

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)

OMB No 1545-0047

2008

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
 DETROIT REC HOSP & UNIV HLTH CTR
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 4201 ST ANTOINE BLVD
 City or town, state or country, and ZIP + 4
 DETROIT, MI 48201

D Employer identification number
 38-2320476
E Telephone number
 (313) 745-2117
G Gross receipts \$ 393,166,310

F Name and address of Principal Officer
 IRIS TAYLOR PHD PRESIDENT
 4201 ST ANTOINE BLVD
 DETROIT, MI 48201

H(a) Is this a group return for affiliates? Yes No

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

H(c) Group Exemption Number ▶

I Tax-exempt status 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

J Web site: ▶ DRHUHC.ORG

K Type of organization Corporation trust association other ▶

L Year of Formation 1980 **M** State of legal domicile MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities See Additional Data Table		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of employees (Part V, line 2a)	5	2,050
	6 Total number of volunteers (estimate if necessary)	6	428
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,230,207	1,288,440
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	372,372,600	378,969,408
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,514,232	11,568,462
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	956,523	515,976
		394,073,562	392,342,286
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	104,233,308	113,929,429
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b (Total fundraising expenses, Part IX, column (D), line 25 <u>465,856</u>)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	275,977,327	269,359,417
18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	380,210,635	383,288,846	
19 Revenue less expenses Subtract line 18 from line 12	13,862,927	9,053,440	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	401,071,749	397,020,844
	22 Net assets or fund balances Subtract line 21 from line 20	53,370,046	39,864,630
	347,701,703	357,156,214	

Part II Signature Block

Please Sign Here
 Under penalties of perjury, I declare that I have examined this return, including attachments and all schedules, and believe it is true, correct, and complete. Declaration of preparer (other than officer)
 Signature of officer
 GLORIA LARKINS VICE PRESIDENT 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

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

1 Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 106,346,740 including grants of \$) (Revenue \$ 73,531,151) INTERNAL MEDICINE (GENERAL) DRH HAS BUILT A COMPREHENSIVE INPATIENT AND OUTPATIENT GERIATRIC MEDICINE PROGRAM ALSO INCLUDED IN THE INTERNAL MEDICINE SERVICES IS AN EXTENSIVE STROKE AND CARDIOLOGY PROGRAM THE INTERNAL MEDICINE SERVICE IS THE FEEDER TO ALL THE OTHER PROGRAMS DRH WILL EXPAND PROGRAM TO CREATE IP/OP CONTINUITY, TO ACHIEVE THE GOALS ESTABLISHED IN THE STRATEGIC PLAN DRH SAW 30,009 PATIENTS FOR VARIOUS MEDICAL CONDITIONS

4b (Code) (Expenses \$ 77,185,118 including grants of \$) (Revenue \$ 51,211,173) SURGERY (GENERAL) DRH HAD 5,975 PATIENTS FOR VARIOUS SURGICAL PROCEDURES DRH IS INTEGRAL IN PROVIDING DOOR TO CATH LAB/BALLOON TIMES FOR AMI/STMI'S OF LESS THAT 45 MINUTES AND OFTEN 30 MINUTES, FAR BETTER THAN THE NATIONAL AVERAGE IN 2008 DRH TOOK CONTINUED STEPS TOWARD BUILDING ELECTIVE SURGICAL COMPONENTS IN UROLOGY AND ORTHOPEDICS THE DRH UROLOGY SERVICE DEMONSTRATED CONTINUED GROWTH AS A RESULT OF IMPROVED PRODUCTIVITY AND EFFICIENCY OF THE EXISTING UROLOGISTS THE DEPARTMENT BEGAN TO OFFER A URODYNAMIC PROGRAM THE SERVICE CONTINUED TO OFFER SPECIALIZED SURGICAL PROCEDURES SUCH AS UROLOGIC RECONSTRUCTION NOT DONE WIDELY THEREFORE OFTEN DRAWING PATIENTS FROM OUTSIDE MICHIGAN THE DEPARTMENT ALSO TOOK FIRST RESIDENTS FROM A NEWLY ESTABLISHED OSTEOPATHIC UROLOGY RESIDENCY PROGRAM ASSOCIATED WITH MICHIGAN STATE UNIVERSITY THE DEPARTMENT OF ORTHOPEDICS CONTINUED THE GROWTH OF ELECTIVE SURGERIES ESTABLISHED IN THE PREVIOUS YEAR WHEN A FULL TIME COMMUNITY SURGEON WAS RECRUITED PART TIME SURGEONS JOINED THE PRACTICE WHO SPECIALIZE IN PODIATRY, FOOT AND ANKLE SURGERIES AND HAND SURGERIES

4c (Code) (Expenses \$ 64,036,738 including grants of \$) (Revenue \$ 22,543,295) EMERGENCY MEDICINE DETROIT RECEIVING HOSPITAL & UNIVERSITY HEALTH CENTER (DRH), MICHIGAN'S FIRST LEVEL I TRAUMA CENTER, IS AN ADULT SPECIALTY HOSPITAL OFFERING EXPERTISE IN EMERGENCY MEDICINE, COMPLEX TRAUMA, CRITICAL CARE, NEUROSCIENCE AND GERONTOLOGY AS THE REGION'S LEADER IN EMERGENCY MEDICINE, NEARLY 60% OF MICHIGAN'S EMERGENCY PHYSICIANS ARE TRAINED AT DRH DRH ALSO FEATURES THE STATES LARGEST BURN CENTER, MICHIGAN'S FIRST HOSPITAL-BASED 24/7 HYPERBARIC OXYGEN THERAPY PROGRAM, AND METRO DETROIT'S FIRST CERTIFIED PRIMARY STROKE CENTER AS A LEVEL 1 TRAUMA CENTER, VERIFIED BY THE AMERICAN COLLEGE OF SURGEONS, AND A MAJOR SOURCE OF EMERGENCY MEDICAL CARE FOR DETROIT, THE HOSPITAL PROVIDES THE HIGHEST STANDARD OF BURN, SPINAL CORD AND OTHER CRITICAL CARE SERVICES, IN ADDITION TO MEDICAL TRAINING AND RESEARCH IN THE AREA THE HOSPITAL IS PREPARED FOR COMMUNITY DISASTERS AND IS ON ALERT WHENEVER THE PRESIDENT OF THE UNITED STATES OR OTHER VISITING DIGNITARIES ARE IN DETROIT DRH IS ALSO THE PRIMARY MEDICAL PROVIDER FOR THE RED WINGS, DETROIT TIGERS, FREE PRESS MARATHON, AND OTHER EVENTS THAT TAKE PLACE IN THE CITY OF DETROIT OUTREACH SERVICES PROVIDED THROUGH DRH INCLUDE INJURY PREVENTION AND SAFETY AWARENESS PROGRAMS AND A FROSTBITE PREVENTION PROGRAM FOR HOMELESS RESIDENTS OF AREA SHELTERS MAJOR INITIATIVES ARE INCLUDED FOR SCHOOL-BASED PROGRAMS AND COMMUNITY HEALTH FAIRS DRH ALSO HOUSES AND SUPPORTS THE CITY OF DETROIT'S RAPE CRISIS CENTER, VISUALLY HANDICAPPED SERVICES AND THE UNIVERSITY OF DETROIT DENTISTRY PROGRAM ALL OF THESE SERVICES ARE FREE OR OFFERED AT LOW COST TO THE COMMUNITY THE EMERGENCY MISSION OF THE HOSPITAL EXTENDS TO THE UNINSURED AND UNDERINSURED, WHO FREQUENTLY NEED THE FACILITY FOR CARE DUE TO LACK OF ACCESS TO PRIMARY CARE SERVICES IN 2008, DRH PROVIDED A SIGNIFICANT AMOUNT OF HEALTH CARE FOR WHICH PAYMENT WILL NOT BE RECEIVED (APPROXIMATELY 135,367,000) THE HOSPITAL'S COMMITMENT TO THE POOR IS ALSO DEMONSTRATED THROUGH OFFERING OF FREE PRESCRIPTIONS TO QUALIFIED INDIVIDUALS DURING 2008, DRH HAD 83,458 ER PATIENT VISITS WITH 98% OF PATIENTS SEEN WITHIN THE 29 MINUTE GUARANTEE COMMITMENT DRH HAS MADE TO THE PATIENT COMMUNITY IT SERVES

(Code) (Expenses \$ 114,249,022 including grants of \$) (Revenue \$ 83,874,353) ORTHOPEDICS - 6,576 TOTAL CASES, 2,365 INPATIENT DAYS, 5,964 OUTPATIENT REGISTRATIONS NEUROLOGY - 900 TOTAL CASES, 4,607 INPATIENT DAYS, 185 OUTPATIENT REGISTRATIONS PSYCHIATRY - 10,292 TOTAL CASES, 7,244 INPATIENT DAYS, 9,372 OUTPATIENT REGISTRATIONS CARDIOLOGY - 1,113 TOTAL CASES, 2,269 INPATIENT DAYS, 454 OUTPATIENT REGISTRATIONS

4d Other program services (Describe in Schedule O) (Expenses \$ 114,249,022 including grants of \$) (Revenue \$ 83,874,353)

4e Total program service expenses \$ 361,817,618 Must equal Part IX, Line 25, column (B).

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 27 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (Continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		No
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		No
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	Yes	
36 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		No
37 Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No response boxes. Includes rows for 1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9, 9a, 9b, 10, 10a, 10b, 11, 11a, 11b, 12a, 12b.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
<i>For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
1a	Enter the number of voting members of the governing body	1a	7
b	Enter the number of voting members that are independent	1b	3
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	No
6	Does the organization have members or stockholders?	6	Yes
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	the governing body?	8a	Yes
b	each committee with authority to act on behalf of the governing body?	8b	No
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	No
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? <i>If "No", go to line 13</i>	12a	Yes
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes
13	Does the organization have a written whistleblower policy?	13	Yes
14	Does the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a	The organization's CEO, Executive Director, or top management official?	15a	Yes
b	Other officers or key employees of the organization? Describe the process in Schedule O	15b	No
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed _____
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization GLORIA LARKINS 4201 ST ANTOINE DETROIT, MI 482012403 (313) 745-2117

Part VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues				
		1b				
	c	Fundraising events 6,960				
		1c				
	d	Related organizations 1d 16,474				
	e	Government grants (contributions) 1e 847,129				
	f	All other contributions, gifts, grants, and similar amounts not included above 417,877				
	1f					
g	Noncash contributions included in lines 1a-1f \$ 8,268					
h	Total (Add lines 1a-1f)	1,288,440				
Program Service Revenue	2a	PATIENT CARE	363,170,792	363,170,792		
		Business Code				
	b	PHARMACY REVENUE	6,984,063	6,984,063		
	c	PROGRAM RELATED RENTAL REV	5,818,458	5,818,458		
	d	AMBULATORY SERVICES	2,475,613	2,475,613		
	e	PARKING REVENUE	415,018	415,018		
	f	All other program service revenue	105,464	105,464		
	g	Total. Add lines 2a-2f				
	\$ 378,969,408					
Other Revenue	3	Investment income (including dividends, interest other similar amounts)	11,643,091			11,643,091
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross Rents 323,982				
	b	Less rental expenses 53,162				
	c	Rental income or (loss) 270,820				
	d	Net rental income or (loss)	270,820			270,820
		(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory 618,399 21,000				
	b	Less cost or other basis and sales expenses 714,028				
	c	Gain or (loss) -95,629 21,000				
d	Net gain or (loss)	-74,629			-74,629	
8a	Gross income from fundraising events (not including \$ 98,870 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a 6,960					
b	Less direct expenses b 56,834					
c	Net income or (loss) from fundraising events	42,036			42,036	
9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a					
b	Less direct expenses b					
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances a					
b	Less cost of goods sold b					
c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue Business Code					
11a	OTHER PROFESSIONAL SERVICES	203,120	203,120			
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d \$ 203,120					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	392,342,286	379,172,528		11,881,318	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, and Total functional expenses.

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	11,318	1	145,830
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	152,583	3	224,545
	4 Accounts receivable, net	28,242,985	4	14,277,822
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net	303,977,536	7	317,418,572
	8 Inventories for sale or use	3,283,635	8	3,149,119
	9 Prepaid expenses and deferred charges	514,155	9	642,128
	10a Land, buildings, and equipment cost basis	10a 311,355,178		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b 256,529,944	56,216,907	10c 54,825,234
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12	
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	8,672,630	15	6,337,594	
16 Total assets. Add lines 1 through 15 (must equal line 34)	401,071,749	16	397,020,844	
Liabilities	17 Accounts payable and accrued expenses	22,188,637	17	18,707,895
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	7,311,424	20	7,283,152
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,247,041	23	883,050
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	22,622,944	25	12,990,533
	26 Total liabilities. Add lines 17 through 25	53,370,046	26	39,864,630
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	347,471,361	27	356,992,594
	28 Temporarily restricted net assets	73,657	28	6,935
	29 Permanently restricted net assets	156,685	29	156,685
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	347,701,703	33	357,156,214	
34 Total liabilities and net assets/fund balances	401,071,749	34	397,020,844	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?		No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	Yes	

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Calendar year (or fiscal year beginning in)						
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Calendar year (or fiscal year beginning in)						
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc. (See instructions.)						
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

12	
13	

Computation of Public Support Percentage	14	15
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))		
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f		
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part III Support Schedule for Organizations Described in IRC 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total Support (Add lines 9, 10c, 11 and 12)						

14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

Additional Data

Software ID:

Software Version:

EIN: 38-2320476

Name: DETROIT REC HOSP & UNIV HLTH CTR

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a	PATIENT CARE	363,170,792	363,170,792		
b	PHARMACY REVENUE	6,984,063	6,984,063		
c	PROGRAM RELATED RENTAL REV	5,818,458	5,818,458		
d	AMBULATORY SERVICES	2,475,613	2,475,613		
e	PARKING REVENUE	415,018	415,018		

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

DETROIT RECEIVING HOSPITAL AND UNIVERSITY HEALTH CENTER IS COMMITTED TO BEING ONE OF THE NATION'S PREMIER EMERGENCY, TRAUMA, CRITICAL CARE AND AMBULATORY CARE CENTERS PROVIDING HIGH QUALITY SERVICES TO ALL PATIENTS WITHIN THE COMMUNITIES SERVICED, WITHOUT REGARD TO RELIGIOUS, RACIAL, ETHNIC IDENTIFICATION OR ECONOMIC STATUS. IN COLLABORATION WITH WAYNE STATE UNIVERSITY, DETROIT RECEIVING PROVIDES LEADERSHIP IN THE EDUCATION AND TRAINING OF HEALTH CARE PROFESSIONALS AND IN THE DEVELOPMENT OF NEW DIAGNOSTIC AND TREATMENT MODALITIES THAT ENHANCE THE QUALITY OF LIFE.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

DETROIT RECEIVING HOSPITAL AND UNIVERSITY HEALTH CENTER IS COMMITTED TO BEING ONE OF THE NATION'S PREMIER EMERGENCY, TRAUMA, CRITICAL CARE AND AMBULATORY CARE CENTERS PROVIDING HIGH QUALITY SERVICES TO ALL PATIENTS WITHIN THE COMMUNITIES SERVICED, WITHOUT REGARD TO RELIGIOUS, RACIAL, ETHNIC IDENTIFICATION OR ECONOMIC STATUS. IN COLLABORATION WITH WAYNE STATE UNIVERSITY, DETROIT RECEIVING PROVIDES LEADERSHIP IN THE EDUCATION AND TRAINING OF HEALTH CARE PROFESSIONALS AND IN THE DEVELOPMENT OF NEW DIAGNOSTIC AND TREATMENT MODALITIES THAT ENHANCE THE QUALITY OF LIFE.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization DETROIT REC HOSP & UNIV HLTH CTR

Employer identification number 38-2320476

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate Contributions to, Aggregate Grants from, Aggregate value at end of year, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting art, historical treasures, and similar assets, and amounts for revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain why in Part XIV and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment 86.000%, b Permanent endowment 13.000%, c Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 3 columns: Description (3a(i), 3a(ii), 3b), Yes, No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows 1a-1e and Total.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE ENDOWMENTS SUPPORT PATIENTS' WELL-BEING BY PROVIDING EDUCATION AND EQUIPMENT FOR THE HOSPITAL IN GENERAL AND FOR THE BURN CENTER, AS WELL AS SUPPORTING A CHAIR IN EMERGENCY MEDICINE AT WAYNE STATE UNIVERSITY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>2008 GALA</u> (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	105,830			105,830
	2 Less Charitable contributions	6,960			6,960
	3 Gross revenue (line 1 minus line 2)	98,870			98,870
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs	46,994			46,994
	7 Other direct expenses	9,840			9,840
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				56,834
9 Net income summary Combine lines 3 and 8 in column (d) ▶				42,036	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

	Yes	No						
<p>13 Indicate the percentage of gaming activity operated in</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"> <p>a The organization's facility</p> </td> <td style="width:10%; text-align:center;"> <p>13a</p> </td> <td style="width:10%;"></td> </tr> <tr> <td> <p>b An outside facility</p> </td> <td style="text-align:center;"> <p>13b</p> </td> <td></td> </tr> </table>			<p>a The organization's facility</p>	<p>13a</p>		<p>b An outside facility</p>	<p>13b</p>	
<p>a The organization's facility</p>	<p>13a</p>							
<p>b An outside facility</p>	<p>13b</p>							
<p>14 Provide the name and address of the person who prepares the organization's gaming/special events books and records</p> <p>Name _____</p> <p>Address _____</p>								
<p>15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a</p>								
<p>b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____</p>								
<p>c If "Yes," enter name and address</p> <p>Name _____</p> <p>Address _____</p>								
<p>16 Gaming manager information</p> <p>Name _____</p> <p>Gaming manager compensation \$ _____</p> <p>Description of services provided _____</p> <p><input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor</p>								
<p>17 Mandatory distributions</p> <p>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a</p> <p>b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____</p>								

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2008

Open to Public Inspection

Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Department of the Treasury Internal Revenue Service

Name of the organization: DETROIT REC HOSP & UNIV HLTH CTR

Employer identification number: 38-2320476

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

Form 990-Schedule H Part I questions 1a through 6b regarding charity care and community benefits.

Table 7: Charity Care and Certain Other Community Benefits at Cost. Columns include: (a) Number of activities or programs, (b) Persons served, (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense.

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices *(Optional for 2008)*

Section A. Bad Debt Expense

- 1** Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? **1**
- 2** Enter the amount of the organization's bad debt expense (at cost) **2**
- 3** Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy **3**
- 4** Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit

	Yes	No
1		
2		
3		
4		
5		
6		
7		
9a		
9b		

Section B. Medicare

- 5** Enter total revenue received from Medicare (including DSH and IME) **5**
- 6** Enter Medicare allowable costs of care relating to payments on line 5 **6**
- 7** Enter line 5 less line 6—surplus or (shortfall) **7**
- 8** Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used
- Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- 9a** Does the organization have a written debt collection policy? **9a**
- 9b** If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI **9b**

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

Multiple horizontal lines for providing the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b.

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

Horizontal lines for describing how the organization assesses the health care needs of the communities it serves.

3 **Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

Horizontal lines for describing how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Horizontal lines for describing the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Horizontal lines for describing how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)

Horizontal lines for providing any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

Horizontal lines for describing the respective roles of the organization and its affiliates in promoting the health of the communities served if the organization is part of an affiliated health care system.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Horizontal lines for identifying all states with which the organization, or a related organization, files a community benefit report.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service

Name of the organization
DETROIT REC HOSP & UNIV HLTH CTR

Employer identification number
38-2320476

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a	Yes	
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
IRIS TAYLOR PHD	(i) (ii)	361,669	86,232	15,615	44,727	7,031	515,274
GLORIA WALKER-LARKINS	(i) (ii)	182,667	44,367	20	25,564	16,434	269,052
RAHUL VAIDYA	(i) (ii)	441,538	184,381	135,878	2,300	21,779	785,876
RICHARD SANTUCCI	(i) (ii)	23,077 589,449	15,000	-9 10,395	4,400	18,092	45,560 614,844
JEFFREY H DAWKINS	(i) (ii)	270,141	64,374	-51	38,022	13,671	386,157
PATRICIA E NATALE	(i) (ii)	175,821 58,072	55,526	1,514 619	68,601	15,721	317,183 58,691
TOMMYE HINTON-ARNOLD	(i) (ii)	180,367	36,688	1,810	19,941	6,299	245,105
NANCY A MOSS	(i) (ii)	141,702	34,154	-882	21,093	15,638	211,705
JOHN PERKOWSKI	(i) (ii)	154,441		101,708	11,500	21,481	289,130
MARK J UPFAL	(i) (ii)	255,508		64	9,200	9,702	274,474
KELLEY LABONTY	(i) (ii)	186,298		44,478	713		231,489
PHIL MANGAHAS	(i) (ii)	157,943		62,300	10,488	8,126	238,857
KAREN CRAWFORTH	(i) (ii)	115,918 15,590	4,018	82,854 -486	9,636	20,543	232,969 15,104
JAMES E STOPFORD	(i) (ii)	30,839		87,187	793	14	118,833
JOSEPH T SCALLEN JR	(i) (ii)	231,547	56,264	6,356	45,398	13,141	352,706
JUANITA M REID	(i) (ii)	125,572		2,297	4,968	5,685	138,522

Software ID:
Software Version:
EIN: 38-2320476
Name: DETROIT REC HOSP & UNIV HLTH CTR

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
IRIS TAYLOR PHD	(i) (ii)	361,669	86,232	15,615	44,727	7,031	515,274
GLORIA WALKER-LARKINS	(i) (ii)	182,667	44,367	20	25,564	16,434	269,052
RAHUL VAIDYA	(i) (ii)	441,538	184,381	135,878	2,300	21,779	785,876
RICHARD SANTUCCI	(i) (ii)	23,077 589,449	15,000	-9 10,395	4,400	18,092	45,560 614,844
JEFFREY H DAWKINS	(i) (ii)	270,141	64,374	-51	38,022	13,671	386,157
PATRICIA E NATALE	(i) (ii)	175,821 58,072	55,526	1,514 619	68,601	15,721	317,183 58,691
TOMMYE HINTON-ARNOLD	(i) (ii)	180,367	36,688	1,810	19,941	6,299	245,105
NANCY A MOSS	(i) (ii)	141,702	34,154	-882	21,093	15,638	211,705
JOHN PERKOWSKI	(i) (ii)	154,441		101,708	11,500	21,481	289,130
MARK J UPFAL	(i) (ii)	255,508		64	9,200	9,702	274,474
KELLEY LABONTY	(i) (ii)	186,298		44,478	713		231,489
PHIL MANGAHAS	(i) (ii)	157,943		62,300	10,488	8,126	238,857
KAREN CRAWFORTH	(i) (ii)	115,918 15,590	4,018	82,854 -486	9,636	20,543	232,969 15,104
JAMES E STOPFORD	(i) (ii)	30,839		87,187	793	14	118,833
JOSEPH T SCALLEN JR	(i) (ii)	231,547	56,264	6,356	45,398	13,141	352,706
JUANITA M REID	(i) (ii)	125,572		2,297	4,968	5,685	138,522

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	JAMES E STOPFORD 86,857 0 0
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	SCHEDULE J, PART I, LINE 3 THE COMPENSATION OF THE PRESIDENT OF DETROIT RECEIVING HOSPITAL AND UNIVERSITY HEALTH CENTER IS DETERMINED BY A RELATED ORGANIZATION, THE DETROIT MEDICAL CENTER (DMC) THE DMC USES THE FOLLOWING PROCEDURES TO ESTABLISH SUCH COMPENSATION 1 ANNUAL COMPARABILITY STUDIES ARE CONDUCTED BY INTERNAL STAFF IN THE HUMAN RESOURCES DEPARTMENT OF THE DMC THE COMPENSATION OF THE PRESIDENT IS COMPARED WITH SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS THIS INFORMATION IS SUBMITTED TO THE PRESIDENT/CEO OF THE DMC FOR REVIEW AND APPROVAL 2 PERIODICALLY, THE COMPENSATION OF HOSPITAL PRESIDENTS IS TAKEN TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES OF THE DMC FOR REVIEW AND APPROVAL THIS WAS LAST DONE IN DECEMBER 2006 DECISIONS OF THE COMPENSATION COMMITTEE ARE RECORDED IN CONTEMPORANEOUS MINUTES SCHEDULE J, PART I, LINE 4A JAMES STOPFORD RECEIVED SEVERANCE PAY OF 86,857 37 DURING 2008 HIS SEVERANCE PAY WAS STIPULATED UNDER THE SENIOR EXECUTIVE SEPARATION POLICY, WHICH PROVIDES THAT, BASED UPON HIS YEARS OF SERVICE, HE WILL RECEIVE 26 WEEKS OF PAY FOLLOWING HIS INVOLUNTARY SEPARATION FROM SERVICE, PROVIDED THAT HE EXECUTES A SEPARATION AND RELEASE AGREEMENT SCHEDULE J, PART II, COLUMN (B) (III), OTHER REPORTABLE COMPENSATION, INCLUDES ALL ITEMS OF INCOME THAT ARE NOT BASE SALARY OR BONUS IN NATURE THIS INCLUDES, BUT IS NOT LIMITED TO, OVERTIME PAY FOR CRNAS (WHO ARE HOURLY), ADMINISTRATIVE STIPENDS, MOONLIGHTING, AND ON CALL PAY FOR PHYSICIANS, SEVERANCE PAY, AND CASH AUTO AND CLUB ALLOWANCES FOR OFFICERS AND OTHER EXECUTIVES THESE AMOUNTS ARE ALSO OFFSET BY SEC 125 CAFETERIA PLAN DEDUCTIONS, WHICH HAVE BEEN DEDUCTED IN DETERMINING AMOUNTS REPORTED IN BOX 5, FORM W-2

SCHEDULE R (Form 990) **Related Organizations and Unrelated Partnerships**

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
DETROIT REC HOSP & UNIV HLTH CTR

Employer identification number

38-2320476

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

See Additional Data Table

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
ASC DEVELOPMENT LLC											
7330 SHADELAND STATION SUITE 200 INDIANAPOLIS, IN46256 42-1690550	SURGERY	MI	NA N/A					No			No
DMC PARTNERSHIP IMAGING LLC											
3990 JOHN R DETROIT, MI48201 16-1750127	HOLDING CO	MI	NA N/A					No			No
NOVI REGIONAL IMAGING LLC											
3901 BEAUBIEN SUITE 2B105 DETROIT, MI48201 45-0595233	DIAGNOSTIC	MI	NA N/A					No			No
MICHIGAN REGIONAL IMAGING LLC											
3990 JOHN R DETROIT, MI48201 56-2517225	MRI SRVCS	MI	NA N/A					No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
See Additional Data Table							

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)			
See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Software ID:
Software Version:
EIN: 38-2320476
Name: DETROIT REC HOSP & UNIV HLTH CTR

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
CHILDREN'S HOSPITAL OF MICHIGAN 3901 BEAUBIEN DETROIT, MI48201 38-1357994	HEALTHCARE	MI	501	3	DMC
DET MED CENTER COOPERATIVE SERVICES 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 23-7083832	BILLING	MI	501	3	DMC
DETROIT MEDICAL CENTER GUILD 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2480730	AUXILIARY	MI	501	11C	DMC
DETROIT METRO CARE 3990 JOHN R DETROIT, MI48201 56-2402607	MCAID HMO	MI	501	11C	DMC
DMC CENTERS INC 41935 WEST TWELVE MILE ROAD NOVI, MI48377 38-3021666	HEALTHCARE	MI	501	11A	DMC
DMC NURSING HOMES INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2562709	HEALTHCARE	MI	501	3	DMC
DMC PRIMARY CARE SERVICES II 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2578447	HEALTHCARE	MI	501	11A	DMC
HARPER-HUTZEL HOSPITAL 3990 JOHN R DETROIT, MI48201 38-2391907	HEALTHCARE	MI	501	3	DMC
HEALTHSOURCE 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-6095454	HEALTHCARE	MI	501	11C	DMC
HURON VALLEY HOSPITAL INC 1 WILLIAM CARLS DRIVE COMMERCE TOWNSHIP, MI48382 38-2155995	HEALTHCARE	MI	501	3	DMC
REHABILITATION INSTITUTE INC 261 MACK BOULEVARD DETROIT, MI48201 38-1417366	HEALTHCARE	MI	501	3	DMC
RHHHC INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2086422	HEALTHCARE	MI	501	11C	DMC
SINAI HOSPITAL OF GREATER DETROIT 6071 WEST OUTER DRIVE DETROIT, MI48235 38-1416522	HEALTHCARE	MI	501	3	DMC
THE DETROIT MEDICAL CENTER 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2571767	HEALTHCARE	MI	501	11A	DMC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Percentage ownership
CHILDREN'S CHOICE OF MICHIGAN 3990 JOHN R DETROIT, MI48201 38-3318267	COST REIMB	MI	N/A	C CORP			
DMC HEALTH CARE CENTERS INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2648666	MED SRVCS	MI	N/A	C CORP			
DMC INSURANCE CO LTD C/O MARSH MGT SRVCS CYMN BOX 1051 GEORGETOWN, CAYMAN ISLANDS, BWI CJ 98-0198240	LIAB INS		N/A	C CORP			
METRO TPA SERVICES INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 56-2402607	HEALTHCARE	MI	N/A	C CORP			
MULTI-CARE MEDICAL SERVICES & SUPPL 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2179342	HEALTHCARE	MI	N/A	C CORP			
PHYX INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-3559445	HEALTHCARE	MI	N/A	C CORP			
RADIUS HEALTH CARE SYSTEMS INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2282743	HEALTHCARE	MI	N/A	C CORP			
RADIUS REAL ESTATE INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2646917	HEALTHCARE	MI	N/A	C CORP			
THE MEDICAL PROVIDER ORGANIZATION 3990 JOHN R DETROIT, MI48201 38-2833100	ADMIN SVCS	MI	N/A	C CORP			

Form 990, Schedule R, Part V - Transactions with Related Organizations

(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1) CHILDREN'S HOSPITAL OF MICHIGAN	I	228,000
(2) CHILDREN'S HOSPITAL OF MICHIGAN	K	345,000
(3) CHILDREN'S HOSPITAL OF MICHIGAN	L	4,000
(4) DETROIT MEDICAL CENTER	A	306,000
(5) DETROIT MEDICAL CENTER	I	1,310,000
(6) DETROIT MEDICAL CENTER	K	172,000
(7) DETROIT MEDICAL CENTER	L	45,339,000
(8) HARPER-HUTZEL HOSPITAL	I	603,000
(9) HARPER-HUTZEL HOSPITAL	K	16,530,000
(10) HARPER-HUTZEL HOSPITAL	L	10,561,000
(11) HEALTHSOURCE	L	2,965,000
(12) HARPER-HUTZEL HOSPITAL	I	255,000
(13) DMC PRIMARY CARE SERVICES II	L	815,000
(14) REHABILITATION INSTITUTE INC	K	221,000
(15) REHABILITATION INSTITUTE INC	L	94,000