarks, etc.) . . . . .  |                                    |  |   |  |   |
| 3 Compensation received for technical, managerial, engineering, construction, or like services                            |                                    |  |   |  |   |
| 4 Commissions received . . . . .  |                                    |  |   |  |   |
| 5 Rents, royalties, and license fees received . . . . .   |                                    |  |   |  |   |
| 6 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income). . . . . |                                    |  |   |  |   |
| 7 Interest received. . . . .  |                                    |  |   |  |   |
| 8 Premiums received for insurance or reinsurance. . . . .   | 95,317                             | 19,951,653   |   |  |   |
| <b>9 Add lines 1 through 8 . . . . .</b>  | <b>95,317.00</b>                   | <b>19,951,653.00</b>   |   |  |   |
| 10 Purchases of stock in trade (inventory) . . . . .  |                                    |  |   |  |   |
| 11 Purchases of tangible property other than stock in trade . . . . .   |                                    |  |   |  |   |
| 12 Purchases of property rights (patents, trademarks, etc.) . . . . .   |                                    |  |   |  |   |
| 13 Compensation paid for technical, managerial, engineering, construction, or like services . . . . .                     |                                    |  |   |  |   |
| 14 Commissions paid . . . . .   |                                    |  |   |  |   |
| 15 Rents, royalties, and license fees paid . . . . .  |                                    |  |   |  |   |
| 16 Dividends paid . . . . .   |                                    |  |   |  |   |
| 17 Interest paid. . . . .   |                                    |  |   |  |   |
| <b>18 Add lines 10 through 17. . . . .</b>  |                                    |  |   |  |   |
| 19 Amounts borrowed (enter the maximum loan balance during the year) - see instructions . . . . .                         |                                    |  |   |  |   |
| 20 Amounts loaned (enter the maximum loan balance during the year) - see instructions . . . . .                           |                                    |  |   |  |   |

**THE DETROIT MEDICAL CENTER**  
**Year Ending December 31, 2003**  
**Form 5471 Additional Information**

**38-2571767**

**Foreign Corporation: DMC Insurance Co., Ltd.**

|   | Beginning<br>of Year | End<br>of Year |
|---|----------------------|----------------|
| <u>Detail for Schedule F, line 4 - Other Assets</u> |                      |                |
| Interest Receivable                                 | \$ 1,015,812         | \$ 1,087,873   |
| Total   | \$ 1,015,812         | \$ 1,087,873   |

Detail for Schedule F, line 7 - Other Investments

|                       |                |                |
|-----------------------|----------------|----------------|
| Long-term Investments | \$ 120,492,616 | \$ 132,444,408 |
| Total                 | \$ 120,492,616 | \$ 132,444,408 |

Detail for Schedule F, line 17 - Other Liabilities

|                                    |                |                |
|------------------------------------|----------------|----------------|
| Unearned Premium Reserve           | \$ 7,396,678   | \$ 6,062,948   |
| Retrospective Adjustment           | \$ 16,228,421  | \$ 13,184,455  |
| Loss Reserve                       | \$ 108,755,683 | \$ 124,557,875 |
| Due to Broker                      | \$ 12,226,551  | \$ 6,102,039   |
| Losses and Loss Adjustment Payable | \$ 2,680,762   | \$ -           |
| Total                              | \$ 147,288,095 | \$ 149,907,317 |

Detail for Schedule F, Line 20-Retained Earnings

This line includes the unrealized gains on securities and on foreign exchange of \$6,941,235.

**THE DETROIT MEDICAL CENTER**  
**Year Ending December 31, 2003**  
**Form 5471 Additional Information**

**38-2571767**

**Foreign Corporation: DMC Insurance Co., Ltd.**

Detail for Schedule C, Line 8 - Other Income

|                                |                      |
|--------------------------------|----------------------|
| Premiums written               | \$ 24,241,032        |
| Retropremium assessment credit | \$ 1,333,730         |
| change in unearned premium     | \$ 3,043,966         |
| Total                          | <u>\$ 28,618,728</u> |

Detail for Schedule C, Line 16 - Other Deductions

|  |                      |
|--|----------------------|
| Losses assumed and loss adjustment expenses incurred<br>for assumption of risk | \$ 37,956,307        |
| Other fees   | \$ 52,707            |
| Management Fees  | \$ 79,711            |
| Professional Fees  | \$ 272,834           |
| Investment Fees  | \$ 610,636           |
| Total  | <u>\$ 38,972,195</u> |

**THE DETROIT MEDICAL CENTER**  
**Year Ending December 31, 2003**  
**Form 5471 Schedule H- Other**

**38-2571767**

**Foreign Corporation: DMC Insurance Co., Ltd.**

**Earnings & Profits**

**Net Insurance Income**

|   |                     |
|---|---------------------|
| Gross premiums written                  | \$ 8,571,758        |
| Change in unearned premium reserve      | 50,965              |
| Investment Income                       | 1,978,134           |
| Losses Incurred                         | (4,744,954)         |
| Less: Administrative Expenses           | (194,096)           |
| Less: Retrospective premium adjustments | 50,965              |
| Unrealized gains                        |                     |
| <b><i>Net Insurance Income</i></b>      | <b>\$ 5,712,772</b> |

**Net Foreign Personal Holding Company Income**

|   |                     |
|---|---------------------|
| Investment Income   | 8,375,333           |
| Investment Expenses                                       | (131,448)           |
| <b><i>Net Foreign Personal Holding Company Income</i></b> | <b>\$ 8,243,885</b> |

**Total Earnings & Profits- Line 2h**

**\$ 13,956,657**

# Return by a U.S. Transferor of Property to a Foreign Corporation

Department of the Treasury  
Internal Revenue Service

▶ Attach to your income tax return.

Attachment  
Sequence No **128**

**Part I U.S. Transferor Information** (see instructions)

|   |  |
|---|--|
| Name of transferor<br><b>THE DETROIT MEDICAL CENTER</b> | Identifying number (see instructions)<br><b>38-2571767</b> |
|---|--|

- 1 If the transferor was a corporation, complete questions 1a, 1b, and 1c
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b Did the transferor remain in existence after the transfer?  Yes  No

If not, list the controlling shareholder(s) and their identifying number(s):

| Controlling shareholder | Identifying number |
|-------------------------|--------------------|
| N/A                     |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

| Name of parent corporation | EIN of parent corporation |
|----------------------------|---------------------------|
|                            |                           |

- 2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), list the name and EIN of the transferor's partnership:

| Name of partnership | EIN of partnership |
|---------------------|--------------------|
|                     |                    |

**Part II Transferee Foreign Corporation Information** (see instructions)

|   |   |
|---|---|
| 3 Name of transferee (foreign corporation)<br><b>DMC Insurance Company, LTD</b> | 4 Identifying number, if any<br><b>98-0198240</b> |
|---|---|

5 Address (including country)  
**C/O J&H MARSH & MCLENNAN MANAGEMENT LTD. P.O. BOX 1051, GEORGETOWN, GRAND CAYMAN**

6 Country of incorporation or organization  
**GRAND CAYMAN**

7 Foreign law characterization (see instructions)  
**CORPORATION**

8 Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

For Paperwork Reduction Act Notice, see page 4.

**Part III Information Regarding Transfer of Property (see instructions)**

|                                      |  |
|--------------------------------------|--|
| 9 Date of transfer<br><b>VARIOUS</b> | 10 Type of nonrecognition transaction (see instructions) |
|--------------------------------------|--|

11 Description of property transferred:  
**\$20,046,970**

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12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?  Yes  No

13 Was the transferor required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T (e.g., for tainted property, depreciation recapture, branch loss recapture, etc.)? . . . . .  Yes  No

14 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? . . . . .  Yes  No

b If yes, describe the nature of the rights to the intangible property that was transferred in the transfer:

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THE DETROIT MRDICAL CENTER  
12/31/2003

38-2571767

FORM 990, PART I, LINE 8 - GAIN ON SALE OF ASSETS OTHER THAN INVENTORY

| <u>DESCRIPTION</u>                   | <u>ACQUISITION<br/>DATE</u> | <u>SALE<br/>DATE</u> | <u>PROCEEDS</u> | <u>BASIS</u> | <u>GAIN/ (LOSS)</u>       |
|--------------------------------------|-----------------------------|----------------------|-----------------|--------------|---------------------------|
| EQUIPMENT                            | VARIOUS                     | VARIOUS              | 28,000          | 1,274,116    | (1,246,116)               |
| PUBLICLY-TRADED SECURITIES           | VARIOUS                     | VARIOUS              | 26,570,201      | 29,881,682   | (3,311,481)               |
| <b>TOTAL GAIN/ (LOSS) TO LINE 8c</b> |                             |                      |                 |              | <u><u>(4,557,597)</u></u> |

STATEMENT LINE 8



FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====

| DESCRIPTION<br>-----           | AMOUNT<br>----- |
|--------------------------------|-----------------|
| UNREALIZED GAIN ON INVESTMENTS | 5,405,422.      |
| LONG-TERM PENSION ADJUSTMENT   | 32,223,238.     |
| OTHER CHANGES                  | 3,243,906.      |
|                                | -----           |
| TOTAL                          | 40,872,566.     |
|                                | =====           |

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES  
=====

| DESCRIPTION<br>-----         | AMOUNT<br>----- |
|------------------------------|-----------------|
| PCS NET ADJUSTMENT           | 17,346,461.     |
| SYSTEM-WIDE RECONCILIATION   | 12,091,475.     |
| NURSING HOME EQUITY TRANSFER | 8,287,554.      |
| IMPAIRMENT - ASSETS          | 12,429,942.     |
|                              | -----           |
| TOTAL                        | 50,155,432.     |
|                              | =====           |

THE DETROIT MEDICAL CENTER  
ID #38-2571767

2003 Form 990  
Part II, Line 42

Depreciation and Amortization

| <u>Asset Category</u>               | 2003<br><u>Depreciation/<br/>Amortization</u> | <u>Depreciation<br/>Method Used</u> | <u>Estimated<br/>Useful Lives,<br/>in General</u> |
|-------------------------------------|---|-------------------------------------|---|
| Land Improvements                   | \$ 6,916                                      | Straight Line                       | **  |
| Capitalized Interest                | 190,963                                       | Straight Line                       | **  |
| Building and Leasehold Improvements | (51,989)                                      | Straight Line                       | **  |
| Furniture and Fixtures              | 31,993,411                                    | Straight Line                       | **  |
| Equipment                           | 25,635  | Straight Line                       | **  |
| Software                            | <u>-</u>                                      | Straight Line                       | **  |
| Depreciation per schedule           | <u>\$ 32,164,936</u>                          |                                     |   |

\*\* American Hospital Association Depreciation Guidelines

## FORM 990, PART II - OTHER EXPENSES

=====

| DESCRIPTION<br>-----         | TOTAL<br>----- | PROGRAM<br>SERVICES<br>----- | MANAGEMENT<br>AND GENERAL<br>----- |
|------------------------------|----------------|------------------------------|------------------------------------|
| PHYSICIAN SERVICES           | 7,669,970.     | 7,481,922.                   | 188,048.                           |
| BUSINESS CONSULTING          | 4,078,097.     | 2,239,148.                   | 1,838,949.                         |
| PROMOTION                    | 1,738,189.     | 1,109,738.                   | 628,451.                           |
| OTHER PROFESSIONAL SERVICES  | 2,254,836.     | 1,439,588.                   | 815,248.                           |
| LABORATORY                   | 2,006,620.     | 1,984,853.                   | 21,767.                            |
| SERVICE CONTRACTS            | 595,801.       | 586,719.                     | 9,082.                             |
| DATA PROCESSING              | 82071894.      | 81181602.                    | 890,292.                           |
| LAUNDRY                      | 14,461.        | 14,304.                      | 157.                               |
| COLLECTION                   | 82,383.        | 81,489.                      | 894.                               |
| PURCHASED SERVICES           | 7,090,002.     | 6,132,851.                   | 957,151.                           |
| AMORTIZATION                 | 607,095.       | 462,612.                     | 144,483.                           |
| BAD DEBT EXPENSE             | 2,510,893.     | 2,510,893.                   |                                    |
| PROFESSIONAL LIAB. INSURANCE | 1,495,322.     | 1,495,089.                   | 233.                               |
| TAXES                        | 336,636.       | 278,989.                     | 57,647.                            |
| DUES                         | 891,797.       | 321,434.                     | 570,363.                           |
| MANAGEMENT FEES              | 552,695.       | 252,343.                     | 300,352.                           |
| MISCELLANEOUS                | 8,468,030.     | 6,452,730.                   | 2,015,300.                         |
|                              | -----          | -----                        | -----                              |
| TOTALS                       | 122464721.     | 114026304.                   | 8,438,417.                         |
|                              | =====          | =====                        | =====                              |

**The Detroit Medical Center  
38-2571767**

**2003 Form 990  
Part III**

**Statement of Program Service Accomplishments**

The Detroit Medical Center (DMC) is a 501 (c)(3) organization, which was formed as a supporting organization of The Detroit Medical Center Hospitals (The DMC Hospitals). The DMC Hospitals are all Michigan non-profit corporations exempt from tax under Section 501 (c)(3) of the Internal Revenue Code and qualify as non-private foundations. The DMC Hospitals consist of Children's Hospital of Michigan, Detroit Receiving Hospital and University Health Center, Harper-Hutzel Hospital, Sinai Hospital of Greater Detroit, Huron Valley Hospital, and Rehabilitation Institute of Michigan.

DMC supports the DMC Hospitals by providing certain services to them, and performing certain functions which would otherwise be carried on by them. This allows the hospitals to provide more cost effective and efficient services. It also allows the hospitals to devote their time and resources to their primary exempt purpose of providing healthcare to the community.

DMC coordinated and performs, on a centralized basis, such functions as Management Information Services, Employee Benefit Plan Administration, Laboratory Testing, Graduate Medical Education, Marketing, Development, Strategic Financial Planning, Governmental and Regulatory Affairs, Legal Affairs, and Public Relations, all of which would normally have to be performed by each DMC Hospital.

**Laboratory Services**

DMC provides Laboratory testing for all the DMC Hospitals. DMC provides a lab on site at each of The DMC Hospitals so that "Stat" testing (tests that must be performed in less than one hour) is available to the hospitals' patients. There is also a central laboratory where routine and specialized testing is done. Currently, we provide testing in several areas. Basic testing includes Hematology, Micro Biology (Including PCR testing) and Chemistry. Specialty testing includes toxicology, HLA (tissue testing), cytogenetics, coagulation, molecular biology and cytology.

Our continual goal is to provide support to The DMC Hospitals with the highest quality, cost effective laboratory services, including developing new testing methodologies.

**Graduate Medical Education**

This program provides The DMC Hospitals with resident physicians that enable the DMC Hospitals to provide better quality health care to their patients and to retain high quality academic physicians on staff. The Graduate Medical Education program had approximately 1000 residents in 2002. As the residents progress through the training program, become senior residents, they take more responsibility for the supervising and training of the new medical students and junior residents. The areas of medicine include Internal Medicine, Family Medicine, Emergency Medicine, Neurology, OBGYN, Ophthalmology, Psychiatry, Pediatrics, Radiation Oncology, Urology, and Radiology.

**The Detroit Medical Center  
38-2571767**

**2003 Form 990  
Part III**

**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS  
Management Information Services**

The information systems needs for the DMC and its hospitals are extensive. DMC contracts with the firm of CareTech to provide all information system services including maintaining a number of enterprise-wide, mainframe-based and client server information systems, such as payroll, general ledger, medical records, and operating room scheduling. It is also responsible for a number of specific systems on a variety of hardware platforms, and network and communications infrastructure that allows the DMC system-wide access to most of these applications. Information Services also supports the voice communications, operating service, and paging systems across the DMC.

These systems enable all of the DMC entities to have access to common patient information, as well as the other business information necessary to ensure efficient quality healthcare to their patients.

**Administrative and Strategic Planning Services**

The DMC provides administrative leadership to each of The DMC Hospitals. This leadership role includes duties and responsibilities that will help to achieve the mission and objectives of each hospital in manner consistent with the collective mission and objectives of all DMC Hospitals. Strategic Planning services include providing strategic and financial planning that will enable the hospitals to efficiently use their resources and identify necessary goals and objectives that will enable them to continue to provide the highest quality and most cost effective healthcare services to the community.

In summary, all of the above services are provided by DMC for The DMC Hospitals, in a cost-effective manner, which helps The DMC Hospitals fulfill their collective mission of maintaining a pre-eminent academic health care center, integrating clinical health services, medical education and research, and the provision of high quality medical care.

The Detroit Medical Center  
38-2571767

2003 Form 990  
Part IV, Line 51

Other Notes And Loans Receivable

| ITEM | DETAIL   | END OF YEAR |
|------|--|-------------|
| 1    | (a) Borrower's name<br>(c) Balance Due<br>** Section 501(c)(3) Organization **<br>Grace Hospital   | \$9,230,871 |
| 2    | (a) Borrower's name<br>(b) Original Amount<br>(c) Balance Due<br>(d) Date of Note<br>(e) Maturity Date<br>(f) Repayment Terms<br>(g) Interest Rate<br>(h) Security Provided<br>(i) Purpose of Loan<br>(j) Consideration<br>*Associated Hospitals Processing Facility<br>\$450,000<br>4/1/2001<br>4/1/2004<br>**48 Monthly Payments of \$10,568.26<br>6.00%<br>None<br>Secure Funds to Extinguish Mortgage<br>Cash  | \$161,896   |
| 3    | (a) Borrower's name<br>(c) Balance Due<br>*William Beaumont Joint Venture  | \$0         |
| 4    | (a) Borrower's name<br>(c) Balance Due<br>*GLHP  | \$2,394,722 |
| 5    | (a) Borrower's name<br>(b) Original Amount<br>(c) Balance Due<br>(d) Date of Note<br>(e) Maturity Date<br>(f) Repayment Terms<br>(g) Interest Rate<br>(h) Security Provided<br>(i) Purpose of Loan<br>(j) Consideration<br>*University Family Physicians, P.C.<br>\$200,000<br>11/3/1997<br>11/3/2002<br>**Interest Only for 6 Months, then Principal and Interest Amortized Over 60 Months<br>Prime Plus 1%<br>Assets of the Corporation<br>Secure Revolving Line of Credit<br>Cash | \$381       |
| 6    | (a) Borrower's name<br>(b) Original Amount<br>(c) Balance Due<br>(d) Date of Note<br>(e) Maturity Date<br>(f) Repayment Terms<br>(g) Interest Rate<br>(h) Security Provided<br>(i) Purpose of Loan<br>(j) Consideration<br>*Dr. Michael Marsh<br>\$137,500<br>6/1/1998<br>2/28/1999<br>**11 Monthly Payments of \$12,500.00<br>Prime Plus 1%<br>None<br>Cash   | \$1,000     |
| 7    | (a) Borrower's name<br>(b) Original Amount<br>(c) Balance Due<br>(d) Date of Note<br>(e) Maturity Date<br>(f) Repayment Terms<br>(g) Interest Rate<br>(h) Security Provided<br>(i) Purpose of Loan<br>(j) Consideration<br>Grace Neonatologists<br>\$25,000<br>8/2/2002<br>1/15/2003<br>Womack Loan  | \$19,796    |

Total Other Notes and Loans Receivable

\$11,808,666

\* No relationships have been identified between the above borrowers and any officer, director, trustee, or key employee of the filing organization.

STATEMENT 4

The Detroit Medical Center  
38-2571767

2003 Form 990  
Part IV, Line 51

Other Notes And Loans Receivable

ITEM

DETAIL

END OF YEAR

\*\* The debt hereunder shall be repaid in monthly payments, due on the first day of each month and considered late after the tenth day of each month. A late fee of five percent (5%) of the sum of the payment(s) due shall be assessed on the eleventh day of each month that such a sum is outstanding. Amounts received shall be allocated first to late fees due, then to interest due and lastly, to *principal*.

STATEMENT 4



**THE DETROIT MEDICAL CENTER  
ID #38-2571767**

**2003 Form 990  
Part IV, Line 57**

**Land, Building and Equipment**

|                                     | <u>Cost or Other Basis</u> | <u>Accumulated<br/>Depreciation</u> | <u>12/31/03<br/>Book Value</u> |
|-------------------------------------|----------------------------|-------------------------------------|--------------------------------|
| Land and Land Improvements          | \$ 595,844                 | \$ 592,386                          | \$ 3,458                       |
| Capitalized Interest **             | 2,931,627                  | 763,851                             | 2,167,776                      |
| Buildings and Building Improvements | 5,355,703                  | 3,012,096                           | 2,343,607                      |
| Furniture and Fixtures              | 291,215,529                | 196,545,642                         | 94,669,886                     |
| Equipment                           | 659,897                    | 247,629                             | 412,267                        |
| Software                            | -                          | -                                   | -                              |
|                                     | <u>\$ 300,758,599</u>      | <u>\$ 201,161,605</u>               | <u>\$ 99,596,994</u>           |

\*\*Cost amount includes \$1,022,000 due to DMC from Hutzell. Money received from them in 2004

## FORM 990, PART IV - OTHER ASSETS

=====

| DESCRIPTION<br>-----          | ENDING<br>BOOK VALUE<br>----- |
|-------------------------------|-------------------------------|
| FUNDS HELD - BOND AGREEMENT   | 700,238.                      |
| DONOR-RESTRICTED FUNDS        | 115,279.                      |
| RESTRICTED FUNDS - ENDOWMENT  | 1,656,373.                    |
| GOODWILL                      | 2,935,333.                    |
| DEFERRED DEBT ISSUANCE COST   | 1,802,520.                    |
| DUE FROM AFFILIATES           | 6,569,493.                    |
| CENTRAL CASH                  | 125,583,431.                  |
| INVESTMENT IN DMC CLINIC PLAN | 1,922,150.                    |
| INVESTMENTS IN SUBSIDIARIES   | 176,607,352.                  |
| INVESTMENT IN COMPUWARE       | 1,918,122.                    |
| REFUND RECEIVABLE             | 5,385,582.                    |
| CONSTRUCTION IN PROGRESS      | 7,328,685.                    |
| IMPAIRMENT OF EQUIPMENT       | -12,429,942.                  |
| OTHER ASSETS                  | 59,570,480.                   |
|                               | -----                         |
| TOTALS                        | 379,665,096.                  |
|                               | =====                         |

The Detroit Medical Center  
38-2571767

2003 Form 990  
Part IV, Line 64a

Tax-Exempt Bond Liabilities Outstanding Any Time During the Year

|   | DETAIL   | END<br>OF YEAR  |
|---|--|---|
| (a) Issue Date  | 09/22/98 (Series 1998A)  |   |
| (b) Purpose of the Issue  | Equipment, software, and installation costs of a new clinical information system, radiology information system, ambulatory billing system, fetal monitoring system and human resources/payroll system which will support the operations of all DMC facilities. |   |
| (c) Original Amount (PAR)   | \$37,247,978   | \$52,214,644<br>Long term debt increased in 2000 by \$4,676,937 |
| (d) Form 8038, 8038-G, or 8038-GC   |  |   |
| (i) Form Filed  | Yes  |   |
| (ii) Date Filed   | 11/12/1998   |   |
| (e) Third Party Facility Usage (by Non-Governmental or Non-501(c)(3) Organizations) |  |   |
| (i) "Yes" or "No"   | Yes  |   |
| (ii) Portion of Facility Used (%)   | Not greater than the percentage of private use permitted under applicable bond covenants.  |   |
| <u>If Outstanding at 12/31 Complete (f)</u>   |  |   |
| (f) Outstanding Obligation  |  |   |
| (i) Anticipated Completion Date of Project financed                                 | 12/31/1999   |   |
| (ii) Amount of Issue Outstanding  | \$16,279,972   | \$0 Construction Fund   |
| (iii) Unexpended Bond Proceeds (if any)   | this is the balance of the construction fund @ 12/31/98  |   |
| <u>If Paid of Retired During the Year Complete (g)</u>                              |  |   |
| (g) Retirement/Payment of Debt  |  |   |
| (i) Date Retired or Paid  | \$0  |   |
| (a) Issue Date  | 10/1/97 (Series 1997A)   |   |

STATEMENT 6

The Detroit Medical Center  
38-2571767

2003 Form 990  
Part IV, Line 64a

Tax-Exempt Bond Liabilities Outstanding Any Time During the Year

|   | DETAIL  | END<br>OF YEAR        |
|---|---|-----------------------|
| (b) Purpose of the Issue  | Equipment, software, and installation costs of a new clinical information system which will support the operations of all DMC facilities. |                       |
| (c) Original Amount (PAR)   | \$26,046,067  | \$27,437,311          |
| (d) Form 8038, 8038-G, or 8038-GC   |   |                       |
| (i) Form Filed  | Yes   |                       |
| (ii) Date Filed   | 11/24/1997  |                       |
| (e) Third Party Facility Usage (by Non-Governmental or Non-501(c)(3) Organizations) |   |                       |
| (i) "Yes" or "No"   | Yes   |                       |
| (ii) Portion of Facility Used (%)   | Not greater than the percentage of private use permitted under applicable bond covenants.   |                       |
| <u>If Outstanding at 12/31 Complete (f)</u>   |   |                       |
| (f) Outstanding Obligation  |   |                       |
| (i) Anticipated Completion Date of Project financed                                 | 12/31/1999  |                       |
| (ii) Amount of Issue Outstanding  | \$0   | \$0 Construction Fund |
| (iii) Unexpended Bond Proceeds (if any)   |   |                       |
| <u>If Paid or Retired During the Year Complete (g)</u>                              |   |                       |
| (g) Retirement/Payment of Debt  |   |                       |
| (i) Date Retired or Paid  | \$0   |                       |
| <b>Total Tax-Exempt Bond Liabilities</b>  |   | <b>\$79,651,955</b>   |

Contingent Liability:

The Detroit Medical Center is the parent company of a regional multi-hospital system with eight hospital subsidiaries located in Wayne and Oakland counties, Michigan. Each of the hospitals is a member of, and collectively such members constitute, an obligated group created by a master indenture. The filing organization has contingent liability

The Detroit Medical Center  
38-2571767

2003 Form 990  
Part IV, Line 64b

Notes Payable

| <u>ITEM</u>                             | <u>DETAIL</u>  | <u>END OF YEAR</u> |
|---|--|--------------------|
| 1. (a) Lender                           | Rehabilitation Institute of Michigan Funded Depreciation |                    |
| (b) Original Amount                     | \$11,000,000   |                    |
| (c) Balance Due                         |  | \$10,500,000       |
| (d) Date of Note                        | October, 1999  |                    |
| (e) Maturity Date                       | December, 2010   |                    |
| (f) Repayment Terms                     |  |                    |
| (g) Interest Rate                       | Prime Rate as quoted by Wall Street Journal              |                    |
| (h) Security Provided                   |  |                    |
| (i) Purpose of Loan                     | Working Capital  |                    |
| (j) Consideration                       | Cash   |                    |
| 2. (a) Lender                           | Detroit Receiving Hospital                               |                    |
| (b) Original Amount                     |  |                    |
| (c) Balance Due                         |  | \$226,308,272      |
| (d) Date of Note                        |  |                    |
| (e) Maturity Date                       |  |                    |
| (f) Repayment Terms                     |  |                    |
| (g) Interest Rate                       |  |                    |
| (h) Security Provided                   |  |                    |
| (i) Purpose of Loan                     |  |                    |
| (j) Consideration                       |  |                    |
| (a) Lender                              | CHM  |                    |
| (b) Original Amount                     |  |                    |
| (c) Balance Due                         |  | \$9,336,000        |
| (d) Date of Note                        |  |                    |
| (e) Maturity Date                       |  |                    |
| (f) Repayment Terms                     |  |                    |
| (g) Interest Rate                       |  |                    |
| (h) Security Provided                   |  |                    |
| (i) Purpose of Loan                     |  |                    |
| (j) Consideration                       |  |                    |
| TOTAL MORTGAGES AND OTHER NOTES PAYABLE |  | \$246,144,272      |

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FORM 990, PART IV - OTHER LIABILITIES

=====

| DESCRIPTION              | ENDING<br>BOOK VALUE           |
|--------------------------|--------------------------------|
| -----                    | -----                          |
| PROFESSIONAL LIABILITY   | -308,863.                      |
| POST-RETIREMENT BENEFITS | 133,173,704.                   |
| DUE TO AFFILIATES        | 24,632,861.                    |
| INTERCOMPANY BORROWINGS  | 30,426,765.                    |
| RESIDENTS FICA LIABILITY | 5,385,884.                     |
| OTHER LIABILITIES        | 10,676,008.                    |
| TOTALS                   | -----<br>203,986,359.<br>===== |

The Detroit Medical Center

EIN: 38-2571767

2003 Form 990

Part V, List of Officers, Directors, Trustees, and Key Employees

| <u>(A) Name and address</u>   | <u>(B) Title and average hours per week devoted to position</u> | <u>(C) Compensation</u> | <u>(D) Contributions to employee benefit plans &amp; deferred compensation</u> | <u>(E) Expense account &amp; other allowances</u> |
|---|---|-------------------------|--|---|
| <b><u>Officers:</u></b>   |   |                         |  |   |
| Agustin Arbulu<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201    | VP Medical Staff Affairs<br>40 Hours                            | \$ 139,000              | \$ -   | \$ -  |
| Stanton M. Beatty<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201 | Corp. VP Compliance &<br>Assoc. General Counsel<br>50 Hours     | \$ 170,272              | \$ 9,419   | \$ -  |
| Susan L. Capatina<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201 | VP Corp. Offices/Chief of Staff<br>50 Hours                     | \$ 152,022              | \$ 3,826   | \$ -  |
| Fernando G. Diaz<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201  | SVP Chief Medical Officer<br>50 Hours                           | \$ 355,718              | \$ 11,583  | \$ -  |
| Luanne M. Ewald   | Corp VP Marketing & Business                                    | \$ 138,674              | \$ 8,482   | \$ 1,400  |

The Detroit Medical Center  
EIN: 38-2571767

2003 Form 990

Part V, List of Officers, Directors, Trustees, and Key Employees

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|---|---|-------------------------|--|---|
| Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201                        | Development/ 50 Hours   |                         |  |   |
| Linda A. Filipczak<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201  | VP Physician Sales & Service<br>50                              | \$ 140,444              | \$ 4,531   | \$ -  |
| Herman B. Gray, Jr.<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201 | VP Academic Affairs<br>50 Hours                                 | \$ 191,242              | \$ 9,930   | \$ -  |
| Donald Groth<br>Detroit Medical Center<br>3663 Woodward Avenue, Suite 200<br>Detroit, MI 48201                          | Corp VP Mat'ls Resource Mgt.<br>50 Hours                        | \$ 99,745               | \$ 9,576   | \$ -  |
| John Kelly<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201          | SVP Gov't Affairs/Gen. Counsel/<br>Secretary<br>50 Hours        | \$ 460,392              | \$ 128,754   | \$ 8,399  |



The Detroit Medical Center  
EIN: 38-2571767

2003 Form 990

Part V, List of Officers, Directors, Trustees, and Key Employees

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|--|---|-------------------------|--|---|
| Michael Lacusta<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201    | SVP Chief Restructuring Officer                                 | \$ 14,933               | \$ 588   |   |
| Ruthann Liagre<br>Detroit Medical Center<br>3663 Woodward Avenue, Suite 200<br>Detroit, MI 48201                       | Corp. VP Human Resources<br>50 Hours                            | \$ 211,899              | \$ 9,452   | \$ -  |
| Stephen W. Loree<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201   | Corp. VP Strategic Financial<br>Planning<br>50 Hours            | \$ 138,871              | \$ 8,907   | \$ -  |
| Tammy S. Lundstrom<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201 | Corp. VP Chief Quality/<br>Safety Officer<br>50 Hours           | \$ 173,740              | \$ 2,692   | \$ 1,200  |
| Gwendolyn M. MacKenzie<br>Detroit Medical Center<br>c/o Harper Hospital Administration                                 | EVP/COO/Interim Pres. & CEO<br>55 Hours                         | \$ 464,891              | \$ 10,937  | \$ 1,000  |

The Detroit Medical Center  
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2003 Form 990

Part V, List of Officers, Directors, Trustees, and Key Employees

| <u>(A) Name and address</u>  | <u>(B) Title and average hours per week devoted to position</u> | <u>(C) Compensation</u> | <u>(D) Contributions to employee benefit plans &amp; deferred compensation</u> | <u>(E) Expense account &amp; other allowances</u> |
|--|---|-------------------------|--|---|
| 3990 John R<br>Detroit, MI 48201   |   |                         |  |   |
| Conrad Mallett<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201 | EVP/Chief Administrative Officer<br>50 Hours                    | \$ 161,482              | \$ 2,481   | \$ -  |
| Thomas Malone<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201  | SVP Managed Care<br>50 Hours                                    | \$ 314,422              | \$ 9,901   | \$ -  |
| Thomas McGraw<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201  | General Counsel/Secretary<br>50 Hours                           | \$ 64,728               | \$ -   | \$ -  |
| James P. O'Connor<br>Detroit Medical Center<br>3663 Woodward Avenue, Suite 200<br>Detroit, MI 48201                | Corp. VP Materials Management<br>50 Hours                       | \$ 86,845               | \$ 5,062   | \$ 600  |
| Juliette A. Okotie-Eboh  | SVP Corp. Public Affairs  | \$ 99,979               | \$ 2,480   | \$ -  |

The Detroit Medical Center  
EIN: 38-2571767

2003 Form 990  
Part V, List of Officers, Directors, Trustees, and Key Employees

| <u>(A) Name and address</u>   | <u>(B) Title and average hours per week devoted to position</u>    | <u>(C) Compensation</u> | <u>(D) Contributions to employee benefit plans &amp; deferred compensation</u> | <u>(E) Expense account &amp; other allowances</u> |
|---|--|-------------------------|--|---|
| Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201                          | 50 Hours   |                         |  |   |
| Christopher Palazzolo<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201 | EVP/CFO<br>50 Hours  | \$ 58,790               | \$ 2,259   |   |
| Michael A. Pelc<br>Detroit Medical Center<br>3663 Woodward Avenue, Suite 200<br>Detroit, MI 48201                         | Corp. VP Reimbursement<br>50 Hours                                 | \$ 199,143              | \$ 9,739   | \$ 1,265  |
| William P. Peters<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201     | SVP/Pres. Inst. For Strategic<br>Analysis & Innovation<br>10 Hours | \$ 65,762               | \$ 4,917   | \$ -  |
| Jose E. Pontes<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201        | SVP Int'l Center/Phy Sales & Svc<br>10 Hours                       | \$ 143,125              | \$ -   | \$ -  |

The Detroit Medical Center  
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2003 Form 990  
Part V, List of Officers, Directors, Trustees, and Key Employees

| <u>(A) Name and address</u>  | <u>(B) Title and average hours per week devoted to position</u> | <u>(C) Compensation</u> | <u>(D) Contributions to employee benefit plans &amp; deferred compensation</u> | <u>(E) Expense account &amp; other allowances</u> |
|--|---|-------------------------|--|---|
| Arthur T. Porter<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201 | President/CEO, DMC System/<br>Trustee<br>55 Hours               | \$ 711,222              | \$ 10,135  | \$ 28,233   |
| Donald P. Ragan<br>Detroit Medical Center<br>3663 Woodward Avenue, Suite 200<br>Detroit, MI 48201                    | SVP Chief Information Officer<br>50 Hours                       | \$ 419,680              | \$ 190,485   | \$ -  |
| William F. Rochefort<br>Detroit Medical Center<br>3663 Woodward Avenue, Suite 200<br>Detroit, MI 48201               | Corp. VP Finance/Controller<br>50 Hours                         | \$ 187,033              | \$ 7,663   | \$ -  |
| Joseph T. Scallen, Jr.<br>Detroit Medical Center<br>3663 Woodward Avenue, Suite 200<br>Detroit, MI 48201             | Corp. VP Financial Planning/<br>Budget<br>50 Hours              | \$ 66,491               | \$ 2,777   | \$ 1,500  |
| Candace E. Scott<br>Detroit Medical Center<br>3663 Woodward Avenue, Suite 200<br>Detroit, MI 48201                   | Corp. VP Patient Financial<br>Services<br>50 Hours              | \$ 141,937              | \$ 8,987   | \$ -  |

The Detroit Medical Center  
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2003 Form 990  
Part V, List of Officers, Directors, Trustees, and Key Employees

| <u>(A) Name and address</u>   | <u>(B) Title and average hours per week devoted to position</u> | <u>(C) Compensation</u> | <u>(D) Contributions to employee benefit plans &amp; deferred compensation</u> | <u>(E) Expense account &amp; other allowances</u> |
|---|---|-------------------------|--|---|
| Raeann Shepherd<br>Detroit Medical Center<br>3663 Woodward Avenue, Suite 200<br>Detroit, MI 48201                         | Corp. VP Risk Management<br>50 Hours                            | \$ 154,960              | \$ 2,273   | \$ -  |
| Iris A. Taylor<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201        | SVP/Pres. Harper-Hutzel Hospital<br>5 Hours                     | \$ 309,926              | \$ 8,012   | \$ -  |
| Paul R. Thompson, Jr.<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201 | SVP/Pres. Ambulatory & Post<br>Acute Care<br>5 Hours            | \$ 389,374              | \$ 88,677  | \$ -  |
| Verdell Tolbert<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201       | Corp. VP Laboratory Services<br>50 Hours                        | \$ 140,211              | \$ 4,513   | \$ -  |
| Nickolas A. Vitale<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R                         | EVP/Chief Financial Officer<br>50 Hours                         | \$ 292,481              | \$ 7,859   | \$ -  |

The Detroit Medical Center

EIN: 38-2571767

2003 Form 990

Part V, List of Officers, Directors, Trustees, and Key Employees

| <u>(A) Name and address</u>   | <u>(B) Title and average<br/>hours per week<br/>devoted to position</u> | <u>(C)<br/>Compensation</u> | <u>(D) Contributions to<br/>employee benefit<br/>plans &amp; deferred<br/>compensation</u> | <u>(E) Expense<br/>account &amp;<br/>other allowances</u> |
|---|---|-----------------------------|--|---|
| Detroit, MI 48201   |   |                             |  |   |
| John B. Waller, Jr.<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201 | SVP Community Health<br>10 Hours  | \$ 8,184                    | \$ -   | \$ -  |
| Leslie Bowman<br>Detroit Receiving Hospital and<br>University Health Center<br>4201 St. Antoine<br>Detroit, MI 48201    | SVP/Pres. Detroit Receiving<br>Hosp. & Univ. Health Center<br>5 Hours   | \$ -                        | \$ -   | \$ -  |
| Larry E. Fleischmann<br>Children's Hospital of Michigan<br>3901 Beaubien<br>Detroit, MI 48201                           | SVP/Pres. Children's Hospital<br>of Michigan<br>5 Hours                 | \$ -                        | \$ -   | \$ -  |
| Patricia A. Maryland<br>Sinai Hospital of Greater Detroit<br>6767 West Outer Drive<br>Detroit, MI 48235                 | SVP/Pres. Sinai Hospital of<br>Greater Detroit<br>5 Hours               | \$ -                        | \$ -   | \$ -  |
| Kathleen Ralston<br>Detroit Receiving Hospital and<br>University Health Center  | Corp VP Financial Analysis<br>20 Hours                                  | \$ -                        | \$ -   | \$ -  |

The Detroit Medical Center  
EIN: 38-2571767

2003 Form 990  
Part V, List of Officers, Directors, Trustees, and Key Employees

| <u>(A) Name and address</u>   | <u>(B) Title and average hours per week devoted to position</u> | <u>(C) Compensation</u> | <u>(D) Contributions to employee benefit plans &amp; deferred compensation</u> | <u>(E) Expense account &amp; other allowances</u> |
|---|---|-------------------------|--|---|
| 4201 St. Antoine<br>Detroit, MI 48201   |   |                         |  |   |
| Terry A. Reiley<br>Rehabilitation Institute, Inc.<br>261 Mack Blvd.<br>Detroit, MI 48201            | SVP/Pres. Rehabilitation<br>Institute, Inc.<br>5 Hours          | \$ -                    | \$ -   | \$ -  |
| John C. Ruckdeschel<br>Harper-Hutzel Hospital<br>3990 John R<br>Detroit, MI 48201                   | SVP/Pres. Karmanos Cancer<br>Hospital<br>5 Hours                | \$ -                    | \$ -   | \$ -  |
| Robert J. Yellan<br>Huron Valley Hospital, Inc.<br>1 William Carls Drive<br>Commerce Twp., MI 48382 | SVP/Pres. Huron Valley<br>Hospital, Inc.<br>5 Hours             | \$ -                    | \$ -   | \$ -  |

**Trustees:**

**Note: The following trustees may all be reached at:**  
**Detroit Medical Center**  
**c/o Harper Hospital Administration**  
**3990 John R**  
**Detroit, MI 48201**

The Detroit Medical Center  
EIN: 38-2571767

2003 Form 990

Part V, List of Officers, Directors, Trustees, and Key Employees

| <u>(A) Name and address</u> | <u>(B) Title and average hours per week devoted to position</u> | <u>(C) Compensation</u> | <u>(D) Contributions to employee benefit plans &amp; deferred compensation</u> | <u>(E) Expense account &amp; other allowances</u> |
|-----------------------------|---|-------------------------|--|---|
| Hassan Amirikia, MD         | Trustee/ 1 Hour   | \$ 120,000              | \$ -   | \$ -  |
| Randolph J. Agle            | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| Christine Beatty            | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| Dennis Bemis                | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| Adrea Clark                 | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| Keith Crain                 | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| John D. Crissman, MD        | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| Stephen R. D'Arcy           | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| Julia D. Darlow             | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| Alicia M. Diaz              | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| Oscar H. Feldman            | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| Mary Stephens Ferris        | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| Richard M. Gabrys           | Chairman/ 4 Hours   | \$ -                    | \$ -   | \$ -  |
| Roderick Gillum             | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |



The Detroit Medical Center  
EIN: 38-2571767

2003 Form 990  
Part V, List of Officers, Directors, Trustees, and Key Employees

| <u>(A) Name and address</u> | <u>(B) Title and average hours per week devoted to position</u> | <u>(C) Compensation</u> | <u>(D) Contributions to employee benefit plans &amp; deferred compensation</u> | <u>(E) Expense account &amp; other allowances</u> |
|-----------------------------|---|-------------------------|--|---|
| Merle A. Harris             | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| Rhea Heil                   | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| John G. Levy                | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| William P. MacKinnon        | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| Charles R. O'Brien          | Chairman/ 4 Hours   | \$ -                    | \$ -   | \$ -  |
| David K. Page               | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| Dianne Bostic Robinson      | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| Mark E. Schluskel           | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| Nettie H. Seabrooks         | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| Lloyd A. Semple             | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| Frank D. Stella             | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| Lorna L. Thomas, MD         | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |
| Joseph C. Verdun, MD        | Trustee/ 1 Hour   | \$ -                    | \$ -   | \$ -  |

The Detroit Medical Center  
EIN: 38-2571767

2003 Form 990  
Part V, List of Officers, Directors, Trustees, and Key Employees

| <u>(A) Name and address</u> | <u>(B) Title and average<br/>hours per week<br/>devoted to position</u> | <u>(C)<br/>Compensation</u> | <u>(D) Contributions to<br/>employee benefit<br/>plans &amp; deferred<br/>compensation</u> | <u>(E) Expense<br/>account &amp;<br/>other allowances</u> |
|-----------------------------|---|-----------------------------|--|---|
| Walter C. Watkins, Jr.      | Trustee/ 1 Hour   | \$ -                        | \$ -   | \$ -  |
| Richard Widgren             | Trustee/ 1 Hour   | \$ -                        | \$ -   | \$ -  |
| Sophie J. Womack, MD        | Trustee/ 1 Hour   | \$ -                        | \$ -   | \$ -  |

The Detroit Medical Center

EIN: 38-2571767

2003 Form 990, Part V

Compensation Provided by Related Organizations

| Name of Officer,<br>Director, Trustee, or<br>Key Employee | Name of Related Organization & EIN                       | (C)<br>Compensation | (D) Contrib. To<br>employee ben.<br>plans & def.<br>compensation | (E) Exp. Acct.<br>& other<br>allowances |
|---|--|---------------------|--|---|
| Leslie Bowman   | Detroit Receiving Hosp. & Univ. Health Cntr (38-2320476) | \$ 290,164          | \$ 9,777   | \$ -                                    |
| Larry E. Fleischmann                                      | Children's Hospital of Michigan (38-1357994)             | \$ 298,906          | \$ 9,774   | \$ 2,500                                |
| Conrad Mallett  | Sinai Hospital of Greater Detroit (38-1416522)           | \$ 140,068          | \$ 2,463   | \$ -                                    |
| Patricia A. Maryland                                      | Sinai Hospital of Greater Detroit (38-1416522)           | \$ 260,044          | \$ 7,109   | \$ 970                                  |
| Christopher J. Palazzolo                                  | Sinai Hospital of Greater Detroit (38-1416522)           | \$ 192,292          | \$ 7,562   | \$ -                                    |
| Kathleen Ralston  | Detroit Receiving Hosp. & Univ. Health Cntr (38-2320476) | \$ 99,569           | \$ 7,934   | \$ -                                    |
| Terry A. Reiley   | Rehabilitation Institute, Inc. (38-1417366)              | \$ 269,815          | \$ 5,882   | \$ 270                                  |
| John Ruckdeschel  | Harper-Hutzel Hospital (38-2391907)                      | \$ 198,532          | \$ 1,735   | \$ -                                    |
| Paul R. Thompson, Jr.                                     | DMC Primary Care Services II (38-2578447)                | \$ 80,286           | \$ 1,085   | \$ -                                    |
| Robert J. Yellan  | Huron Valley Hospital, Inc. (38-2155995)                 | \$ 257,221          | \$ 7,789   | \$ -                                    |

| DESCRIPTION      | BUSINESS | EXCLUSION    | RELATED OR EXEMPT |
|------------------|----------|--------------|-------------------|
| -----            | ----     | ----         | -----             |
| AMOUNT           | AMOUNT   | AMOUNT       | FUNCTION INCOME   |
| -----            | -----    | -----        | -----             |
| COMMERCIAL LAB   | 621500   |              | 706,477.          |
| REVENUE          |          | 66,157,113.  |                   |
| CONTRACTUAL      |          |              |                   |
| ADJUSTMENTS      | 621500   | -47,030,382. | -901,472.         |
| STATE MED. PROG. | 561499   | 500,000.     |                   |
| PURCHASING SVC   |          |              | 96,607,659.       |
| REVENUE          |          |              | 158,563,220.      |
| MANAGEMENT FEES  |          | 3,566,137.   | 3,041,450.        |
| BENEFITS ADMIN.  |          | 11,633.      |                   |
| TOTALS           |          | 23,204,501.  | 258,017,334.      |
| =====            | =====    | =====        | =====             |

**THE DETROIT MEDICAL CENTER  
38-2571767**

**2003 FORM 990  
PART VIII**

**Relationship of activities to the Accomplishment of Exempt Purposes**

- Line 93      This revenue from providing support services to The Detroit Medical Center (The DMC) Hospitals, who are tax exempt under 501 (c)(3), relates to our exempt purpose as described in Part III attachment.
- Line 103      **Purchase Discounts** are the result of volume purchases made during the year. These purchases include medical supplies and office supplies used in our exempt activities.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

| NAME AND ADDRESS   | EMPLOYER IDENTIFICATION NUMBER | PERCENTAGE OWNERSHIP INTEREST | NATURE OF BUSINESS ACTIVITIES | TOTAL INCOME | ENDING ASSETS |
|--|--------------------------------|-------------------------------|-------------------------------|--------------|---------------|
| RADIUS HEALTH CARE CENTERS<br>3663 WOODWARD AVENUE, STE 200<br>DETROIT, MI 48201   | 38-2282743                     | 100.000000                    | HEALTH CARE                   | 198,303.     | 970,504.      |
| DMC HEALTH CARE CENTERS, INC.<br>41935 W 12 MILE ROAD<br>NOVI, MI 48377            | 38-2648666                     | 100.000000                    | MEDICAL SERV                  | NONE         | 214.          |
| DMC INSURANCE, LTD<br>MARSH & MCLEAN MGMT LTD<br>GEORGE TOWN, GRAND CAYMANS, BVI   | 98-0198240                     | 100.000000                    | LIAB. INSUR.                  | NONE         | 161,957,352.  |
| MEDICAL PROVIDER ORGANIZATION<br>3990 JOHN R (HARPER BRUSH 7)<br>DETROIT, MI 48201 | 38-2823100                     | 100.000000                    | ADMIN SERV.                   | 23,800.      | 187,200.      |
| PHYX, INC.<br>27209 LAHSER, STE 222<br>SOUTHFIELD, MI 48034                        | 38-3559445                     | 100.000000                    | HEALTH CARE                   | 202,965.     | 79,321.       |
| CHILDREN'S CHOICE OF MICHIGAN<br>3990 JOHN R (HARPER BRUSH 7)<br>DETROIT, MI 48201 | 38-3318267                     | 100.000000                    | COST REIMB                    | 26,591,001.  | 7,044,355.    |

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

| EMPLOYER IDENTIFICATION NUMBER | NAME AND ADDRESS | PERCENTAGE OWNERSHIP INTEREST | NATURE OF BUSINESS ACTIVITIES | TOTAL INCOME | ENDING ASSETS |
|--------------------------------|------------------|-------------------------------|-------------------------------|--------------|---------------|
| -----                          | -----            | -----                         | -----                         | -----        | -----         |

TOTAL INCOME

===== 27,016,069. -----

===== 170,238,946. -----

**The Detroit Medical Center**  
**EIN: 38-2571767**

**2003 Schedule A (Form 990)**

**Compensation of the Five Highest Paid Employees Other Than Officers, Directors, Trustees, and Key Employees**

| <b>(A) Name and address of<br/>each employee paid<br/>more than \$50,000</b>  | <b>(B) Title and average<br/>hours per week<br/>devoted to position</b> | <b>(C)<br/>Compensation</b> | <b>(D) Contributions to<br/>employee benefit<br/>plans &amp; deferred<br/>compensation</b> | <b>(E) Expense<br/>account &amp;<br/>other allowances</b> |
|---|---|-----------------------------|--|---|
| Pamela Jackson<br>Detroit Medical Center<br>3663 Woodward Avenue, Suite 200<br>Detroit, MI 48201                              | Corp Dir, Tax & Payroll Svcs.<br>50 Hours                               | \$ 139,844                  | \$ 3,801   | \$ -  |
| John Keels<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201                | Executive Director, Assoc.<br>Hospitals Proc. Facility<br>50 Hours      | \$ 143,097                  | \$ 8,449   | \$ -  |
| Sandra Nehlsen Cannarella<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201 | Technical Director (Lab)<br>50 Hours                                    | \$ 193,564                  | \$ 6,854   | \$ -  |
| Gail Pabarue<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201              | Deputy General Counsel<br>50 Hours                                      | \$ 178,250                  | \$ 4,442   | \$ -  |
| Carol Tarnowsky<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201           | Associate General Counsel<br>50 Hours                                   | \$ 150,399                  | \$ 4,561   | \$ -  |
| <b>Total number of other<br/>employees paid over \$50,000</b>   |   | <b>412</b>                  |  |   |



**The Detroit Medical Center**  
**EIN: 38-2571767**

**2003 Schedule A (Form 990)**

**Compensation of the Five Highest Paid Employees Other Than Officers, Directors, Trustees, and Key Employees**

| <b>(A) Name and address of<br/>each employee paid<br/>more than \$50,000</b>  | <b>(B) Title and average<br/>hours per week<br/>devoted to position</b> | <b>(C)<br/>Compensation</b> | <b>(D) Contributions to<br/>employee benefit<br/>plans &amp; deferred<br/>compensation</b> | <b>(E) Expense<br/>account &amp;<br/>other allowances</b> |
|---|---|-----------------------------|--|---|
| Pamela Jackson<br>Detroit Medical Center<br>3663 Woodward Avenue, Suite 200<br>Detroit, MI 48201                              | Corp Dir, Tax & Payroll Svcs.<br>50 Hours                               | \$ 139,844                  | \$ 3,801   | \$ -  |
| John Keels<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201                | Executive Director, Assoc.<br>Hospitals Proc. Facility<br>50 Hours      | \$ 143,097                  | \$ 8,449   | \$ -  |
| Sandra Nehlsen Cannarella<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201 | Technical Director (Lab)<br>50 Hours                                    | \$ 193,564                  | \$ 6,854   | \$ -  |
| Gail Pabarue<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201              | Deputy General Counsel<br>50 Hours                                      | \$ 178,250                  | \$ 5,721   | \$ -  |
| Carol Tamowsky<br>Detroit Medical Center<br>c/o Harper Hospital Administration<br>3990 John R<br>Detroit, MI 48201            | Associate General Counsel<br>50 Hours                                   | \$ 150,399                  | \$ 4,561   | \$ -  |
| <b>Total number of other<br/>employees paid over \$50,000</b>   |   | <b>412</b>                  |  |   |

**Detroit Medical Center  
EIN: 38-2571767**

**2003 Schedule A (Form 990)  
Part III, Item 2c**

**STATEMENTS ABOUT ACTIVITIES**

During the year, The Detroit Medical Center paid \$101,086 to KMT Group, LLC for 3<sup>rd</sup> party recovery services, \$208,333 to M & A Enterprises, LLC for business consulting services, and \$208,333 to JEDI Consulting, LLC for business consulting services. One of the trustees of The Detroit Medical Center has an ownership interest in each of these three companies.

Two entities owned and/or controlled by an officer/trustee of The Detroit Medical Center also received payments from The Detroit Medical Center during 2003: \$650,000 was paid to UROP, P.C. for business consulting services, and \$44,800 was paid to Biomedical Properties for office space.

SCHEDULE A, PART IV - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

NAME(S) OF SUPPORTED ORGANIZATION(S)

BOX NUMBER FROM PART IV

|   |    |
|---|----|
| CHILDREN'S HOSPITAL OF MICHIGAN                         | 07 |
| DETROIT RECEIVING HOSPITAL AND UNIVERSITY HEALTH CENTER | 07 |
| HARPER-HUTZEL HOSPITAL                                  | 07 |
| HURON VALLEY HOSPITAL, INC.                             | 06 |
| SINAI HOSPITAL OF GREATER DETROIT                       | 07 |
| REHABILITATION INSTITUTE, INC.                          | 07 |
| WAYNE STATE UNIVERSITY                                  | 06 |

**The Detroit Medical Center  
38-2571767**

**2003 Schedule A, Form 990  
Part VI-B**

**Description of Lobbying Activities**

During 2003, the Detroit Medical Center participated in various meetings and telephone discussions with legislators and sent mailings to legislators in connection with various health care issues. Participation included time spent by internal staff, as well as time spent by contracted lobbying consultants. The primary issues discussed were:

- ✓ Licensure of Canadian nurses and other health care professionals
- ✓ Funding for children's hospitals graduate medical education
- ✓ Appropriations for the Department of Community Health and the Medicaid program
- ✓ Funding for graduate medical education
- ✓ Funding for the disproportionate share hospital program
- ✓ Medicare wage index reclassification
- ✓ Certificate of need standards for covered clinical services
- ✓ Medicaid reimbursement policies impacting the DMC
- ✓ Labor-HHS appropriations and grants for FY 2003-04
- ✓ Medicare funding for hospitals and long-term care facilities
- ✓ Regulation of Medicaid HMOs
- ✓ Certificate of need reform and hospital bed transfer issues
- ✓ Funding for bioterrorism planning and preparedness
- ✓ Increasing access to health care coverage for the uninsured
- ✓ Legislation creating statewide trauma system
- ✓ Insurance coverage for nurse midwife services
- ✓ Legislation declaring conscientious objector status
- ✓ Legislation on lead poisoning prevention
- ✓ Legislation increasing the tax on tobacco products and earmarking funds for health care
- ✓ Michigan hospital quality assurance assessment
- ✓ Wayne County health care program for indigent
- ✓ Immigration issue for Canadian health professionals
- ✓ Nurse staffing ratios
- ✓ Medical liability reform
- ✓ Access to medical records
- ✓ Patient safety

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

|   |   |   |
|---|---|---|
| Type or print<br><br>File by the extended due date for filing the return. See instructions. | Name of Exempt Organization<br><b>The Detroit Medical Center</b>  | Employer identification number<br><b>38 2571767</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>3663 Woodward - Ste. 200</b>                 | For IRS use only                                    |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>Detroit, MI 48201-2403</b> |   |

Check type of return to be filed (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the **whole** group, check this box  . If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until November 15, 2004.

5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_\_.

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension Due to circumstances beyond our control, the return is being prepared by an external firm (E&Y). Also, additional time is needed to compile the information necessary to file a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature William Rochefort Title VP of Finance/Controller Date EXTENSION APPROVED

**Notice to Applicant—To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for filing the return otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other \_\_\_\_\_

**AUG 13 2004**

RECEIVED  
SUBMISSION PROCESSING, OGDEN  
AUG 17 2004  
OGDEN, UT

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

|               |  |
|---------------|--|
| Type or print | Name<br><b>Barbara E. Arms - DMC</b>   |
|               | Number and street (include suite, room, or apt. no.) Or a P.O. box number<br><b>3663 Woodward - Ste. 200</b> |
|               | City or town, province or state, and country (including postal or ZIP code)<br><b>Detroit, MI 48201-2403</b> |
|               |  |

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time**—Only submit original (no copies needed)

**Note: Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

|   |   |   |
|---|---|---|
| Type or print<br><br>File by the due date for filing your return. See instructions. | Name of Exempt Organization<br><b>The Detroit Medical Center</b>  | Employer identification number<br><b>38 2571767</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>3663 Woodward - Ste. 200</b>                 |   |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>Detroit, MI 48201-2403</b> |   |
|   |   |   |

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the **whole** group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until August 15, 2004, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2003, or  
 ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

**Signature and Verification**

\_\_\_\_\_  
 I am filing this form, including accompanying schedules and statements, and to the best of my knowledge and belief,

Date ▶ \_\_\_\_\_

Form **8868** (12-2000)

U.S. POSTAL SERVICE **CERTIFICATE OF MAILING**  
 MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT PROVIDE FOR INSURANCE—POSTMASTER

Orchestra Place-Tax Services  
 The Detroit Medical Center  
 3663 Woodward - Ste. 200  
 Detroit, MI 48201-2403

Internal Revenue Service  
 Ogden, UT 84201-0012

8582 MAILED FROM POST OFFICE  
 1890  
 9851  
 00 900  
 MAY 17 2004  
 48201

U.S. POSTAGE  
 PITNEY BOWES

PS 3540747