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## Form **990-EZ**

OMB No 1545-1150 2008

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

Open to Public Inspection

	A	For the	2008 calendar year, or tax year beginning	nd ending						
		Check if applicable	Please C Name of organization		D Employer ı	dentification number				
		Address	use IRS		1					
	$\vdash$	Name change	print or THE DETROIT PUBLIC SCHOOLS FOUNDATION	J	30-0	135450				
	$\vdash$	Initial	type Number and street (or P.O. box, if mail is not delivered to street address)	E Telephone						
	$\vdash$	return Termir	Joe	Room/suite	1 '					
	-	=  ation	instruc-		<del> </del>	(313) 873-3348				
	느	Ameno return		1 .	Group Exemption					
		Applicat pending		Number 🕨						
		<ul><li>Sect</li></ul>	ion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a comp	leted G Accou	nting method	Cash X Accrual				
			Schedule A (Form 990 or 990-EZ).	Other -	(specify) 🕨					
	1. 1	Website	N/A	H Check	<b>▶</b> X if t	he organization is not				
	J	Organiz	ation type (check only one)— X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or	527 required t	o attach Sched	ule B (Form 990, 990-EZ, or 990-PF)				
	-	Check D								
		-	l, but if the organization chooses to file a return, be sure to file a complete return	,						
			s 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 ins	tood of Form 900-E7	<b>▶</b> \$	125.				
		art I	Revenue, Expenses, and Changes in Net Assets or Fund Bala							
		1		Tices (See the man	uctions for rai	125.				
		I	Contributions, gifts, grants, and similar amounts received		1	125.				
		2	Program service revenue including government fees and contracts		2	<del> </del>				
		3	Membership dues and assessments		3					
		4	Investment income		4					
		5a	Gross amount from sale of assets other than inventory 5a							
		b	Less cost or other basis and sales expenses . 5b							
		C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach so	chedule)	5c					
	ē	l .	Special events and activities (complete applicable parts of Schedule G). If any amount is from g		·					
	E	1	Gross revenue (not including \$ of contributions	anning, oncon nove >						
	Revenue	1	reported on line 1) 6a							
		i	· · · · · · · · · · · · · · · · · · ·							
		1								
		i	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	•	6c					
			Gross sales of inventory, less returns and allowances 7a		i					
			Less cost of goods sold	~ <del>_</del>						
		1	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		_7c					
		8	Other revenue (describe 🕨	ol	) 8					
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	Ž]	▶ 9	125.				
		10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  Grants and similar amounts paid (attach schedule)  Benefits paid to or for members  Salaries, other compensation, and employee benefits	51	10					
		11	Benefits paid to or for members	1	11					
2	Ø	1	Salaries, other compensation, and employee benefits	1	12					
5	penses	ľ	Professional fees and other payments to independent contractors	1	13	<del></del>				
_			Occupancy, rent, utilities, and maintenance	•	14					
-	쬬		Printing, publications, postage, and shipping							
			Other expenses (describe	•	15					
: 1		1			) <u>16</u>					
-			Total expenses. Add lines 10 through 16	<del></del>	17	0.				
7	Ø		Excess or (deficit) for the year (Subtract line 17 from line 9)		18	125.				
ŢĬ.	Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))	•						
<u>z</u>	<b>S</b> S	1	(must agree with end-of-year figure reported on prior year's return)		19	5,225.				
SCANNED	<u>te</u>	20	Other changes in net assets or fund balances (attach explanation)		20					
O	2	21	Net assets or fund balances at end of year Combine lines 18 through 20		<b>▶</b> 21	5,350.				
Ŵ	P	art II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file	Form 990 instead of	Form 990-EZ					
	تنستن		(See the instructions for Part II )	(A) Beginning of		(B) End of year				
	22	Cach	, savings, and investments		225.22	5,350.				
			-		23	3,330.				
	23		and buildings							
	24		r assets (describe	<del></del>	24	- 250				
	25		lassets	5,	225. 25	5,350.				
	26		l liabilities (describe 🕨)		0.26	0.				
	27		assets or fund balances (line 27 of column (B) must agree with line 21)	5,	225. 27	5,350.				
	8321 12-1	171 17- <b>08</b>	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form	990.		Form 990-EZ (2008)				

	m 990-EZ (2008) THE DETROIT PUBLIC SCHOOL			30-	01354	50 Page 2
	art III Statement of Program Service Accomplishme		Part III )			penses
Wh	at is the organization's primary exempt purpose? SEE STATEMENT	2			(Required	for 501(c)(3)
	cribe what was achieved in carrying out the organization's exempt purposes. In		escribe the services		4947(a)(1	ganizations and ) trusts, optional
_	vided, the number of persons benefited, or other relevant information for each p	rogram title			for others	)
28						
	/O. A. O	4	<b>&gt;</b>	$\overline{}$	00-	
00	(Grants \$ ) If this amount includes foreign	grants, cneck nere			28a	
29			<del></del>			
			<del></del> -			
	(Grants \$ ) If this amount includes foreign	grants check here		$\overline{}$	29a	
30	The amount more or orgin	grants, oncok nere			120	
-			<del>-</del>			
	(Grants \$ ) If this amount includes foreign	grants, check here	<b>&gt;</b>		30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount includes foreign	grants, check here			31a	
32	Total program service expenses (add lines 28a through 31a)			•	32	0.
P	art IV List of Officers, Directors, Trustees, and Key I	Employees. List each one ex	ven if not compensated	(See the	nstructions f	or Part IV)
		(b) Tall	(-) 0	, ,	ontributions	(-) 5
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter		employee efit plans &	(e) Expense account and
	(-)	position	-0)		eferred	other allowances
				com	pensation	
	EROY RICHIE, 660 WOODWARD AVENUE,	CHAIR				
<u>s</u> t	JITE 2490, DETROIT, MI 48226	1.00	0.	<u> </u>	<u> </u>	0.
	LLIOTT HALL, 400 RENAISSANCE	TREASURER	_			
	ENTER, FLOOR 35, DETROIT, MI 48243	1.00	0.	-	0.	0.
	EROME WATSON, 150 WEST JEFFERSON,	SECRETARY			_	
St	JITE 2500, DETROIT, MI 48226	1.00	0.	<u> </u>	0.	0.
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832 12-	172 17-08				Form	<b>990-EZ</b> (2008)

Fe	THE PROPERTY (NOTE THE STATEMENT TEQUIPERTERS III THE INSTRUCTIONS TO PART VI)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a	ļ	Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	,		
b	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still unpaid at the start of the period covered by this return?	38a	·	Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter	7		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities  39b  N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	]		
	section 4911 ► 0 . section 4912 ► 0 . section 4955 ► 0 .			
b	Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I	40b		Х
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
đ	Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e	Ĺ	Х
41	List the states with which a copy of this return is filed $\blacktriangleright MI$			
42 a		961	-25	50
	Located at ► 660 WOODWARD AVENUE, SUITE 2490, DETROIT, MI ZIP+4 ► 4	1822	6	
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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		_ X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		f	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45		X
		Form 9	90-EZ	(2008)

no

(313) 965-2655 X Yes No

Form 990-EZ (2008)

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public Yes No 46 Х 46 office? If "Yes," complete Schedule C, Part I X Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part !! 47 47 is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 X 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization(s) a section 527 organization? 49b Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (D) Contributions (b) Title and average hours (c) Compensation (E) Expense to employee (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position other allowances deferred NONE compensation Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 12.10.09 Sign Here GOVERAL COUNSEL Pald Preparer's signature ► Date Check if self-Preparer's Identifying Number (See instr) Preparer's employed > 12-10-09 Use Only GEORGE JOHNSON & COMPANY EIN > Firm's name (or yours 1200 BUHL BUILDING, 535 GRISWOLD if self-employed). Phone >

address, and ZIP + 4

DETROIT, MI 48226-3689

May the IRS discuss this return with the preparer shown above? See instructions

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

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

Schedule A (Form 990 or 990-EZ) 2008

		THE DET	ROIT PUBLIC	SCHOO	DLS FC	UNDAT	CION		30	0-013545	0
Part I	Reason	for Public Char	ity Status (All organ	izations mi	ust comple	te this pa	rt.) (see ins	structions	)		
The organ	ızatıon ıs not	a private foundation	because it is: (Please c	heck only	one organi	zation.)					
1 🖳	A church, co	envention of churche	s, or association of chu	rches desc	onbed in se	ection 170	D(b)(1)(A)(i	).			
2 🖳	A school des	scribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach S	chedule E.	)						
3 🖳	A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	<b>)(A)(</b> iii). (At	tach Sch	edule H.)		
4 🔲	A medical re	search organization	operated in conjunction	with a hos	spital desc	nbed in s	ection 170	)(b)(1)(A)(i	iii). Enter tl	he hospital's na	me,
	city, and sta							_			
5 💹	An organizat	on operated for the	benefit of a college or u	university o	wned or o	perated by	y a govern	mental un	it describe	ed in	
	section 170	<b>)(b)(1)(A)(iv).</b> (Comple	ete Part II.)								
6 🖳	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									_	
7	An organizat	ion that normally rec	eives a substantial part	of its supp	oort from a	governm	ental unit d	or from the	e general p	ublic described	d in
	section 170	<b>(b)(1)(A)(vi).</b> (Comple	te Part II.)								
8 🖳	A community	y trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 🗀	An organizat	on that normally rec	eives: (1) more than 33	1/3% of its	s support f	rom contr	ributions, n	nembersh	ip fees, an	d gross receipt	s from
	activities rela	ated to its exempt fui	nctions - subject to cert	ain except	ions, and (	2) no more	e than 33 °	1/3% of its	s support 1	rom gross inve	stment
	income and	unrelated business t	axable income (less sec	ction 511 ta	ax) from bu	sinesses	acquired b	y the org	anization a	fter June 30, 19	975.
	See section	<b>509(a)(2).</b> (Complete	the Part III.)								
	An organizat	ion organized and or	perated exclusively to te	est for pub	lic safety. S	See <b>secti</b> o	on 509(a)(4	<b>4).</b> (see in:	structions)		
11 X			perated exclusively for t								
			ations described in sect				2). See <b>se</b> e	ction 509	(a)(3). Che	ck the box that	
			organization and comp								
	a Type			с 🗶 Тур		-	_			Type III - Other	
e 📖			t the organization is no								
	foundation n	nanagers and other t	han one or more public	ly supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or s	ection 509(a)(2)	).
f	If the organiz	ration received a writ	ten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting o	rganization, check th	nis box								
9			rganization accepted a			_					
	(i) A perso	n who directly or ind	rrectly controls, either a	alone or tog	ether with	persons	described	ın (ii) and	(iii) below,	Yes	
	the gov	erning body of the si	upported organization?							11g(i)	X
	-	•	n described in (i) above							11g(ii)	X
			person described in (i)							11g(iii)	<u> </u>
h	Provide the f	ollowing information	about the organizations	s the orgar	ization su	oports.					
	-			· · · · · · · · · · · · · · · · · · ·		<del> </del>					
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organizati	s the	(vii) Amount	of "
orga	nization		(described on lines 1-9		sted in your document?		r support?	(i) organiz	zed in the	support	
			above or IRC section	· ·		Yes		· · · · · · · · · · · · · · · · · · ·			
DETRO:	rm		(see instructions))	Yes	No	res	No	Yes	No	<del></del>	
		38-6019629	<b>1</b>			.,		<b></b>			•
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990	or 990-EZ	2008
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Page 2

P	ert II Support Schedule for	Organization	s Described in	n Sections 17	0(b)(1)(A)(iv) aı	nd 170(b)(1)(A)(v	/i)
	(Complete only if you checke	d the box on line	5, 7, or 8 of Part I.	)			
<u>Se</u>	ction A. Public Support	·	·	<del></del>			
Cal	endar year (or fiscal year beginning in)▶	(a) 2004	<b>(b)</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	Tax revenues levied for the organ-						-
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 - 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public Support. Subtract line 5 from line 4	<u> </u>	<u> </u>	<u> </u>			
	ction B. Total Support		<del> </del>	T		· · · · · · · · · · · · · · · · · · ·	
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4				<u> </u>		
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				1		
40	business is regularly carried on						· · · · · · · · · · · · · · · · · · ·
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part IV.)		:	1			
11	Total support. Add lines 7 through 10		£	1	<u>. I</u>	1	
12			-			12	
13	First five years. If the Form 990 is for		s IIrst, secona, tni	ra, tourth, or titth t	tax year as a secti	on 501(c)(3)	<b>.</b> —
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage				▶∟
14	Public support percentage for 2008 (		<u>-</u>	actume (f)		44	
15	Public support percentage from 2007			column (1))		15	%
	33 1/3% support test - 2008. If the c	•		n line 12 and line	14 10 22 1/20/ 00		%
	stop here. The organization qualifies				14 IS 33 1/3 % OF	more, check this bo	x and
b	33 1/3% support test - 2007. If the c				d line 15 in 22 1/20	V or more shoot th	اـــــا 🕶 بدها ها
_	and stop here. The organization qual					% or more, check th	IS DOX
17a	10% -facts-and-circumstances tes				e 13 160 or 164	and line 14 to 100/	- L
	and if the organization meets the 'fac						
	meets the "facts-and-circumstances"					art iv now the organ	ization
ь	10% -facts-and-circumstances test					170 and line 45 1	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶ [
18	Private foundation. If the organization						
	I the organization	ii ala noi check a	DON ON HITE 13, 10	<u>a, 100, 1</u> /a, 01 1/	D, CHECK THIS DOX	<u>anio see instructions</u>	<u>.                                    </u>

Schedule A (Form 990 or 990-EZ) 2008 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part II 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 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 Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. 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 June 30, 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 section 501(c)(3) organization, check this box and stop here Section C. 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 from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. 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% support 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% support 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

FO	RM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS					STATEMENT				
A)	DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	•	[	]	YES	[X]	NO			
B)	DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	•	• [	3	YES	[X]	NO			

990-EZ PG 2 STATEMENT 2

TO ASSIST THE DETROIT PUBLIC SCHOOLS BY PROVIDING A SECURE SOURCE OF PRIVATE FUNDS NECESSARY TO INSURE THAT THE DETROIT PUBLIC SCHOOLS MAY ACHIEVE ITS EDUCATIONAL OBJECTIVES FOR THE BENEFIT OF ITS STUDENTS, THEIR PARENTS, ITS EMPLOYEES, AND THE COMMUNITY AT LARGE.