

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

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

OMB No 1545-0047  
**2005**  
 Open to Public Inspection

**A For the 2005 calendar year, or tax year beginning 01-01-2005 and ending 12-31-2005**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization: THE DETROIT MEDICAL CENTER  
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 3663 WOODWARD AVENUE SUITE 200  
 City or town, state or country, and ZIP + 4: DETROIT, MI 482012403

**D** Employer identification number: 38-2571767

**E** Telephone number: (313) 578-2063

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

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

**G** Web site: WWW DMC ORG

**J** Organization type (check only one):  501(c) (3) (insert no )  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  No

**H(b)** If "Yes" enter number of affiliates: \_\_\_\_\_

**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number: \_\_\_\_\_

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 304,277,162

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>	332,444		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>	237,052		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 569,496 noncash \$ _____)	<b>1d</b>		569,496	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		302,921,526	
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6a</b> Gross rents	<b>6a</b>	508,045		
	<b>b</b> Less rental expenses	<b>6b</b>	0		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		508,045	
<b>7</b> Other investment income (describe _____)	<b>7</b>				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities				
		1,743,768	<b>8a</b>		
	<b>b</b> Less cost or other basis and sales expenses	1,641,083	<b>8b</b>		
	<b>c</b> Gain or (loss) (attach schedule)	102,685	<b>8c</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		102,685		
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		-1,465,673		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		302,636,079		
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		259,610,716	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		46,813,073	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		310,913	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		306,734,702	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		-4,098,623	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		-59,273,250	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		11,858,231	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		-51,513,642	

**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 the instructions )

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b>	Grants and allocations (attach schedule) (cash \$ <sup>0</sup> _____ noncash \$ <sup>0</sup> _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>			
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25</b>	Compensation of officers, directors, etc . . . . .	<b>25</b>	8,385,069	4,050,418	4,023,738
<b>26</b>	Other salaries and wages . . . . .	<b>26</b>	109,511,990	82,761,527	26,750,463
<b>27</b>	Pension plan contributions . . . . .	<b>27</b>	1,974,678	1,678,476	296,202
<b>28</b>	Other employee benefits . . . . .	<b>28</b>	15,352,536	14,878,599	473,937
<b>29</b>	Payroll taxes . . . . .	<b>29</b>	8,340,815	6,464,760	1,876,055
<b>30</b>	Professional fundraising fees . . . . .	<b>30</b>			
<b>31</b>	Accounting fees . . . . .	<b>31</b>	1,156,400	951,717	204,683
<b>32</b>	Legal fees . . . . .	<b>32</b>	1,352,193	1,319,511	32,682
<b>33</b>	Supplies . . . . .	<b>33</b>	17,677,938	17,264,338	413,600
<b>34</b>	Telephone . . . . .	<b>34</b>			
<b>35</b>	Postage and shipping . . . . .	<b>35</b>	1,016,859	774,856	242,003
<b>36</b>	Occupancy . . . . .	<b>36</b>	11,732,648	10,749,725	982,923
<b>37</b>	Equipment rental and maintenance . . . . .	<b>37</b>	993,539	978,394	15,145
<b>38</b>	Printing and publications . . . . .	<b>38</b>	138,954	50,084	88,870
<b>39</b>	Travel . . . . .	<b>39</b>	288,027	74,547	213,480
<b>40</b>	Conferences, conventions, and meetings . . . . .	<b>40</b>	83,202	63,401	19,801
<b>41</b>	Interest . . . . .	<b>41</b>	6,209,744	4,857,457	1,352,287
<b>42</b>	Depreciation, depletion, etc (attach schedule)	<b>42</b>	20,643,261	18,865,245	1,778,016
<b>43</b>	Other expenses not covered above (itemize)				
<b>a</b>	See Additional Data Table	<b>43a</b>			
<b>b</b>		<b>43b</b>			
<b>c</b>		<b>43c</b>			
<b>d</b>		<b>43d</b>			
<b>e</b>		<b>43e</b>			
<b>f</b>		<b>43f</b>			
<b>g</b>		<b>43g</b>			
<b>44</b>	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	306,734,702	259,610,716	46,813,073
					310,913

**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 the instructions.)

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.

What is the organization's primary exempt purpose? <b>►</b> MEDICAL CENTER - SEE GENERAL EXPLANATION ATTACHMENT  All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<b>a</b> LABORATORY SERVICES SEE GENERAL EXPLANATION ATTACHMENT  (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>►</b> <input type="checkbox"/>	58,328,587
<b>b</b> GRADUATE MEDICAL EDUCATION SEE GENERAL EXPLANATION ATTACHMENT  (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>►</b> <input type="checkbox"/>	54,320,064
<b>c</b> MANAGEMENT INFORMATION SYSTEMS SEE GENERAL EXPLANATION ATTACHMENT  (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>►</b> <input type="checkbox"/>	80,135,797
<b>d</b> ADMINISTRATIVE AND STRATEGIC PLANNING SERVICES SEE GENERAL EXPLANATION ATTACHMENT  (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>►</b> <input type="checkbox"/>	20,769,812
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>►</b> <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <b>►</b>	259,610,716

**Part IV Balance Sheets** (See the instructions.)

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

		<b>(A)</b>		<b>(B)</b>		
		Beginning of year		End of year		
Assets	<b>45</b> Cash—non-interest-bearing . . . . .		4,325,713	<b>45</b>	0	
	<b>46</b> Savings and temporary cash investments . . . . .		26,653,579	<b>46</b>	34,637,726	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	5,326,164			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>	648,602	15,207,605	<b>47c</b>	4,677,562
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>	0			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>		0	<b>48c</b>	0
	<b>49</b> Grants receivable . . . . .		10,870	<b>49</b>	0	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>50</b>		
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>	9,171,135			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>		9,244,224	<b>51c</b>	9,171,135
	<b>52</b> Inventories for sale or use . . . . .		-203,208	<b>52</b>	-665,330	
	<b>53</b> Prepaid expenses and deferred charges . . . . .		10,551,429	<b>53</b>	7,793,309	
	<b>54</b> Investments—securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		<b>54</b>		
	<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>				
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>			<b>55c</b>	
<b>56</b> Investments—other (attach schedule) . . . . .			<b>56</b>			
<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b>	339,566,237				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	262,183,785	61,470,890	<b>57c</b>	77,382,452	
<b>58</b> Other assets (describe <input type="checkbox"/> _____)		453,139,678	<b>58</b>	517,393,481		
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		580,400,780	<b>59</b>	650,390,335		
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .		66,970,527	<b>60</b>	124,241,555	
	<b>61</b> Grants payable . . . . .			<b>61</b>		
	<b>62</b> Deferred revenue . . . . .		1,039,166	<b>62</b>	0	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		79,651,955	<b>64a</b>	79,651,955	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		272,743,486	<b>64b</b>	320,157,893	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____)		219,268,896	<b>65</b>	177,852,574	
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .		639,674,030	<b>66</b>	701,903,977		
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>					
	<b>67</b> Unrestricted . . . . .		-74,746,407	<b>67</b>	-67,341,932	
	<b>68</b> Temporarily restricted . . . . .		14,265,157	<b>68</b>	14,620,290	
	<b>69</b> Permanently restricted . . . . .		1,208,000	<b>69</b>	1,208,000	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>					
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>		
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21) . . . . .		-59,273,250	<b>73</b>	-51,513,642	
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .		580,400,780	<b>74</b>	650,390,335	



<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>	Yes	No
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <u>23</u>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	<b>75b</b>	No
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <input checked="" type="checkbox"/>	<b>75c</b>	Yes
<b>Note.</b> Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization		
<b>d</b> Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	Yes

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
fernando diaz md phd 3990 JOHN R DETROIT, MI 48201	0	0	218,750	0
LINDA A FILIPCZAK 3990 JOHN R DETROIT, MI 48201	0	0	5,385	0
DONALD P RAGAN 3990 JOHN R DETROIT, MI 48201	0	0	61,026	0

<b>Part VI Other Information</b> <i>(See the instructions.)</i>	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	No
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes	<b>77</b>	No
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>	Yes
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>	Yes
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	No
<b>80a</b> 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? . . . . .	<b>80a</b>	No
<b>b</b> If "Yes," enter the name of the organization <u>See Additional Data Table</u> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct or indirect political expenditures (See line 81 instructions ) . . . . . <u>81a</u>   0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	No

**Part VI Other Information** (continued)

Yes No

<p><b>82a</b> 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? . . . . .</p> <p><b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) . . . . .</p>	<b>82a</b>		No
<p><b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?</p> <p><b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .</p>	<b>83a</b>	Yes	
<p><b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .</p> <p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<b>84a</b>		
<p><b>85</b> <i>501(c)(4), (5), or (6) organizations.</i> <b>a</b> Were substantially all dues nondeductible by members? . . . . .</p> <p><b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .</p> <p>If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year</p> <p><b>c</b> Dues assessments, and similar amounts from members . . . . .</p> <p><b>d</b> Section 162(e) lobbying and political expenditures . . . . .</p> <p><b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .</p> <p><b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .</p> <p><b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .</p> <p><b>h</b> 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? . . . . .</p>	<b>85a</b>		
<p><b>86</b> <i>501(c)(7) orgs.</i> Enter <b>a</b> Initiation fees and capital contributions included on line 12 <b>86a</b> 0</p> <p><b>b</b> Gross receipts, included on line 12, for public use of club facilities . . . . . <b>86b</b> 0</p>	<b>85b</b>		
<p><b>87</b> <i>501(c)(12) orgs.</i> Enter <b>a</b> Gross income from members or shareholders . . . . . <b>87a</b> 0</p> <p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . . <b>87b</b> 0</p>	<b>85c</b>		
<p><b>88</b> 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 . . . . .</p>	<b>85d</b>		
<p><b>89a</b> <i>501(c)(3) organizations</i> Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0, section 4955 <input type="checkbox"/> 0</p> <p><b>b</b> <i>501(c)(3) and 501(c)(4) orgs.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . . <b>89b</b> No</p> <p><b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="checkbox"/> 0</p> <p><b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . <input type="checkbox"/> 0</p>	<b>85e</b>		
<p><b>90a</b> List the states with which a copy of this return is filed <input type="checkbox"/> MI</p> <p><b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions) <b>90b</b> 1,534</p>	<b>85f</b>		
<p><b>91a</b> The books are in care of <input type="checkbox"/> WILLIAM F ROCHEFORT Telephone no <input type="checkbox"/> (313) 578-2063</p> <p style="margin-left: 40px;">3663 WOODWARD AVE SUITE 200</p> <p>Located at <input type="checkbox"/> DETROIT, MI ZIP + 4 <input type="checkbox"/> 482012403</p> <p><b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p> <p>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____</p> <p>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b>, Report of Foreign Bank and Financial Accounts</p> <p><b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States?</p> <p>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____</p>	<b>85g</b>		
<p><b>92</b> <i>Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</i>—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> <b>92</b></p>	<b>85h</b>		

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> NET COMM LAB REV	621500	20,907,735			464,252
<b>b</b> PURCHASING REV	524298	50			97,416,376
<b>c</b> MANAGEMENT FEES	561000	665,698			166,938,061
<b>d</b> BENEFITS ADMIN					5,041,512
<b>e</b> OTHER EXEMPT REV					11,487,842
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> non debt-financed property . . . . .			16	508,045	
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	102,685	
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> <u>PARKING LOT</u>			03	61,313	
<b>b</b> INVESTMENT INCOME			14	-1,526,986	
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .		21,573,483		-854,943	281,348,043
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					302,066,583

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

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

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

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

(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
See Additional Data Table	%			
	%			
	%			
	%			

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

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

(b) Did the organization, during the year, pay premiums, directly or indirectly

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

Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete Declaration of preparer (other than of

**Please Sign Here**

Signature of officer

WILLIAM ROCHEFORT VP FINANCE

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature

Date

Firm's name (or yours if self-employed), address, and ZIP + 4



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

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

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 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

**2005**

Department of the  
Treasury  
Internal Revenue  
Service

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
JOHN KEELS 3990 JOHN R DETROIT, MI 48201	EXEC DIRECTOR 50	155,023	16,183	0
PATRICIA KUKULA 3990 JOHN R DETROIT, MI 48201	SYSTEM EXEC DIRECTOR 50	154,401	7,439	0
SANDRA NEHLSN CANNARELLA 3990 JOHN R DETROIT, MI 48201	TECH DIRECTOR 50	209,895	13,035	0
GAIL PABARUE 3990 JOHN R DETROIT, MI 48201	ASSOC GENERAL COUNS 50	187,794	12,990	0
CHARLES RAIMI 3990 JOHN R DETROIT, MI 48201	DEP GENERAL COUNSEL 50	168,756	20,286	0
Total number of other employees paid over \$50,000 ▶	525			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individual 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
CERNER CORPORATION 2800 ROCKCREEK PARKWAY KANSAS CITY, MO 64117	INFORMATION SYSTEMS	5,326,875
VERCRUYSE MURRAY CALZONE PC 31780 TELEGRAPH RD 200 BINGHAM FARMS, MI 48025	LEGAL SERVICES	1,062,500
ERNST YOUNG LLP LOCKBOX 91251 CHICAGO, IL 60693	ACCOUNTING SVCS	864,200
FARBMAN GROUP 28400 NORTHWESTERN HWY SOUTHFIELD, MI 48034	REAL ESTATE SERVICES	725,660
FLOYD ALLEN ASSOCIATES 3011 W GRAND BLVD DETROIT, MI 48202	LEGAL SERVICES	681,604
Total number of others receiving over \$50,000 for professional services ▶	32	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SODEXHO MARRIOTT 804 TYVOLA RD 108 CHARLOTTE, NC 28217	CLEANING SERVICES	3,704,825
SIEMENS MEDICAL SOLUTIONS USA DEPT CH 14195 PALATINE, IL 60055	equipment services	2,653,715
ARUP LABORATORIES P O BOX 27964 SALT LAKE CITY, UT 84127	lab services	928,817
3M PO BOX 371227 PITTSBURGH, PA 15250	SUPPLIES	763,453
NATIONAL DATA CORPORATION PO BOX 403421 ATLANTA, GA 30384	INFORMATION SERVICES	611,270
Total number of other contractors receiving over \$50,000 for other services ▶	42	

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, include 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>341,752</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	<b>1</b> Yes	
<b>2</b>	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.) <input checked="" type="checkbox"/>		
<b>a</b>	Sale, exchange, or leasing property?	<b>2a</b>	No
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>	No
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>	Yes
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	Yes
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>	No
<b>3a</b>	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 )	<b>3a</b>	No
<b>b</b>	Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	Yes
<b>c</b>	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	<b>3c</b>	No
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	No
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	No

<b>Part IV Reason for Non-Private Foundation Status</b> (See pages 3 through 6 of the instructions.)	
The organization is not a private foundation because it is (Please check only <b>ONE</b> applicable box )	
<b>5</b>	<input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
<b>6</b>	<input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V )
<b>7</b>	<input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
<b>8</b>	<input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
<b>9</b>	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) <b>Enter the hospital's name, city, and state</b> ▶ _____
<b>10</b>	<input type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A)
<b>11a</b>	<input type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A)
<b>11b</b>	<input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A)
<b>12</b>	<input type="checkbox"/> An organization that normally receives <b>(1) more than 33 1/3%</b> of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and <b>(2) no more than 33 1/3%</b> 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 <b>Support Schedule</b> in Part IV-A )
<b>13</b>	<input checked="" type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in <b>(1)</b> lines 5 through 12 above, or <b>(2)</b> sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶ <input checked="" type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3
Provide the following information about the supported organizations (see page 5 of the instructions )	
<b>(a)</b> Name(s) of supported organization(s)	<b>(b)</b> Line number from above
See Additional Data Table	
<b>14</b>	<input type="checkbox"/> 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.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )					
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22					
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					
<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24				<b>26a</b>
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a <b>Do not file this list with your return.</b> Enter the total of all these excess amounts					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b>
<b>d</b> Add Amounts from column (e) for lines	18 _____	19 _____			<b>26d</b>
	22 _____	26b _____			<b>26e</b>
<b>e</b> Public support (line 26c minus line 26d total)					<b>26f</b>
<b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>					<b>26f</b>
<b>27 Organizations described on line 12:</b>	<b>a</b> 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 " <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year (2004) _____ (2003) _____ (2002) _____ (2001) _____				
<b>b</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 <b>larger</b> of <b>(1)</b> the amount on line 25 for the year or <b>(2)</b> \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals ) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in <b>(1)</b> or <b>(2)</b> , enter the sum of these differences (the excess amounts) for each year (2004) _____ (2003) _____ (2002) _____ (2001) _____					
<b>c</b> Add Amounts from column (e) for lines	15 _____	16 _____			<b>27c</b>
	17 _____	20 _____	21 _____		<b>27d</b>
<b>d</b> Add Line 27a total _____ and line 27b total _____					<b>27e</b>
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b>
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27f</b>
<b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>					<b>27g</b>
<b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>					<b>27h</b>
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 <b>Do not file this list with your return.</b> Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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 )   		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )  		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )  		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b>	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		

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

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

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b>	Lobbying nontaxable amount				
<b>46</b>	Lobbying ceiling amount (150% of line 45(e))				
<b>47</b>	Total lobbying expenditures				
<b>48</b>	Grassroots nontaxable amount				
<b>49</b>	Grassroots ceiling amount (150% of line 48(e))				
<b>50</b>	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(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
<b>a</b> Volunteers		No	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)	Yes		
<b>c</b> Media advertisements		No	
<b>d</b> Mailings to members, legislators, or the public		No	
<b>e</b> Publications, or published or broadcast statements		No	
<b>f</b> Grants to other organizations for lobbying purposes		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body	Yes		341,752
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
<b>i</b> Total lobbying expenditures (Add lines c through h.)			341,752

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



**Additional Data****Software ID:****Software Version:****EIN:** 38-2571767**Name:** THE DETROIT MEDICAL CENTER**Form 990, Part II, Line 43 - Other expenses not covered above (itemize):**

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> PHYSICIAN SERVICES	<b>43a</b>	4,524,812	4,413,875	110,937	
<b>b</b> BUSINESS CONSULTING	<b>43b</b>	3,290,193	1,806,536	1,483,657	
<b>c</b> PROMOTION SERVICES	<b>43c</b>	3,352,060	2,140,105	1,211,955	
<b>d</b> OTHER PROFESSIONAL SERVICES	<b>43d</b>	2,149,700	1,372,465	777,235	
<b>e</b> LABORATORY	<b>43e</b>	2,639,987	2,611,349	28,638	
<b>f</b> SERVICE CONTRACTS	<b>43f</b>	742,468	731,150	11,318	
<b>g</b> DATA PROCESSING	<b>43g</b>	64,788,880	64,086,069	702,811	
<b>h</b> LAUNDRY	<b>43h</b>	1,208	1,195	13	
<b>i</b> COLLECTION	<b>43i</b>	200	198	2	
<b>j</b> PURCHASED SERVICES	<b>43j</b>	7,334,278	6,344,150	990,128	
<b>k</b> AMORTIZATION	<b>43k</b>	607,000	462,540	144,460	
<b>l</b> BAD DEBT EXPENSE	<b>43l</b>	2,975,277	2,975,277		
<b>m</b> PROFESSIONAL LIAB INSURANCE	<b>43m</b>	3,263,742	3,263,233	509	
<b>n</b> TAXES	<b>43n</b>	323,799	268,350	55,449	
<b>o</b> DUES	<b>43o</b>	1,414,972	510,004	904,968	
<b>p</b> MANAGEMENT FEES	<b>43p</b>	705,698		705,698	
<b>q</b> MISCELLANEOUS	<b>43q</b>	3,728,511	2,841,165	887,346	
<b>r</b> ENDOWMENT FEES	<b>43r</b>	34,064		34,064	

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Floyd Allen 3990 JOHN R DETROIT, MI 48201	General Counsel/Sec 52	270,365	0	0
Stanton M Beatty 6071 WEST OUTER DRIVE DETROIT, MI 48235	Corp VP Compliance 50	179,697	22,520	0
Brooks F Bock 3990 JOHN R DETROIT, MI 48201	SVP/President Harper 55	395,741	16,993	2,500
Sante Bologna 3990 JOHN R DETROIT, MI 48201	VP DMC Ambulatory De 10	36,458	0	0
Susan L Capatina 3990 JOHN R DETROIT, MI 48201	VP Corp Offices/Chi 50	160,357	11,758	0
Benjamin R Carter 3990 JOHN R DETROIT, MI 48201	EVP Chief Operating 50	277,623	16,365	0
Richard Cole 3990 JOHN R DETROIT, MI 48201	EVP Chief Administra 50	427,461	13,594	1,065
Michael Duggan 3990 JOHN R DETROIT, MI 48201	President/ CEO DMC S 55	617,657	29,296	394
Donald Groth 3663 WOODWARD AVENUE DETROIT, MI 46201	Corp VP Mat'ls Resou 50	137,005	21,172	0
Deloris Hunt 3663 WOODWARD AVENUE DETROIT, MI 46201	Corp VP Human Resour 50	207,452	15,078	104



**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Frank Iacobell 30671 STEPHENSON HIGHWAY MADISON HEIGHTS, MI 48071	SVP/President Mich 55	0	0	9,800
Mark Juzych 3990 JOHN R DETROIT, MI 48201	Corp VP Academic Aff 20	106,546	18,630	0
Michael Lacusta 3990 JOHN R DETROIT, MI 48201	SVP Strategic & Busi 50	374,640	26,302	0
Michael LeRoy 3663 WOODWARD AVENUE DETROIT, MI 48201	Corp VP / Chief Info 50	198,826	21,270	0
Ruthann Liagre 3663 WOODWARD AVENUE DETROIT, MI 48201	Corp VP Human Resou 50	192,728	8,363	0
John S Lore 3990 JOHN R DETROIT, MI 48201	SVP Development 50	285,207	24,866	840
Stephen W Loree 3990 JOHN R DETROIT, MI 48201	Corp VP Strategic F 50	146,541	17,386	0
Tammy S Lundstrom 3990 JOHN R DETROIT, MI 48201	SVP Chief Quality/Sa 50	204,993	9,567	0
Gwendolyn M MacKenzie 3990 JOHN R DETROIT, MI 48201	EVP/Chief Operating 50	199,366	11,213	1,000
Thomas Malone 3990 JOHN R DETROIT, MI 48201	EVP Chief Medical Of 50	400,021	24,252	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Christopher Palazzolo 3990 JOHN R DETROIT, MI 48201	EVP/ Chief Financial 50	375,209	24,642	0
Michael A Pelc 3663 WOODWARD AVENUE DETROIT, MI 48201	Corp VP Reimburseme 50	210,586	22,759	1,500
Jose E Pontes 3990 JOHN R DETROIT, MI 48201	SVP International Se 10	157,227	1,248	0
Diana Prosi 3990 JOHN R DETROIT, MI 48201	Corp VP Business Str 50	146,665	21,599	435
Kathleen M Ralston 3990 JOHN R DETROIT, MI 48201	Corp VP Fin'l Planni 50	154,006	18,851	0
William F Rochefort 3663 WOODWARD AVENUE DETROIT, MI 48201	Corp VP Finance/Con 50	197,607	22,066	0
Theodore Schreiber MD 3990 JOHN R DETROIT, MI 48201	VP Cardiovascular De 50	325,000	0	0
Candace E Scott 3663 WOODWARD AVENUE DETROIT, MI 48201	Corp VP Patient Fin 50	153,883	19,508	0
Iris A Taylor 4201 ST ANTOINE DETROIT, MI 48201	SVP/Pres Detroit Re 55	345,609	19,784	0
Verdell Tolbert 3990 JOHN R DETROIT, MI 48201	Corp VP Laboratory 50	180,227	9,109	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
John B Waller Jr 3990 JOHN R DETROIT, MI 48201	SVP Community Health 10	8,184	0	0
Wilson Francis MD 3990 JOHN R DETROIT, MI 48201	Deputy Chief Medical 16	46,709	3,374	0
Sophie Womack MD 3990 JOHN R DETROIT, MI 48201	VP Medical Staff Aff 40	120,000	0	0
Mary Zuckerman 3990 JOHN R DETROIT, MI 48201	EVP Chief of Busines 50	353,276	17,831	0
Larry E Fleischmann 3901 BEAUBIEN DETROIT, MI 48201	SVP/Pres Children's 57	0	0	0
Kenneth A Ginsburg MD 3990 JOHN R DETROIT, MI 48201	VP Undergraduate Med 5	0	0	0
Herman B Gray 3901 BEAUBIEN DETROIT, MI 48201	SVP/President Childr 57	0	0	0
Conrad Mallett 6767 WEST OUTER DRIVE DETROIT, MI 48235	SVP/Pres Sinai Hosp 55	0	0	0
David C Manardo 3990 JOHN R DETROIT, MI 48201	Corp VP Facility Eng 50	0	0	0
Terry A Reiley 261 MACK BLVD DETROIT, MI 48201	SVP/Pres Rehab Ins 57	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
John C Ruckdeschel 3990 JOHN R DETROIT, MI 48201	SVP/Pres Karmanos C 25	0	0	0
James Stopford 4201 ST ANTOINE DETROIT, MI 48201	Corp VP Diagnostic & 50	0	0	0
Robert J Yellan 1 WILLIAM CARLS DRIVE commerce twp, MI 48382	SVP/Pres Huron Vall 57	0	0	0
John D Baker MD 3990 JOHN R DETROIT, MI 48201	TRUSTEE 1	0	0	0
Christine Beatty 3990 JOHN R DETROIT, MI 48201	TRUSTEE 1	0	0	0
Dennis Bemis 3990 JOHN R DETROIT, MI 48201	TRUSTEE 1	0	0	0
Fouad Beydoun 3990 JOHN R DETROIT, MI 48201	TRUSTEE 1	0	0	0
Samuel H Bullock Jr MD 3990 JOHN R DETROIT, MI 48201	TRUSTEE 1	0	0	0
Keith Crain 3990 JOHN R DETROIT, MI 48201	TRUSTEE 1	0	0	0
Stephen R D'Arcy 3990 JOHN R DETROIT, MI 48201	TRUSTEE 1	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Mary Stephens Ferris 3990 JOHN R DETROIT, MI 48201	TRUSTEE 1	0	0	0
Merle A Harris 3990 JOHN R DETROIT, MI 48201	TRUSTEE 1	0	0	0
Rhea Heil 3990 JOHN R DETROIT, MI 48201	TRUSTEE 1	0	0	0
Anthony W Jenkins 3990 JOHN R DETROIT, MI 48201	TRUSTEE 1	0	0	0
John Kaplan 3990 JOHN R DETROIT, MI 48201	TRUSTEE 1	0	0	0
Yale Levin 3990 JOHN R DETROIT, MI 48201	TRUSTEE 1	0	0	0
John G Levy 3990 JOHN R DETROIT, MI 48201	VICE CHAIRMAN 2	0	0	0
William P MacKinnon 3990 JOHN R DETROIT, MI 48201	TRUSTEE 1	0	0	0
Charles R O'Brien 3990 JOHN R DETROIT, MI 48201	CHAIRMAN 4	0	0	0
Dianne Bostic Robinson 3990 JOHN R DETROIT, MI 48201	TRUSTEE 1	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Frank D Stella 3990 JOHN R DETROIT, MI 48201	TRUSTEE 1	0	0	0
Frank A Taylor 3990 JOHN R DETROIT, MI 48201	TRUSTEE 1	0	0	0
Lorna L Thomas MD 3990 JOHN R DETROIT, MI 48201	TRUSTEE 1	0	0	0
Gary Torgow 3990 JOHN R DETROIT, MI 48201	TRUSTEE 1	0	0	0
Joseph C Verdun MD 3990 JOHN R DETROIT, MI 48201	TRUSTEE 1	0	0	0
Richard Widgren 3990 JOHN R DETROIT, MI 48201	TRUSTEE 1	0	0	0
fernando diaz md phd 3990 JOHN R DETROIT, MI 48201	0 0	218,750	0	0
LINDA A FILIPCZAK 3990 JOHN R DETROIT, MI 48201	0 0	5,385	0	0
DONALD P RAGAN 3990 JOHN R DETROIT, MI 48201	0 0	61,026	0	0

**Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:**

Name of the Organization	Exempt	Nonexempt
CHILDREN'S HOSPITAL OF MICHIGAN	X	
DMC PRIMARY CARE II	X	
REHABILITATION INSTITUTE INC	X	
DMC NURSING HOMES INC	X	
HARPER-HUTZEL HOSPITAL	X	
DMC CENTERS INC	X	
DETROIT RECEIVING HOSPITAL AND UNIVERSITY HEALTH CTR	X	
HURON VALLEY HOSPITAL INC	X	
HEALTHSOURCE	X	
SINAI HOSPITAL OF GREATER DETROIT	X	

**Form 990, Part IX - Information Regarding Taxable Subsidiaries and Disregarded Entities:**

<b>(A) Name, address, and EIN of corporation, partnership, or disregarded entity</b>	<b>(B) Percentage of ownership interest</b>	<b>(C) Nature of activities</b>	<b>(D) Total income</b>	<b>(E) End-of-year assets</b>
RADIUS HEALTH CARE CENTERS 3663 WOODWARD AVENUE STE 200 DETROIT, MI48201 38-2282743	100 0	HEALTH CARE	3,550,959	672,292
DMC HEALTH CARE CENTERS INC 3663 WOODWARD AVENUE DETROIT, MI48201 38-2648666	100 0	MEDICAL SERV	0	214
DMC INSURANCE LTD MARSH MCLEAN MGMT LTD GEORGE TOWN GR CAYMAN, MI48201 98-0198240	100 0	LIAB INSUR	0	0
MEDICAL PROVIDER ORGANIZATION 3990 JOHN R HARPER BRUSH 7 DETROIT, MI48201 38-2823100	100 0	MANAGED CARE	13,776	181,274
PHYX INC 3663 WOODWARD AVENUE DETROIT, MI48201 38-3559445	100 0	HEALTH CARE	0	0
CHILDREN'S CHOICE OF MICHIGAN 3990 JOHN R HARPER BRUSH 7 DETROIT, MI48201 38-3318267	100 0	HEALTH SVCS	796,581	3,116,315



## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 38-2571767  
**Name:** THE DETROIT MEDICAL CENTER

**Form 990, Schedule A, Part IV, Line 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).):**

(a) Name(s) of supported organization(s)	(b) Line number from above
CHILDREN'S HOSPITAL OF MICHIGAN	7
DETROIT RECEIVING HOSPITAL AND UNIVERSITY HEALTH CENTER	7
HARPER-HUTZEL HOSPITAL	7
HURON VALLEY HOSPITAL INC	6
SINAI HOSPITAL OF GREATER DETROIT	7
REHABILITATION INSTITUTE INC	7
WAYNE STATE UNIVERSITY	6

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 38-2571767

**Name:** THE DETROIT MEDICAL CENTER

**Software ID:**  
**Software Version:**  
**EIN:** 38-2571767  
**Name:** THE DETROIT MEDICAL CENTER

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 38-2571767

**Name:** THE DETROIT MEDICAL CENTER

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2005 Compensation Schedule

**Name:** THE DETROIT MEDICAL CENTER

**EIN:** 38-2571767

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
Frank Iacobell	HARPER-HUTZEL HOSPITAL	38-2391907		134,251	0	1,531	
Kathleen M Ralston	DRH & UHC	38-2320476		5,317	402	0	
Theodore Schreiber MD	HARPER-HUTZEL HOSPITAL	38-2391907		40,622	0	0	
Larry E Fleischmann	CHILDREN'S HOSPITAL OF MICHIGAN	38-1357994		232,012	16,873	5,000	

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
Herman B Gray	CHILDREN'S HOSPITAL OF MICHIGAN	38-1357994		294,553	25,317	0	
Conrad Mallett	SINAI HOSPITAL OF GREATER DETROIT	38-1416522		386,150	18,896	0	
David C Manardo	HARPER-HUTZEL HOSPITAL	38-1416522		183,884	20,802	605	
Terry A Reiley	REHABILITATION INSTITUTE	38-1417366		278,582	14,848	480	

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
John C Ruckdeschel	HARPER-HUTZEL HOSPITAL	38-2391907		205,044	5,136	0	
James Stopford	DRH & UHC	38-2320476		162,126	7,604	0	
Robert J Yellan	HURON VALLEY HOSPITAL INC	38-2155995		279,821	17,752	0	
SODEXHO MARRIOTT	HARPER-HUTZEL HOSPITAL	38-2391907		3,463,356	0	0	

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
SIEMENS MEDICAL SOLUTIONS USA	SINAI HOSPITAL OF GREATER DETROIT	38-1416522		1,419	0	0	



**TY 2005 Gain/Loss from Sale of Public Securities Schedule****Name:** THE DETROIT MEDICAL CENTER**EIN:** 38-2571767**Gross Sales Price:** 965,092**Basis:** 862,699**Sales Expenses:****Total (net):** 102,393

## TY 2005 General Explanation Attachment

**Name:** THE DETROIT MEDICAL CENTER

**EIN:** 38-2571767

Identifier	Return Reference	Explanation
FORM 990 SCHEDULE A PART III, LINE 2C	STATEMENTS ABOUT ACTIVITIES	<p>During the year, an organization related to the Detroit Medical Center paid \$425,000 to Grace Neonatologists, P C for professional physician services A trustee of the Detroit Medical Center is an officer and director of Grace Neonatologists, P C The Detroit Medical Center paid \$448,839 to Floyd Allen &amp; Associates for legal services An officer of the Detroit Medical Center is a majority ow ner of Floyd Allen &amp; Associates An officer of the Detroit Medical Center is also an officer of University Urologists, P C , w hich w as paid \$75,000 by the Detroit Medical Center for physician administrative services, and w as also paid \$78,065 by a related organization for professional physician services The Detroit Medical Center paid \$54,600 to JASO, an entity ow ned by a Detroit Medical Center Officer/Trustee and her husband, for radio broadcasts performed by Dr Jimmy Womack, sponsored by the Detroit Medical Center</p>

Identifier	Return Reference	Explanation
FORM 990 PART II, LINE 42 AND PART IV, LINE 57	FIXED ASSETS, ACCUMULATED DEPRECIATION AND DEPRECIATION EXPENSE	LAND & LAND IMPROVEMENTS = 596,000 BUILDINGS & BUILDING IMPR = 6,055,237 EQUIPMENT = 309,810,000 CONSTRUCTION IN PROGRESS = 23,096,000 TOTAL COST BASIS = 339,566,237 LESS ACCUMULATED DEPR = (262,183,785) BOOK VALUE AT 12/31/05 = 77,382,452 DEPRECIATION EXPENSE = 20,643,261 THE DETROIT MEDICAL CENTER USES THE STRAIGHT-LINE METHOD OF DEPRECIATION AN ASSET'S ESTIMATED USEFUL LIFE IS DETERMINED IN ACCORDANCE WITH THE AMERICAN HOSPITAL ASSOCIATION DEPRECIATION GUIDELINES

Identifier	Return Reference	Explanation
FORM 990 PART III	PROGRAM SERVICE ACCOMPLISHMENTS	<p>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.</p> <p>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.</p> <p><b>Laboratory Services</b> 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.</p> <p><b>Graduate Medical Education</b> 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.</p> <p><b>Management Information Services</b> 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.</p> <p><b>Administrative and Strategic Planning Services</b> 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 a 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.</p>

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
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

## TY 2005 Mortgages and Notes Payable Schedule

**Name:** THE DETROIT MEDICAL CENTER

**EIN:** 38-2571767

**Total Mortgage Amount:** 320157893

<b>Item No.</b>	1
<b>Lender's Name</b>	STATEMENT
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	
<b>Balance Due</b>	320157893
<b>Date of Note</b>	
<b>Maturity Date</b>	
<b>Repayment Terms</b>	
<b>Interest Rate</b>	
<b>Security Provided by Borrower</b>	
<b>Purpose of Loan</b>	
<b>Description of Lender Consideration</b>	
<b>Consideration FMV</b>	

## TY 2005 Officer Compensation Schedule

**Name:** THE DETROIT MEDICAL CENTER

**EIN:** 38-2571767

### Floyd Allen

	Compensation	EE Benefit Plans	Expense Acct
Program Services	180,243		
Mgmt & General	90,122		
Fundraising			

**Stanton M Beatty**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	89,849	11,260	
<b>Mgmt &amp; General</b>	89,848	11,260	
<b>Fundraising</b>			



**Brooks F Bock**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	263,828	11,329	1,667
<b>Mgmt &amp; General</b>	131,913	5,664	833
<b>Fundraising</b>			

**Sante Bologna**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	36,458		
<b>Mgmt &amp; General</b>			
<b>Fundraising</b>			

**Susan L Capatina**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	160,357	11,758	
<b>Fundraising</b>			

**Benjamin R Carter**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	277,623	16,365	
<b>Mgmt &amp; General</b>			
<b>Fundraising</b>			

**Richard Cole**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	427,461	13,594	1,065
<b>Fundraising</b>			

**Michael Duggan**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	411,772	19,531	263
<b>Mgmt &amp; General</b>	205,885	9,765	131
<b>Fundraising</b>			

**Donald Groth**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	68,503	10,586	
<b>Mgmt &amp; General</b>	68,502	10,586	
<b>Fundraising</b>			

**Deloris Hunt**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	207,452	15,078	104
<b>Fundraising</b>			



**Frank Iacobelli**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			6,533
<b>Mgmt &amp; General</b>			3,267
<b>Fundraising</b>			

**Mark Juzych**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	106,546	18,630	
<b>Mgmt &amp; General</b>			
<b>Fundraising</b>			

**Michael Lacusta**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	187,320	13,151	
<b>Mgmt &amp; General</b>	187,320	13,151	
<b>Fundraising</b>			

**Michael LeRoy**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	99,413	10,635	
<b>Mgmt &amp; General</b>	99,413	10,635	
<b>Fundraising</b>			

**Ruthann Liagre**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	192,728	8,363	
<b>Fundraising</b>			

**John S Lore**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>			
<b>Fundraising</b>	285,207	24,866	840

**Stephen W Loree**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	146,541	17,386	
<b>Fundraising</b>			

**Tammy S Lundstrom**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	102,497	4,784	
<b>Mgmt &amp; General</b>	102,497	4,784	
<b>Fundraising</b>			



**Gwendolyn M MacKenzie**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	199,366	11,213	1,000
<b>Mgmt &amp; General</b>			
<b>Fundraising</b>			

**Thomas Malone**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	400,021	24,252	
<b>Mgmt &amp; General</b>			
<b>Fundraising</b>			

**Christopher Palazzolo**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	375,209	24,642	
<b>Fundraising</b>			

**Michael A Pelc**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	210,586	22,759	1,500
<b>Fundraising</b>			

**Jose E Pontes**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	157,227	1,248	
<b>Mgmt &amp; General</b>			
<b>Fundraising</b>			

**Diana Prosi**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	146,665	21,599	435
<b>Fundraising</b>			

**Kathleen M Ralston**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	154,006	18,851	
<b>Fundraising</b>			

**William F Rochefort**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	197,607	22,066	
<b>Fundraising</b>			



**Theodore Schreiber MD**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	325,000		
<b>Mgmt &amp; General</b>			
<b>Fundraising</b>			

**Candace E Scott**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	153,883	19,508	
<b>Fundraising</b>			

**Iris A Taylor**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	230,406	13,189	
<b>Mgmt &amp; General</b>	115,203	6,595	
<b>Fundraising</b>			

**Verdell Tolbert**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	180,227	9,109	
<b>Mgmt &amp; General</b>			
<b>Fundraising</b>			

**John B Waller Jr**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	8,184		
<b>Mgmt &amp; General</b>			
<b>Fundraising</b>			

**Wilson Francis MD**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	46,709	3,374	
<b>Mgmt &amp; General</b>			
<b>Fundraising</b>			

**Sophie Womack MD**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	120,000		
<b>Mgmt &amp; General</b>			
<b>Fundraising</b>			

**Mary Zuckerman**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>	353,276	17,831	
<b>Mgmt &amp; General</b>			
<b>Fundraising</b>			



**fernando diaz md phd**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	218,750		
<b>Fundraising</b>			

**LINDA A FILIPCZAK**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	5,385		
<b>Fundraising</b>			

**DONALD P RAGAN**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	61,026		
<b>Fundraising</b>			

## TY 2005 Other Assets Schedule

**Name:** THE DETROIT MEDICAL CENTER

**EIN:** 38-2571767

Description	Beginning of Year Amount	End of Year Amount
FUNDS HELD - BOND AGREEMENT	710,601	11,570,197
GOODWILL	2,417,333	1,563,226
DEFERRED DEBT ISSUANCE COST	1,713,520	1,960,627
DUE FROM AFFILIATES	19,146,068	9,987,302
OTHER ASSETS	57,551,878	67,651,101
OTHER RECEIVABLES		4,947,146
CENTRAL CASH		242,966,529
INVESTMENTS IN SUBSIDIARIES		176,747,353

**TY 2005 Other Changes in Net Assets Schedule****Name:** THE DETROIT MEDICAL CENTER**EIN:** 38-2571767

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	144,330
NET CHANGE IN PENSION LIABILITY	21,712,986
OTHER CHANGE IN NET ASSETS	9,999,085

**TY 2005 Other Expenses  
Not Included Schedule**

**Name:** THE DETROIT MEDICAL CENTER

**EIN:** 38-2571767

Description	Amount
NONOPERATING REVENUE	34,064

**TY 2005 Other Liabilities Schedule****Name:** THE DETROIT MEDICAL CENTER**EIN:** 38-2571767

<b>Description</b>	<b>Beginning of Year Amount</b>	<b>End of Year Amount</b>
PROFESSIONAL LIABILITY		1,919,658
POST-RETIREMENT BENEFITS	157,734,478	71,048,471
DUE TO AFFILIATES	13,206,813	84,718,000
OTHER LIABILITIES	9,913,704	20,166,445

**TY 2005 Other Notes/Loans  
Receivable Short Schedule**

**Name:** THE DETROIT MEDICAL CENTER

**EIN:** 38-2571767

Category/Name	Amount
OTHER RECEIVABLES	9,171,135



**TY 2005 Other Revenues Included Schedule**

**Name:** THE DETROIT MEDICAL CENTER

**EIN:** 38-2571767

Description	Amount
NONOPERATING REVENUE	-34,064

## TY 2005 Tax-Exempt Bond Liabilities Schedule

**Name:** THE DETROIT MEDICAL CENTER

**EIN:** 38-2571767

<b>Item No.</b>	1
<b>Name of Issue</b>	
<b>Purpose</b>	TAX EXEMPT BONDS
<b>Amount Outstanding</b>	79651955
<b>Unexpended Bond Proceeds</b>	0
<b>Third Party Use</b>	Yes
<b>Space Percentage</b>	
<b>Maturity Date</b>	
<b>Repayment Terms</b>	
<b>Interest Rate</b>	
<b>Security</b>	

**TY 2005 Non Electing Public Charities Statement**

**Name:** THE DETROIT MEDICAL CENTER

**EIN:** 38-2571767

**Statement:** DURING 2005, THE DETROIT MEDICAL CENTER PARTICIPATED IN VARIOUS MEETINGS AND TELEPHONE DISCUSSIONS WITH LEGISLATORS, LEGISLATIVE STAFF, AND ADMINISTRATIVE OFFICIALS AND SENT MAILING TO VARIOUS PUBLIC OFFICIALS IN CONNECTION WITH VARIOUS HEALTH CARE ISSUES. PARTICIPATION INCLUDED TIME SPENT BY INTERNAL STAFF, AS WELL AS TIME SPENT BY CONTRACTED LOBBYING CONSULTANTS. THE PRIMARY ISSUES OF CONCERN WERE: - LICENSURE OF CANADIAN NURSES AND OTHER HEALTH CARE PROFESSIONALS - FUNDING FOR CHILDREN'S HOSPITALS GRADUATE MEDICAL EDUCATION - APPROPRIATIONS FOR THE DEPARTMENT OF COMMUNITY HEALTH AND THE MEDICAID PROGRAM - FUNDING FOR GRADUATE MEDICAL EDUCATION - FUNDING FOR THE DISPROPORTIONATE SHARE HOSPITAL PROGRAM - MEDICARE WAGE INDEX RECLASSIFICATION - CERTIFICATE OF NEED STANDARDS FOR COVERED CLINICAL SERVICES - MEDICARE AND MEDICAID REIMBURSEMENT POLICIES IMPACTING DMC - LABOR-HHS APPROPRIATIONS AND GRANTS FOR FY 2005-06 - MEDICARE FUNDING FOR HOSPITALS - REGULATION OF MEDICAID HMOS - CERTIFICATE OF NEED REFORM AND HOSPITAL BED TRANSFER ISSUES - INCREASING ACCESS TO HEALTH CARE COVERAGE FOR THE UNINSURED - MICHIGAN HOSPITAL QUALITY ASSURANCE ASSESSMENT - WAYNE COUNTY HEALTH CARE PROGRAM FOR THE INDIGENT - IMMIGRATION ISSUES FOR CANADIAN HEALTH PROFESSIONALS - MEDICARE 340B PRESCRIPTION DRUG DISCOUNT PROGRAM - MEDICARE REHAB (75% RULE) - MEDICAID MANAGED CARE PROVIDER TAX - LEGISLATION REGARDING PRISONER INMATE CARE - MEDICAID RETROACTIVE ELIGIBILITY - POISON CONTROL CENTER FUNDING - LONG-TERM CARE COST CONTAINMENT - LEGISLATION IMPLEMENTING FLU MANDATE FOR HOSPITALS - BAN ON SPECIALTY HOSPITALS/SELF REFERRALS AND DRG RESTRUCTURING

**TY 2005 Self Dealing Statement****Name:** THE DETROIT MEDICAL CENTER**EIN:** 38-2571767

<b>Line Number</b>	<b>Explanation</b>
2c	SEE GENERAL EXPLANATION ATTACHMENT

**Line Number**

**Explanation**

2d

FORM 990 PART V

**TY 2005 Earnings and Profits Other  
Adjustments Statement****Name:** THE DETROIT MEDICAL CENTER**EIN:** 38-2571767

Description	Amount
UNREALIZED GAINS/LOSSES	2,780,585
GROSS PREMIUMS WRITTEN	13,896,477
INVESTMENT INCOME	8,483,488

# TY 2005 Earnings and Profits Other Adjustments Statement

**Name:** THE DETROIT MEDICAL CENTER

**EIN:** 38-2571767

Description	Amount
CHANGE IN UNEARNED PREMIUMS	20,066
INVESTMENT MANAGEMENT FEES	811,834
LOSSES INCURRED	4,089,719
ADMINISTRATIVE EXPENSES	74,367
RETROSPECTIVE PREMIUM ADJUSTMENT	1,464,920

## TY 2005 Itemized Other Assets Schedule

**Name:** THE DETROIT MEDICAL CENTER

**EIN:** 38-2571767

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		PREMIUMS RECEIVABLE	31,357,925	26,762,257
		DEFERRED REINSURANCE	1,240,516	1,061,250
		LOSSES RECOVERABLE	2,800,000	7,360,546



## TY 2005 Itemized Other Current Assets Schedule

**Name:** THE DETROIT MEDICAL CENTER

**EIN:** 38-2571767

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		INTEREST RECEIVABLE AND OTHER ASSET	1,029,558	1,068,861

## TY 2005 Other Deductions Schedule

**Name:** THE DETROIT MEDICAL CENTER

**EIN:** 38-2571767

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
LOSS AND LOSS ADJUSTMENT EXPENSES		44,566,200
INVESTMENT MANAGEMENT FEES		811,834
PROFESSIONAL FEES		327,790
MANAGEMENT FEES		86,000
OTHER		47,661
UNREALIZED (GAIN) LOSS		2,780,585

## TY 2005 Itemized Other Investments Schedule

**Name:** THE DETROIT MEDICAL CENTER

**EIN:** 38-2571767

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		SECURITIES AVAILABLE FOR SALE	140,144,505	162,283,941

## TY 2005 Itemized Other Liabilities Schedule

**Name:** THE DETROIT MEDICAL CENTER

**EIN:** 38-2571767

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		LOSS AND LAE RESERVES	113,969,984	137,719,757
		RESTROSPECTIVE PREMIUM ADJUSTMENT	45,217,867	49,883,527
		DUE TO INVESTMENT BROKERS	11,315,682	15,424,708
		UNEARNED PREMIUMS	11,225,784	11,848,332

## TY 2005 Other Income Statement

**Name:** THE DETROIT MEDICAL CENTER

**EIN:** 38-2571767

Description	Foreign Amount	Amount
PREMIUMS WRITTEN		47,068,471
CHANGE IN UNEARNED PREMIUM		-622,548
RETROSPECTIVE PREMIUM ADJUSTMENTS		-4,665,660
REINSURANCE PREMIUMS CEDED		-4,245,000
CHANGE IN DEFERRED REINSURANCE		-179,266

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2005, or tax year beginning \_\_\_\_\_, 2005, and ending \_\_\_\_\_, 20\_\_

# 2005

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

Employer identification number

**THE DETROIT MEDICAL CENTER**

**38-2571767**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b whichever is applicable, blank (i.e. do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12) . . . . .	1b	<u>302636079.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c) . . . . .	5b	_____

## Part II Declaration of Officer

6  I authorize the US Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the US Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(s).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2005 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Signature of officer: *[Signature]* Date: 11-15-06 Title: VP FINANCE

## Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers for Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

**ERO's Use Only**

ERO's signature: *[Signature]* Date: 11-15-06 Check if also paid preparer:  Check if self-employed:  ERO's SSN or PTIN: 375-76-0778

Firm's name (or yours if self-employed), address, and ZIP code: ERNST & YOUNG LLP  
500 WOODWARD AVE, STE 1700  
DETROIT MI 48226-5495 EIN: 34-6565596 Phone no: 313-628-7100

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP code: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no: \_\_\_\_\_