

Return of Organization Exempt From Income Tax

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

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning 2004, and ending

Form header section containing organization name (THE DETROIT MEDICAL CENTER), address (3663 WOODWARD AVENUE, SUITE 200), and identification numbers (Employer ID: 38-2571767, Telephone: (313) 578-2063).

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) [X] 501(c)(3) [] 4947(a)(1) or [] 527

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 [X] 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 [X] 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 12 329,445,367.

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

SCANNED DEC 09 2005

Main table with columns for Revenue, Expenses, and Net Assets. Rows include contributions received, program service revenue, membership dues, interest on savings, dividends, gross rents, net rental income, other investment income, gross amount from sales of assets, special events, and total revenue/expenses.

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Handwritten numbers 613 and 10

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)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22 NONE	22 NONE		
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 6,049,670.	25 2,205,540.	25 3,844,130.	
26 Other salaries and wages	26 104,925,863.	26 81,662,031.	26 23,263,832.	
27 Pension plan contributions	27 2,854,683.	27 2,426,480.	27 428,203.	
28 Other employee benefits	28 18,970,666.	28 18,385,036.	28 585,630.	
29 Payroll taxes	29 8,087,789.	29 6,268,646.	29 1,819,143.	
30 Professional fundraising fees	30			
31 Accounting fees	31 724,772.	31 596,487.	31 128,285.	
32 Legal fees	32 2,674,676.	32 2,610,031.	32 64,645.	
33 Supplies	33 15,360,370.	33 15,000,993.	33 359,377.	
34 Telephone	34			
35 Postage and shipping	35 992,129.	35 756,011.	35 236,118.	
36 Occupancy	36 14,071,233.	36 12,892,391.	36 1,178,842.	
37 Equipment rental and maintenance	37 729,339.	37 718,221.	37 11,118.	
38 Printing and publications	38 72,878.	38 26,268.	38 46,610.	
39 Travel	39 186,930.	39 48,381.	39 138,549.	
40 Conferences, conventions, and meetings	40 68,571.	40 52,252.	40 16,319.	
41 Interest	41 16,491,042.	41 12,899,811.	41 3,591,231.	
42 Depreciation, depletion, etc (attach schedule)	42 28,584,067.	42 26,122,104.	42 2,461,963.	
43 Other expenses not covered above (itemize) STMT 2	43a 99,562,286.	43a 92,099,840.	43a 7,462,446.	
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 320,406,964.	44 274,770,523.	44 45,636,441.	

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 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.)

What is the organization's primary exempt purpose? _____	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a <u>LABORATORY SERVICES</u> <u>SEE STATEMENT PART III</u> (Grants and allocations \$ NONE)	61,734,649.
b <u>GRADUATE MEDICAL EDUCATION</u> <u>SEE STATEMENT PART III</u> (Grants and allocations \$ NONE)	51,347,564.
c <u>MANAGEMENT INFORMATION SYSTEMS</u> <u>SEE STATEMENT PART III</u> (Grants and allocations \$ NONE)	95,250,853.
d <u>ADMINISTRATIVE AND STRATEGIC PLANNING SERVICES</u> <u>SEE STATEMENT PART III</u> (Grants and allocations \$ NONE)	22,431,810.
e Other program services (attach schedule) (Grants and allocations \$ NONE)	44,005,647.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	274,770,523.

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

				(A)		(B)	
				Beginning of year		End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only							
Assets	45	Cash - non-interest-bearing		1,414,995.	45	4,325,713.	
	46	Savings and temporary cash investments		29,594,431.	46	26,653,579.	
	47a	47a	16,144,392.				
		b	Less allowance for doubtful accounts	47b 936,787.	15,500,400.	47c	15,207,605.
	48a	48a	NONE				
		b	Less allowance for doubtful accounts	48b NONE	NONE	48c	NONE
	49	Grants receivable		213,277.	49	10,870.	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a	Other notes and loans receivable (attach schedule) STMT 3		51a 9,244,224.			
		b	Less allowance for doubtful accounts	51b	11,808,666.	51c	9,244,224.
	52	Inventories for sale or use		-250,610.	52	-203,208.	
	53	Prepaid expenses and deferred charges		18,484,039.	53	10,551,429.	
	54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			54		
	55a	Investments - land, buildings, and equipment basis		55a			
		b	Less accumulated depreciation (attach schedule)	55b		55c	
56	Investments - other (attach schedule)			56			
57a	57a	303,011,413.					
	b	Less accumulated depreciation (attach schedule)	57b 241,540,523.	99,596,994.	57c	61,470,890.	
58	Other assets (describe <input type="checkbox"/> STMT 4)		379,665,096.	58	453,139,678.		
59	Total assets (add lines 45 through 58) (must equal line 74)		556,027,288.	59	580,400,780.		
Liabilities	60	Accounts payable and accrued expenses		76,028,778.	60	66,970,527.	
	61	Grants payable			61		
	62	Deferred revenue		165,193.	62	1,039,166.	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax-exempt bond liabilities (attach schedule)		79,651,955.	64a	79,651,955.	
		b	Mortgages and other notes payable (attach schedule) STMT 5	246,144,272.	64b	272,743,486.	
65	Other liabilities (describe <input type="checkbox"/> STMT 6)		203,986,359.	65	219,268,896.		
66	Total liabilities (add lines 60 through 65)		605,976,557.	66	639,674,030.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.						
	67	Unrestricted		-65,191,207.	67	-74,746,407.	
	68	Temporarily restricted		14,033,938.	68	14,265,157.	
	69	Permanently restricted		1,208,000.	69	1,208,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	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	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		-49,949,269.	73	-59,273,250.		
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		556,027,288.	74	580,400,780.		

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	325,246,620.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$		-262,178.
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	STMT 7 \$		-31,134.
	Add amounts on lines (1) through (4) ▶	b	-293,312.
c	Line a minus line b ▶	c	325,539,932.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2) . . ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	325,539,932.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements . . . ▶	a	320,375,830.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4) . . ▶	b	
c	Line a minus line b ▶	c	320,375,830.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify)		
	\$		
	STMT 8 \$		31,134.
	Add amounts on lines (1) and (2) . . ▶	d	31,134.
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	320,406,964.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT PART V				
		6,049,670.	617,823.	2,310.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No
 If "Yes," attach schedule - see page 28 of the instructions

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

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
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?
80b If "Yes," enter the name of the organization
81a Enter direct and indirect political expenditures See line 81 instructions.
81b Did the organization file Form 1120-POL for this year?
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?
82b 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)
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs Enter a Gross income from members or shareholders
87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
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
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911
89b 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?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)
91 The books are in care of
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Dividends and interest from securities, Net rental income, and FICA REFUND.

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

Table with 2 columns: 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.

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

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

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

Form with two questions (a) and (b) regarding personal benefit contracts, with Yes/No checkboxes.

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

Signature block containing 'Please Sign Here' and 'Paid Preparer's Use Only' sections with handwritten signatures and printed names.

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

2004

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>CASSANDRA DAVIS</u> 3990 JOHN R DETROIT, MI 48201	ASSOC. GEN. COUNSEL 50 HOURS	147,866.	17,574.	NONE
<u>PAMELA JACKSON</u> 3663 WOODWARD AVE., SUITE 200 DETROIT, MI 48201	CORP DIR-TAX & PAYRL 50 HOURS	145,223.	8,418.	NONE
<u>JOHN KEELS</u> 3990 JOHN R DETROIT, MI 48201	EXEC DIR-ASSOC HOSP. 50 HOURS	151,830.	15,570.	NONE
<u>SANDRA NEHLSSEN CANNARELLA</u> 3990 JOHN R DETROIT, MI 48201	TECHNICAL DIR. (LAB) 50 HOURS	201,009.	11,357.	NONE
<u>GAIL PABARUE</u> 3990 JOHN R DETROIT, MI 48201	ASSOC. GEN. COUNSEL 50 HOURS	195,017.	11,178.	NONE
Total number of other employees paid over \$50,000 ▶	484			

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>NEW IMAGE BUILDING SERVICES</u> 320 CHURCH STREET, MT CLEMENS, MI 48043	BUILDINGS SVCS	245,072.
<u>DAVID WHITAKER, JR.</u> PO BOX 02581, DETROIT, MI 48202	SECURITY SERVICES	123,737.
<u>WOLINSKI & COMPANY CPA PC</u> PO BOX 77000, DETROIT, MI 48277	ACCOUNTING SVCS	100,276.
Total number of others receiving over \$50,000 for professional services ▶	NONE	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2004

JSA

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>32,000</u> . (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		X
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? STMT 13	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . FORM 990, PART V	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	
4a	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
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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 14	

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 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) 2003, (b) 2002, (c) 2001, (d) 2000, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add Amounts from column (e) for lines 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

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. Enter the sum of such amounts for each year

(2003) (2002) (2001) NOT APPLICABLE (2000)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2003) (2002) (2001) (2000)

c Add Amounts from column (e) for lines 15, 16, 17, 20, 21; d Add Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test Enter amount from line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h 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 2000 through 2003, 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) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)	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)		

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)		

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? 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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

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

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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 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
a Volunteers		X	STMT 15
b Paid staff or management (Include compensation in expenses reported on lines c through h)	X		
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body STMT 16	X		32,000
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			32,000

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with columns: Question, Yes, No. Rows include: a Transfers from the reporting organization to a noncharitable exempt organization of (i) Cash, (ii) Other assets; b Other transactions (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services; c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Schedule table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. First row contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [] Yes [X] No

b If "Yes," complete the following schedule

Schedule table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. First row contains 'N/A'.

THE DETROIT MEDICAL CENTER
 EIN: 38-2571767

2004 FORM 990
 PART I, LINE 8

GAIN/(LOSS) FROM SALES OF ASSETS OTHER THAN INVENTORY
 Column (A) Securities

<u>Asset Description</u>	<u>How Acquired</u>	<u>Gross Proceeds</u>	<u>Cost</u>	<u>Expenses of Sale</u>	<u>Adjusted Basis</u>	<u>Gain/(Loss)</u>
Column (A) Securities						
Stocks	Publicly traded and sold through a broker	\$ 688,948	\$ 627,022	\$ -	\$ 627,022	\$ 61,926
Corporate Bonds	Publicly traded and sold through a broker	75,580	71,421	-	71,421	4,159
U.S. Government & Agency Obligations	Publicly traded and sold through a broker	317,921	314,297	-	314,297	3,624
Other Securities	Publicly traded and sold through a broker	62,998	62,821	-	62,821	177
Total Column (A) Securities		\$ 1,145,447	\$ 1,075,561	\$ -	\$ 1,075,561	\$ 69,886

THE DETROIT MEDICAL CENTER
ID #38-2571767

2004 Form 990
Line 8

Gain or (Loss) From Sale of Assets Other Than Inventory
Column (B) Other

Asset Description	Date of Acquisition	How Acquired	Date of Sale	To Whom Sold	Gross Sales Price	Cost, other basis or value @ donation	Exp of Sale & cost of Improvem.	Accumulated Depreciation	Adjusted Basis	Gain or (Loss)
Cubicle curtains	01/01/04	Bought	01/01/04		0	840		0	840	(840)
CIP-0103-PHNS/RMS shelving	01/01/04	Bought	12/01/04			3,464,123		635,089	2,829,034	(2,829,034)
Total Column (B) Other					<u>-</u>	<u>-</u>	<u>-</u>	<u>635,089</u>	<u>2,829,874</u>	<u>(2,829,874)</u>

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

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS ON INVESTMENTS	262,178.
PRIOR-YEAR ADJUSTMENT	28,099.
CHANGE IN NOTE PAYABLE	6,343,777.
CHANGE IN PENSION LIABILITY	7,822,895.

TOTAL	14,456,949.
	=====

THE DETROIT MEDICAL CENTER
ID #38-2571767

2004 Form 990
Part II, Line 42

Depreciation and Amortization

Asset Category	2004 Depreciation/ Amortization	Depreciation Method Used	Estimated Useful Lives, in General
Land Improvements	\$ 3,458	Straight Line	**
Capitalized Interest	190,963	Straight Line	**
Building and Leasehold Improvements	249,296	Straight Line	**
Furniture and Fixtures	28,100,852	Straight Line	**
Equipment	39,498	Straight Line	**
Software	<u>-</u>	Straight Line	**
Depreciation per schedule	<u>\$ 28,584,067</u>		

** American Hospital Association Depreciation Guidelines

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
-----	-----	-----	-----
PHYSICIAN SERVICES	8,305,371.	8,101,744.	203,627.
BUSINESS CONSULTING	3,207,050.	1,760,885.	1,446,165.
PROMOTION SERVICES	2,707,034.	1,728,292.	978,742.
OTHER PROFESSIONAL SERVICES	1,752,576.	1,118,923.	633,653.
LABORATORY	2,016,140.	1,994,270.	21,870.
SERVICE CONTRACTS	737,091.	725,855.	11,236.
DATA PROCESSING	68,648,963.	67,904,279.	744,684.
LAUNDRY	1,319.	1,305.	14.
COLLECTION	930.	920.	10.
PURCHASED SERVICES	7,878,852.	6,815,207.	1,063,645.
AMORTIZATION	607,000.	462,540.	144,460.
BAD DEBT EXPENSE	374,109.	374,109.	
PROFESSIONAL LIAB. INSURANCE	-3,376,561.	-3,376,035.	-526.
TAXES	241,823.	200,412.	41,411.
DUES	1,053,504.	379,718.	673,786.
MANAGEMENT FEES	610,467.	252,343.	358,124.
MISCELLANEOUS	4,796,618.	3,655,073.	1,141,545.
	-----	-----	-----
TOTALS	99,562,286.	92,099,840.	7,462,446.
	=====	=====	=====

**The Detroit Medical Center
38-2571767**

**2004 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**

**2004 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**

**2004 Form 990
Part IV, Line 51**

Other Notes And Loans Receivable

<u>ITEM</u>	<u>DETAIL</u>	<u>END OF YEAR</u>
1 (a) Borrower's name	Sinai Hospital of Greater Detroit	
(c) Balance Due		\$9,201,946
** Section 501(c)(3) Organization **		
2 (a) Borrower's name	*Associated Hospitals Processing Facility	
(b) Original Amount	\$450,000	
(c) Balance Due		\$42,278
(d) Date of Note	4/1/2001	
(e) Maturity Date	4/1/2005	
(f) Repayment Terms	**48 Monthly Payments of \$10,568 26	
(g) Interest Rate	6.00%	
(h) Security Provided	None	
(i) Purpose of Loan	Secure Funds to Extinguish Mortgage	
(j) Consideration	Cash	
Total Other Notes and Loans Receivable		\$9,244,224

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

** 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.

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

**2004 Form 990
Part IV, Line 57**

Land, Building and Equipment

	<u>Cost or Other Basis</u>	<u>Accumulated Depreciation</u>	<u>12/31/04 Book Value</u>
Land and Land Improvements	\$ 595,844	\$ 595,844	\$ (0)
Capitalized Interest	1,909,627	954,813	954,813
Building and Building Improvements	5,355,703	3,261,392	2,094,310
Furniture and Fixtures	294,488,076	236,441,345	58,046,731
Equipment	662,163	287,127	375,035
Software	-	-	-
Total	<u>\$ 303,011,413</u>	<u>\$ 241,540,523</u>	<u>\$ 61,470,890</u>

FORM 990, PART IV - OTHER ASSETS
 =====

DESCRIPTION -----	ENDING BOOK VALUE -----
FUNDS HELD - BOND AGREEMENT	710,601.
DONOR-RESTRICTED FUNDS	247,183.
RESTRICTED FUNDS - ENDOWMENT	1,699,958.
ASSET CLEARING	17,538,796.
GOODWILL	2,417,333.
DEFERRED DEBT ISSUANCE COST	1,713,520.
DUE FROM AFFILIATES	19,146,068.
CENTRAL CASH	162,733,177.
INVESTMENT IN DMC CLINIC PLAN	1,922,150.
INVESTMENTS IN SUBSIDIARIES	176,607,352.
INVESTMENT IN COMPUWARE	2,747,550.
REFUND RECEIVABLE	8,104,112.
OTHER ASSETS	57,551,878.

TOTALS	453,139,678.
	=====

The Detroit Medical Center
38-2571767

2004 Form 990
Part IV, Line 64a

Tax-Exempt Bond Liabilities Outstanding Any Time During the Year

	DETAIL	END OF YEAR
(a) Issue Date	09/22/98 (Series 1998A)	
(b) Purpose of the Issue	Equipment, software, and installation cost of a new clinical information system, radiologic information system, ambulatory billing system fetal monitoring system and human resources/payroll system which will support the operations of DMC facilities	
(c) Original Amount (PAR)	\$37,247,978	\$52,214,644 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-Government 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 covenant	
<i>If Outstanding at 12/31 Complete (f)</i>		
(f) Outstanding Obligation		
(i) Anticipated Completion Date of Project finance	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 @ 12/31/99	
<i>If Paid of Retired During the Year Complete (g)</i>		
(g) Retirement/Payment of Debt		
(i) Date Retired or Paid	\$0	

The Detroit Medical Center
38-2571767

2004 Form 990
Part IV, Line 64a

Tax-Exempt Bond Liabilities Outstanding Any Time During the Year

	DETAIL	END OF YEAR
(a) Issue Date	10/1/97 (Series 1997A)	
(b) Purpose of the Issue	Equipment, software, and installation cost of a new clinical information system which will support the operations of all DMH 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-Government 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 covenant	
<i><u>If Outstanding at 12/31 Complete (f)</u></i>		
(f) Outstanding Obligation		
(i) Anticipated Completion Date of Project finance	12/31/1999	
(ii) Amount of Issue Outstanding	\$0	\$0 Construction Fund
(iii) Unexpended Bond Proceeds (if any)		
<i><u>If Paid or Retired During the Year Complete (g)</u></i>		
(g) Retirement/Payment of Deb		
(i) Date Retired or Paid	\$0	
Total Tax-Exempt Bond Liabilities		<u>\$79,651,955</u>

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

2004 Form 990
Part IV, Line 64b

Notes Payable

<u>ITEM</u>	<u>DETAIL</u>	<u>END OF YEAR</u>
1	(a) Lender (b) Original Amount (c) Balance Due (d) Date of Note (e) Maturity Date (f) Repayment Terms (g) Interest Rate (h) Security Provided (i) Purpose of Loan (j) Consideration	Rehabilitation Institute of Michigan Funded Depreciation \$11,000,000 \$12,602,625
	October, 1999 December, 2010 Prime Rate as quoted by Wall Street Journal Working Capital Cash	
2	(a) Lender (b) Original Amount (c) Balance Due (d) Date of Note (e) Maturity Date (f) Repayment Terms (g) Interest Rate (h) Security Provided (i) Purpose of Loan (j) Consideration	Detroit Receiving Hospital \$252,014,881
	(a) Lender (b) Original Amount (c) Balance Due (d) Date of Note (e) Maturity Date (f) Repayment Terms (g) Interest Rate (h) Security Provided (i) Purpose of Loan (j) Consideration	CHM \$8,125,980
TOTAL MORTGAGES AND OTHER NOTES PAYABLE		\$272,743,486

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
PROFESSIONAL LIABILITY	-1,495,666.
POST-RETIREMENT BENEFITS	157,734,478.
DUE TO AFFILIATES	13,206,813.
INTERCOMPANY BORROWINGS	30,309,487.
RESIDENTS FICA LIABILITY	8,104,414.
OTHER LIABILITIES	11,409,370.

TOTALS	219,268,896.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
EXPENSE NETTED WITH NONOPERATING REVENUE	-31,134.
TOTAL	-31,134.

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
EXPENSES NETTED WITH NONOPERATING REVENUE	31,134.
TOTAL	31,134.

The Detroit Medical Center
 EIN: 38-2571767

2004 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 & deferred compensation</u>	<u>(E) Expense account & other allowances</u>
<u>Officers:</u>				
Agustin Arbulu Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	VP Medical Staff Affairs 40 Hours	\$ 28,850	\$ -	\$ -
Floyd Allen Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	General Counsel/Secretary 50 Hours	\$ 247,840	\$ -	\$ -
Stanton M. Beatty Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	Corp. VP Compliance & Assoc. General Counsel 50 Hours	\$ 180,030	\$ 19,929	\$ -
Susan L. Capatina Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	VP Corp. Offices/Chief of Staff 50 Hours	\$ 154,515	\$ 8,463	\$ -

The Detroit Medical Center
 EIN: 38-2571767

2004 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 & deferred compensation</u>	<u>(E) Expense account & other allowances</u>
Richard Cole Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	Executive VP/Chief Administrative Officer/ 50 Hours	\$ 345,341	\$ 23,655	\$ -
Fernando G. Diaz Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	Senior VP/ Chief Medical Officer 50 Hours	\$ 224,753	\$ 273,620	\$ -
Michael Duggan Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	President/ CEO DMC System/ Trustee 55 Hours	\$ 545,068	\$ 21,096	\$ -
Luanne M. Ewald Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	Corp VP Marketing & Business Development/ 50 Hours	\$ 141,449	\$ 17,037	\$ -

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

2004 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 & deferred compensation</u>	<u>(E) Expense account & other allowances</u>
Linda A. Filipczak Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	VP Physician Sales & Service 50	\$ 161,707	\$ 5,579	\$ -
Donald Groth Detroit Medical Center 3663 Woodward Avenue, Suite 200 Detroit, MI 48201	Corp VP Mat'l's Resource Mgt. 50 Hours	\$ 115,799	\$ 17,447	\$ -
Mark Juzych Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	VP Academic Affairs 20 Hours	\$ 64,089	\$ 1,476	\$ -
Michael Lacusta Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	SVP Chief Restructuring Officer 50 Hours	\$ 365,026	\$ 23,156	\$ -
Michael LeRoy Detroit Medical Center 3663 Woodward Avenue, Suite 200 Detroit, MI 48201	Corp VP / Chief Information Officer 50 Hours	\$ 120,910	\$ 14,155	\$ -

The Detroit Medical Center
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2004 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 & deferred compensation</u>	<u>(E) Expense account & other allowances</u>
Ruthann Liagre Detroit Medical Center 3663 Woodward Avenue, Suite 200 Detroit, MI 48201	Corp. VP Human Resources 50 Hours	\$ 236,027	\$ 20,606	\$ -
Stephen W. Loree Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	Corp. VP Strategic Financial Planning 50 Hours	\$ 147,618	\$ 18,202	\$ -
Tammy S. Lundstrom Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	Corp. VP Chief Quality/ Safety Officer 50 Hours	\$ 182,403	\$ 7,296	\$ -
Gwendolyn M. MacKenzie Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	Exec.VP/ Chief Operating Officer 55 Hours	\$ 462,471	\$ 20,686	\$ 1,000
Thomas Malone Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	SVP Managed Care/ Exec VP Medical & Academic Affairs 50 Hours	\$ 323,552	\$ 23,096	\$ -

The Detroit Medical Center
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2004 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 & deferred compensation</u>	<u>(E) Expense account & other allowances</u>
Thomas McGraw Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	General Counsel/Secretary 50 Hours	\$ 11,004	\$ -	\$ -
Christopher Palazzolo Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	Exec VP/ Chief Financial Officer 50 Hours	\$ 350,971	\$ 18,966	\$ -
Michael A. Pelc Detroit Medical Center 3663 Woodward Avenue, Suite 200 Detroit, MI 48201	Corp. VP Reimbursement 50 Hours	\$ 202,653	\$ 17,284	\$ 1,310
Jose E. Pontes Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	SVP Int'l Center/Phy Sales & Svc 10 Hours	\$ 145,468	\$ -	\$ -
Diana Prosi Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	Corp VP Business Strategy & Marketing 50	\$ 64,152	\$ 12,265	\$ -

The Detroit Medical Center
EIN: 38-2571767

2004 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 & deferred compensation</u>	<u>(E) Expense account & other allowances</u>
William F. Rochefort Detroit Medical Center 3663 Woodward Avenue, Suite 200 Detroit, MI 48201	Corp. VP Finance/Controller 50 Hours	\$ 190,329	\$ 16,764	\$ -
Theodore Schreiber, MD Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	VP Cardiovascular Development 20 Hours	\$ 189,583	\$ -	\$ -
Candace E. Scott Detroit Medical Center 3663 Woodward Avenue, Suite 200 Detroit, MI 48201	Corp. VP Patient Financial Services 50 Hours	\$ 150,060	\$ 18,423	\$ -
Iris A. Taylor Detroit Receiving Hospital and University Health Center 4201 St. Antoine Detroit, MI 48201	SVP/Pres. Harper-Hutzel Hospital/ Pres. Detroit Receiving Hosp. 5 Hours	\$ 340,025	\$ 9,691	\$ -
Verdell Tolbert Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	Corp. VP Laboratory Services 50 Hours	\$ 163,246	\$ 2,889	\$ -

The Detroit Medical Center
 EIN: 38-2571767

2004 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 & deferred compensation</u>	<u>(E) Expense account & other allowances</u>
John B. Waller, Jr. Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	SVP Community Health 10 Hours	\$ 8,184	\$ -	\$ -
Mary Zuckerman Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201	Corp VP Finance/Treasurer 50 Hours	\$ 186,547	\$ 6,042	\$ -
Leslie Bowman Detroit Receiving Hospital and University Health Center 4201 St. Antoine Detroit, MI 48201	SVP/Pres. Detroit Receiving Hosp. & Univ. Health Center 5 Hours	\$ -	\$ -	\$ -
Larry E. Fleischmann Children's Hospital of Michigan 3901 Beaubien Detroit, MI 48201	SVP/Pres. Children's Hospital of Michigan 5 Hours	\$ -	\$ -	\$ -
Conrad Mallett Sinai Hospital of Greater Detroit 6767 West Outer Drive Detroit, MI 48235	SVP/Pres. Sinai Hospital of Greater Detroit 5 Hours	\$ -	\$ -	\$ -

The Detroit Medical Center
EIN: 38-2571767

2004 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 & deferred compensation</u>	<u>(E) Expense account & other allowances</u>
Kathleen Ralston Detroit Receiving Hospital and University Health Center 4201 St. Antoine Detroit, MI 48201	Corp VP Financial Analysis & Budget/ 20 Hours	\$ -	\$ -	\$ -
Terry A. Reiley Rehabilitation Institute, Inc. 261 Mack Blvd. Detroit, MI 48201	SVP/Pres. Rehab. Institute, Inc. & Mich. Orthopedic Specialty Hosp. 5 Hours	\$ -	\$ -	\$ -
John C. Ruckdeschel Harper-Hutzel Hospital 3990 John R Detroit, MI 48201	SVP/Pres. Karmanos Cancer Hospital 5 Hours	\$ -	\$ -	\$ -
James Stopford Detroit Receiving Hospital and University Health Center 4201 St. Antoine Detroit, MI 48201	Corp VP Diagnostic & Intervention 50 Hours	\$ -	\$ -	\$ -
Robert J. Yellan Huron Valley Hospital, Inc. 1 William Carls Drive Commerce Twp., MI 48382	SVP/Pres. Huron Valley Hospital, Inc. 5 Hours	\$ -	\$ -	\$ -

The Detroit Medical Center
EIN: 38-2571767

2004 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 & deferred compensation</u>	<u>(E) Expense account & other allowances</u>
<u>Trustees:</u>				
<i>Note: The following trustees may all be reached at: Detroit Medical Center c/o Harper Hospital Administration 3990 John R Detroit, MI 48201</i>				
Hassan Amirikia, MD	Trustee/ 1 Hour	\$ 50,000	\$ -	\$ -
Sophie J. Womack, MD	Trustee/ 1 Hour	\$ 70,000	\$ -	\$ -
Christine Beatty	Trustee/ 1 Hour	\$ -	\$ -	\$ -
Dennis Bemis	Trustee/ 1 Hour	\$ -	\$ -	\$ -
Keith Crain	Trustee/ 1 Hour	\$ -	\$ -	\$ -
Stephen R. D'Arcy	Trustee/ 1 Hour	\$ -	\$ -	\$ -
Mary Stephens Ferris	Trustee/ 1 Hour	\$ -	\$ -	\$ -
Merle A. Harris	Trustee/ 1 Hour	\$ -	\$ -	\$ -
Rhea Heil	Trustee/ 1 Hour	\$ -	\$ -	\$ -
Anthony W. Jenkins	Trustee/ 1 Hour	\$ -	\$ -	\$ -

The Detroit Medical Center
 EIN: 38-2571767

2004 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 & deferred compensation</u>	<u>(E) Expense account & other allowances</u>
John Kaplan	Trustee/ 1 Hour	\$ -	\$ -	\$ -
John G. Levy	Vice Chairman/ 2 Hours	\$ -	\$ -	\$ -
William P. MacKinnon	Trustee/ 1 Hour	\$ -	\$ -	\$ -
Charles R. O'Brien	Chairman/ 4 Hours	\$ -	\$ -	\$ -
Dianne Bostic Robinson	Trustee/ 1 Hour	\$ -	\$ -	\$ -
Frank D. Stella	Trustee/ 1 Hour	\$ -	\$ -	\$ -
Lorna L. Thomas, MD	Trustee/ 1 Hour	\$ -	\$ -	\$ -
Gary Torgow	Trustee/ 1 Hour	\$ -	\$ -	\$ -
Joseph C. Verdun, MD	Trustee/ 1 Hour	\$ -	\$ -	\$ -
Richard Widgren	Trustee/ 1 Hour	\$ -	\$ -	\$ -

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

**2004 Form 990, Part V
Compensation Provided by Related Organizations**

<u>Name of Officer, Director, Trustee, or Key Employee</u>	<u>Name of Related Organization & EIN</u>	<u>(C) Compensation</u>	<u>(D) Contrib. To employee ben. plans & def. compensation</u>	<u>(E) Exp. Acct. & other allowances</u>
Leslie Bowman	Detroit Receiving Hosp. & Univ. Health Cntr (38-2320476)	\$ 233,978	\$ 14,680	\$ -
Larry E. Fleischmann	Children's Hospital of Michigan (38-1357994)	\$ 300,205	\$ 23,008	\$ 2,500
Conrad Mallett	Sinai Hospital of Greater Detroit (38-1416522)	\$ 399,485	\$ 23,163	\$ -
Kathleen Ralston	Detroit Receiving Hosp. & Univ. Health Cntr (38-2320476)	\$ 138,424	\$ 15,063	\$ -
Terry A. Reiley	Rehabilitation Institute, Inc. (38-1417366)	\$ 279,382	\$ 13,754	\$ 385
John Ruckdeschel	Harper-Hutzel Hospital (38-2391907)	\$ 209,096	\$ 4,517	\$ -
Theodore Schreiber, MD	Harper-Hutzel Hospital (38-2391907)	\$ 23,298	\$ -	\$ -
James Stopford	Detroit Receiving Hosp. & Univ. Health Cntr (38-2320476)	\$ 141,955	\$ 5,893	\$ -
Robert J. Yellan	Huron Valley Hospital, Inc. (38-2155995)	\$ 279,351	\$ 16,695	\$ -

FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
NET COMMERCIAL LAB REVENUE	621500	69,772,582.			2,521,234.
CONTRACTUAL ADJUSTMENTS	621500	-52,463,298.			
PURCHASING SVC REVENUE					94,895,998.
MANAGEMENT FEES		2,829,512.			182,703,176.
BENEFITS ADMIN.					3,748,231.
OTHER PATIENT SERVICES					11,116,763.
TOTALS		20,138,796.			294,985,402.

THE DETROIT MEDICAL CENTER
38-2571767

2004 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.

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 3663 WOODWARD AVENUE, STE 200 DETROIT, MI 48201 38-2282743	100.000000	HEALTH CARE	3,024,202.	1,737,316.
DMC HEALTH CARE CENTERS, INC. 41935 W 12 MILE ROAD NOVI, MI 48377 38-2648666	100.000000	MEDICAL SERV	NONE	214.
DMC INSURANCE, LTD MARSH & MCLEAN MGMT LTD GEORGE TOWN, GRAND CAYMANS, BWI 98-0198240	100.000000	LIAB. INSUR.	NONE	NONE
MEDICAL PROVIDER ORGANIZATION 3990 JOHN R (HARPER BRUSH 7) DETROIT, MI 48201 38-2823100	100.000000	ADMIN SERV.	22,700.	181,261.
PHYX, INC. 27209 LAHSER, STE 222 SOUTHFIELD, MI 48034 38-3559445	100.000000	HEALTH CARE	NONE	NONE
CHILDREN'S CHOICE OF MICHIGAN 3990 JOHN R (HARPER BRUSH 7) DETROIT, MI 48201 38-3318267	100.000000	COST REIME	22,178,229.	3,585,819.

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 -----
			-----	-----
			25,225,131.	5,504,610.
			=====	=====

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

**2004 Schedule A (Form 990)
Part III, Item 2c**

STATEMENTS ABOUT ACTIVITIES

During the year, an organization related to the Detroit Medical Center paid \$425,000 to Grace Neonatologists, P.C. for professional services. A trustee of the Detroit Medical Center is an owner and officer of Grace Neonatologists, P.C.

An officer of the Detroit Medical Center is a majority owner of Floyd Allen & Associates, which was paid \$616,655 for legal services by the Detroit Medical Center in 2004.

An officer of the Detroit Medical Center is also an officer of University Urologists, P.C., which was paid \$75,000 by the Detroit Medical Center for physician administrative services, and was also paid \$49,228 by a related organization for professional services.

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

SCHEDULE A, PART VI-B - PAID STAFF OR MANAGEMENT
=====

IT IS ESTIMATED THAT APPROXIATELY \$12,000 IN STAFF TIME CAN BE ASSOCIATED WITH DIRECT LOBBYING, WHICH INCLUDES PHONE CALLS, E-MAILS, LETTERS, MEETINGS, DIRECT CONTACT, AND PREPARATION OF RELATED BACKGROUND MATERIALS FOR MEETINGS WITH PUBLIC OFFICIALS.

The Detroit Medical Center

2004 Lobbying Expenditures and Activities
Schedule A, Part III, Question 1
Schedule A, Part VI-B, a-i

Schedule A, Part III Statements about activities

Amount

Total expenses paid or incurred in connection with lobbying activities
If expenses were paid or incurred, describe lobbying activities below

Governmental Consultant Services, Inc
PO #20040104219414-0-DMS
Retainer fee for Lobbying April - November 2004

\$32,000.00

Form **5471**

(Rev December 2004)

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

▶ See separate instructions.

OMB No 1545-0704
Attachment
Sequence No 121

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

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **01/01/2004** , and ending **12/31/2004**

Name of person filing this return THE DETROIT MEDICAL CENTER		A Identifying number 38-2571767
Number, street, and room or suite no (or P O box number if mail is not delivered to street address) 3663 WOODWARD AVENUE, SUITE 200		B Category of filer (See page 1 of the instructions Check applicable box(es)) 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 DETROIT MI 48201-2403		C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 100.0000 %
Filer's tax year beginning 01/01/2004 , and ending 12/31/2004		

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
THE DETROIT MEDICAL CENTER	3663 WOODWARD AVE, STE 200 DETROIT, MI 48201	38-2571767	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HARPER HOSPITAL	3990 JOHN R DETROIT, MI 48201	38-2391907	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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. **1.0000000**

1a Name and address of foreign corporation DMC INSURANCE COMPANY, LTD C/O J&H MARSH & MCCLENNAN MANAGEMENT LTD PO BOX 1051 GEORGETOWN GRAND CAYMAN		b Employer identification number, if any 98-0198240
d Date of incorporation 03/08/1996		c Country under whose laws incorporated CJ
e Principal place of business CJ	f Principal business activity code number 524150	g Principal business activity INSURANCE/REINSURANCE
		h Functional currency US. DOLLAR

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

a Name, address, and identifying number of branch office or agent (if any) in the United States N/A	b If a U S income tax return was filed, enter	
	(i) Taxable income or (loss)	(ii) U S income tax paid (after all credits)
c Name and address of foreign corporation's statutory or resident agent in country of incorporation MS. TONI SILICH C/O J&H MARSH & MCCLENNAN MANAGEMENT LTD PO BOX 1051, GEORGETOWN, CAYMAN ISLANDS BWI		
d 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) Beginning of annual accounting period	(ii) End of annual accounting period
CLASS A COMMON - VOTING	1.	1.
CLASS B COMMON -NONVOTING	120,000.	120,000.

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 (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 12-2004)

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 3663 WOODWARD AVE, STE 200 DETROIT, MI 48201 38-2571767	CLASS A COMMON - VOTING	1 0000	1,0000	0.00080
HARPER HOSPITAL 3990 JOHN R. DETROIT, MI 48201 38-2391907	CLASS B COMMON - NON VOTING	120,000.0000	120,000.0000	99.99920

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	
Income	1 a Gross receipts or sales	1 a		
	b Returns and allowances	1 b		
	c Subtract line 1b from line 1a	1 c		
	2 Cost of goods sold	2		
	3 Gross profit (subtract line 2 from line 1c)	3		
	4 Dividends	4		
	5 Interest	5	10,562,317.	
	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	SEE STATEMENT 1	4,583,042.	
9 Total income (add lines 3 through 8)	9		15,145,359.	
Deductions	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	SEE STATEMENT 1	15,185,251.
	17 Total deductions (add lines 10 through 16)	17		15,185,251.
Net Income	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	-39,892.	
	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		-39,892.

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

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

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) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	19,119,379.	17,125,973.
2a	Trade notes and accounts receivable		
b	Less allowance for bad debts	()	()
3	Inventories		
4	Other current assets (attach schedule) SEE STATEMENT 2	1,087,873.	1,029,558.
5	Loans to shareholders and other related persons		
6	Investment in subsidiaries (attach schedule)		
7	Other investments (attach schedule) SEE STATEMENT 2	132,444,408.	140,144,505.
8a	Buildings and other depreciable assets		
b	Less accumulated depreciation	()	()
9a	Depletable assets		
b	Less accumulated depletion	()	()
10	Land (net of any amortization)		
11	Intangible assets		
a	Goodwill		
b	Organization costs		
c	Patents, trademarks, and other intangible assets		
d	Less accumulated amortization for lines 11a, b, and c.	()	()
12	Other assets (attach schedule) SEE STATEMENT 2	9,305,692.	35,398,441.
13	Total assets	161,957,352.	193,698,477.
Liabilities and Shareholders' Equity			
14	Accounts payable	235,169.	194,186.
15	Other current liabilities (attach schedule)		
16	Loans from shareholders and other related persons		
17	Other liabilities (attach schedule) SEE STATEMENT 2	149,907,317.	181,729,317.
18	Capital stock		
a	Preferred stock		
b	Common stock	120,001.	120,001.
19	Paid-in or capital surplus (attach reconciliation)		
20	Retained earnings	11,694,865.	11,654,973.
21	Less cost of treasury stock	()	()
22	Total liabilities and shareholders' equity	161,957,352.	193,698,477.

Schedule G Other Information

- | | | |
|---|--------------------------|-------------------------------------|
| | Yes | No |
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 (see instructions)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," you are generally required to attach Form 8858 for each entity (see instructions) | | |

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	1		-39,892.
2 Net adjustments made to line 1 to determine current earnings and profits according to U S financial and tax accounting standards (see instructions)		Net Additions	Net Subtractions
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). STMT. 3.		19,866,527.	11,212,457.
3 Total net additions		19,866,527.	
4 Total net subtractions			11,212,457.
5a Current earnings and profits (line 1 plus line 3 minus line 4)	5a		8,614,178.
b DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)	5b		
c Combine lines 5a and 5b	5c		8,614,178.
d 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)).	5d		8,614,178.
Enter exchange rate used for line 5d ▶ 1.000000			

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)	1		72.
2 Earnings invested in U S property (line 17, Worksheet B in the instructions)	2		
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3		
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4		
5 Factoring income	5		
6 Total of lines 1 through 5 Enter here and on your income tax return See page 6 of instructions	6		72.
7 Dividends received (translated at spot rate on payment date under section 989(b)(1))	7		
8 Exchange gain or (loss) on a distribution of previously taxed income	8		

	Yes	No
• Was any income of the foreign corporation blocked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Did any such income become unblocked during the tax year (see section 964(b))?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to either question is "Yes," attach an explanation

**SCHEDULE J
(Form 5471)**

(Rev. December 2004)
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	
1 Balance at beginning of year	18,069,633.					18,069,633
2a Current year E&P	8,614,178.					
b Current year deficit in E&P						
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	26,683,811.					
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a Actual distributions or reclassifications of previously taxed E&P						
b Actual distributions of nonpreviously taxed E&P						
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	26,683,811.					
7 Balance at end of year (Enter amount from line 6a or line 6b, whichever is applicable)	26,683,811.					26,683,811.

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

Schedule J (Form 5471) (Rev. 12-2004)

JSA
4X1885 3 000

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

Identifying number

THE DETROIT MEDICAL CENTER

38-2571767

Name of foreign corporation

DMC INSURANCE COMPANY, LTD

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 US 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 ▶ **US, DOLLAR** **1.000000**

(a) Transactions of foreign corporation	(b) US person filing this return	(c) Any domestic corporation or partnership controlled by US person filing this return	(d) Any other foreign corporation or partnership controlled by US person filing this return	(e) 10% or more US shareholder of controlled foreign corporation (other than the US person filing this return)	(f) 10% or more US 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.	36,141,201.			
9 Add lines 1 through 8	95,317.	36,141,201.			
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					
18 Add lines 10 through 17					
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					

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

Schedule M (Form 5471) (Rev. 12-2004)

FORM 5471, PAGE 2 DETAIL

=====

SCH C, LINE 8 - OTHER INCOME

PREMIUMS WRITTEN	45,500,836.
CHANGE IN UNEARNED PREMIUM	-5,162,836.
RETROSPECTIVE PREMIUM ADJUSTMENTS	-32,033,412.
REINSURANCE PREMIUMS CEDED	-4,962,062.
CHANGE IN DEFERRED REINSURANCE	1,240,516.

TOTAL	4,583,042.
	=====

SCH C, LINE 16 - OTHER DEDUCTIONS

LOSS AND LOSS ADJUSTMENT EXPENSES	14,013,909.
INVESTMENT MANAGEMENT FEES	691,951.
PROFESSIONAL FEES	297,640.
MANAGEMENT FEES	81,000.
OTHER	60,859.
UNREALIZED GAIN (LOSS)	39,892.

TOTAL	15,185,251.
	=====

STATEMENT 1

FORM 5471, PAGE 3 DETAIL

	BEGINNING	ENDING
	US CURRENCY	US CURRENCY
SCH F, LINE 4 - OTHER CURRENT ASSETS		
INTEREST RECEIVABLE AND OTHER ASSET	1,087,873.	1,029,558.
TOTALS	1,087,873.	1,029,558.

SCH F, LINE 7 - OTHER INVESTMENTS		
SECURITIES AVAILABLE FOR SALE	132,444,408.	140,144,505.
TOTALS	132,444,408.	140,144,505.

SCH F, LINE 12 - OTHER ASSETS		
PREMIUMS RECEIVABLE	9,305,692.	31,357,925.
DEFERRED REINSURANCE	NONE	1,240,516.
LOSSES RECOVERABLE	NONE	2,800,000.
TOTALS	9,305,692.	35,398,441.

SCH F, LINE 17 - OTHER LIABILITIES		
LOSS AND LAE RESERVES	124,557,875.	113,969,984.
RESTROSPECTIVE PREMIUM ADJUSTMENT	13,184,455.	45,217,867.
DUE TO INVESTMENT BROKERS	6,102,039.	11,315,682.
UNEARNED PREMIUMS	6,062,948.	11,225,784.
TOTALS	149,907,317.	181,729,317.

FORM 5471, PAGE 4 DETAIL

SCH H, LINE 2H - OTHER RECONCILING ITEMS	NET ADDITIONS	NET SUBTRACTS
UNREALIZED GAINS/LOSSES	39,892.	
GROSS PREMIUMS WRITTEN	9,264,318.	
CHANGE IN UNEARNED PREMIUMS		168,084.
INVESTMENT INCOME	10,562,317.	
INVESTMENT MANAGEMENT FEES		691,951.
LOSSES INCURRED		4,460,536.
ADMINISTRATIVE EXPENSES		71,543.
RETROSPECTIVE PREMIUM ADJUSTMENT		5,820,343.
TOTALS	19,866,527.	11,212,457.

DMCIC
Year Ending December 31, 2004

	Year Ending December 31, 2004	
<u>Subpart F Income</u>		
Net Physician Insurance Income		
Gross premiums written	9,264,318	
Change in unearned premium reserve	(168,084)	
Investment Income	1,719,361	
Claims Incurred	(4,460,536)	
Actual Paid Losses		
Add: Discounted Losses Incurred BOY		
Less: Discounted Losses Incurred EOY		
Less: Administrative Expenses	(184,180)	
Plus/Less: Retrospective premium adjustments	(5,820,343)	
Unrealized gains		
	<hr/>	
	350,536	
Net Foreign Personal Holding Company Income		
Investment Income	8,842,956	
Investment Expenses	(579,313)	
	<hr/>	
	8,263,642	
Subpart F Income	<hr/> <hr/>	
	8,614,179	
Subpart F Income Taxable as UBI	129,373	
UBI % for Class A shareholder's ownership	0.0008333264%	
Portion of the year	100%	
U.S. Shareholder's Pro Rata Share of Subpart F Income	<hr/> <hr/>	
	72	
Shareholder's Pro Rata Share of Taxable UBI		1
Subpart F income from non-insurance investment income subject to exclusion from UBIT		69
Subpart F income from insurance activities not subject to exclusion		<hr/> 2
Shareholder's Pro Rata Shares of Subpart F Income		<hr/> <hr/> 72

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

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

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

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

- The books are in the care of **William F. Rochefort 3663 Woodward Ave., Ste. 200 Detroit, MI 48201**
Telephone No. **(313) 578-2063** FAX No. **(313) 578-2298**
- 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, 2005.

5 For calendar year 2004, 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 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 \$ N/A

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 \$ N/A

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. \$ 0.00

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 [Handwritten Signature] Title UP Finance Date 8/8/05

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 date 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 elections 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 extended due date of the return for which an extension was requested.
- Other _____

EXTENSION APPROVED
AUG 26 2005

FIELD DIRECTOR,
SUBMISSION PROCESSING: OGUEN

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 Barbara E. Arms C/O The Detroit Medical Center - Attention: Tax Department
	Number and street (include suite, room, or apt. no.) or a P.O. box number 3663 Woodward Avenue, Suite 200
	City or town, province or state, and country (including postal or ZIP code) Detroit, MI 48201

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).
- 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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

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

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 |

• The books are in the care of ▶ **William F. Rochefort 3663 Woodward Ave., Ste. 200 Detroit, MI 48201**

Telephone No. ▶ (**313**) **578-2063** FAX No. ▶ (**313**) **578-2298**

- 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-months for a **Form 990-T corporation**) extension of time until **August 15**, 20 **05**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 **04** 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 \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.