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Form **990-EZ**

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)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$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

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning

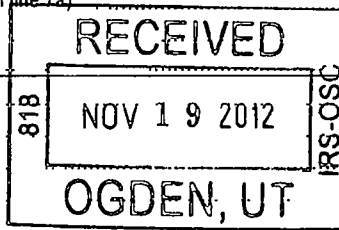
and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DETROIT PUBLIC SAFETY FOUNDATION		D Employer identification number 30-0056848
	Number and street (or P O box, if mail is not delivered to street address) P.O. BOX 32801		E Telephone number 313-806-7512
	City or town, state or country, and ZIP + 4 DETROIT, MI 48232-0801		F Group Exemption Number ▶
	G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ I Website: ▶ WWW.DETROITPUBLICSAFETYFOUNDATION.ORG		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check <input checked="" type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.			
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 159,470.			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															159,220.												
	2	Program service revenue including government fees and contracts																											
	3	Membership dues and assessments																											
	4	Investment income																											
	5a	Gross amount from sale of assets other than inventory																											
	5b	Less cost or other basis and sales expenses																											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																											
	6c	Less direct expenses from gaming and fundraising events																											
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																											
	7a	Gross sales of inventory, less returns and allowances															250.												
	7b	Less cost of goods sold SEE SCHEDULE O																											
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)															250.												
	8	Other revenue (describe in Schedule O)																											
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8															159,470.												
Net Assets/Expenses	10	Grants and similar amounts paid (list in Schedule O)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits															27,000.												
	13	Professional fees and other payments to independent contractors															11,006.												
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping																											
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O															65,185.												
	17	Total expenses. Add lines 10 through 16															103,191.												
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															56,279.												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															26,090.												
	20	Other changes in net assets or fund balances (explain in Schedule O)															0.												
21	Net assets or fund balances at end of year. Combine lines 18 through 20															82,369.													



LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	26,090.	22	77,369.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	0.	24	5,000.
25 Total assets	26,090.	25	82,369.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26,090.	27	82,369.

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

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 EQUINE EXPENSES FOR THE DETROIT POLICE MOUNTED DIVISION.			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		21,786.
29 FORMED A COMMUNICATIONS TEAM TO HELP KEEP CITIZENS, BUSINESSES, AND VISITORS AWARE OF HOW DETROIT IS DEALING WITH PUBLIC SAFETY CHALLENGES.			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		16,281.
30 DETROIT POLICE AWARDS DINNER WHERE SEVERAL AWARDS ARE GIVEN OUT.			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		7,881.
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		45,948.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JAMES NICHOLSON, P.O. BOX 32801, DETROIT, MI 48232-0801	CHAIRMAN 4.00	0.	0.	0.
REGINALD TURNER, P.O. BOX 32801, DETROIT, MI 48232-0801	VICE-CHAIRMAN 4.00	0.	0.	0.
SHARON MADISON-POLK (LEFT OCT 2011), P.O. BOX 32801, DETROIT, MI	FORMER VICE CHAIRMAN 2.00	0.	0.	0.
MICHAEL MCLAUCHLAN, P.O. BOX 32801, DETROIT, MI 48232-0801	TREASURER/SECRETARY 4.00	0.	0.	0.
MAX CHIDDISTER, P.O. BOX 32801, DETROIT, MI 48232-0801	EXECUTIVE DIRECTOR 20.00	27,000.	0.	0.
EVA GARZA DEWAELSCH (LEFT OCT 2011), P.O. BOX 32801, DETROIT, MI	FORMER DIRECTOR 2.00	0.	0.	0.
ROBERT BERG (LEFT OCT 2011), P.O. BOX 32801, DETROIT, MI 48232-0801	FORMER DIRECTOR 2.00	0.	0.	0.
JOSEPH DAVIS (LEFT OCT 2011), P.O. BOX 32801, DETROIT, MI 48232-0801	FORMER DIRECTOR 2.00	0.	0.	0.
MARY FLEMING (LEFT OCT 2011), P.O. BOX 32801, DETROIT, MI 48232-0801	FORMER DIRECTOR 2.00	0.	0.	0.
MICHAEL GARLAND (LEFT OCT 2011), P.O. BOX 32801, DETROIT, MI	FORMER DIRECTOR 2.00	0.	0.	0.
BOB C. HOLLANDER (LEFT OCT 2011), P.O. BOX 32801, DETROIT, MI	FORMER DIRECTOR 2.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

		Yes	No			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X			
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X			
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A				
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.			
37b	Did the organization file Form 1120-POL for this year?		X			
38a	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 outstanding at the end of the tax year covered by this return?	38a	X			
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A			
39a	Section 501(c)(7) organizations Enter initiation fees and capital contributions included on line 9	39a	N/A			
39b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A			
40a	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.
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X			
40c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.			
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		0.			
40e	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		X			
41	List the states with which a copy of this return is filed	MI				
42a	The organization's books are in care of	APPARATUS SOLUTIONS Telephone no				
	Located at	313-259-1780				
		600 RENAISSANCE CENTER, STE. 1780, DETROIT, MI ZIP +4				
		48243				
42b	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)?	Yes	No			
42c	If "Yes," enter the name of the foreign country		X			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		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	43	N/A			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X			
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X			
44c	Did the organization receive any payments for indoor tanning services during the year?	44c	X			
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d				
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X			
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b				

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with Yes/No columns. 46: Yes [], No [X]

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?

Table with Yes/No columns. 47: Yes [], No [X]; 48: Yes [], No [X]; 49a: Yes [], No [X]; 49b: Yes [], No []

50 Complete this table for the organization's 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"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Reportable compensation (Forms W-2/1099-MISC); (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation. Row 1: NONE

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. All rows empty.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes [X] No []

Under penalties of perjury, 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

Sign Here: Signature of officer [Signature], Date 11/13/12, MICHAEL MCLAUCHLAN, SECRETARY/TREASURER

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature [Signature], Date 11/12/12, Check self-employed [], PTIN P00360691, Firm's name DOEREN MAYHEW, Firm's EIN 38-2492570, Firm's address 755 W. BIG BEAVER, SUITE 2300 TROY, MI 48084, Phone no 248-244-3000

May the IRS discuss this return with the preparer shown above? See instructions Yes [X] No []

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization DETROIT PUBLIC SAFETY FOUNDATION	Employer identification number 30-0056848
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,077.	44,319.		36,319.	159,220.	263,935.
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 lines 1 through 3	24,077.	44,319.		36,319.	159,220.	263,935.
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)						128,624.
6 Public support. Subtract line 5 from line 4						135,311.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	24,077.	44,319.		36,319.	159,220.	263,935.
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.)		7,590.	10,529.		250.	18,369.
11 Total support. Add lines 7 through 10						282,304.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 47.93 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2011.** 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% support test - 2010.** If the organization did not check a 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 - 2011.** 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 - 2010.** 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 a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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 explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

BOOK SALES

SHIRT & HAT SALES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011
Open to Public
Inspection

Name of the organization

DETROIT PUBLIC SAFETY FOUNDATION

Employer identification number

30-0056848

FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:

INCOME:

1. GROSS RECEIPTS	250.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	250.
4. COST OF GOODS SOLD (LINE 13)	0.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	250.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
CPR COURSE EXPENSE	2,200.
EQUINE EXPENSES	21,786.
DETROIT POLICE AWARDS	7,881.
DPD/DFD APPAREL	4,101.
VETERAN EXPENSE	1,486.
EMERGENCY OUTREACH EXPENSE	2,650.
OFFICE EXPENSES	2,278.
PUBLIC RELATIONS	16,281.
TEEN TRAFFIC SAFETY	2,222.
TRAVEL/FOOD	3,550.
WEBSITE EXPENSE	750.
TOTAL TO FORM 990-EZ, LINE 16	65,185.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES	0.	5,000.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011
Open to Public
Inspection

Name of the organization

DETROIT PUBLIC SAFETY FOUNDATION

Employer identification number

30-0056848

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROMOTE PUBLIC SAFETY
BY ENHANCING THE CAPABILITIES OF THE DETROIT POLICE DEPARTMENT AND THE
DETROIT FIRE DEPARTMENT BY FACILITATION ACCESS TO WORLD-CLASS PROCESSES
AND OPERATIONAL TOOLS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LEGAL FEES (NET OF AMORTIZATION) * TOTAL 990-EZ PG 1 DEPR & AMORT	06/30/04		60M		HY43	10,000.				10,000.	10,000.		0.	10,000.
							10,000.				10,000.	10,000.		0.	10,000.

Michigan Department of Energy, Labor & Economic Growth

Filing Endorsement

This is to Certify that the CERT. OF CHANGE OF REG. OFF./RES. AGENT

for

DETROIT POLICE FOUNDATION, INC.

ID NUMBER: 775555

received by facsimile transmission on March 14, 2011 is hereby endorsed

Filed on March 16, 2011 by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 16TH day of March, 2011.

A handwritten signature in black ink, appearing to read "A. Hughes", written over a horizontal line.

Director

Bureau of Commercial Services

**Michigan Department of Licensing and Regulatory
Affairs**

Corrected Filing Endorsement

This is to Certify that the

RESTATED ARTICLES OF INCORPORATION - NONPROFIT

for

DETROIT PUBLIC SAFETY FOUNDATION

ID Number: 775555

*received by facsimile transmission on September 14, 2011, is hereby endorsed filed on
September 15, 2011, by the Administrator.*

*The document is effective on the date filed, unless a
subsequent effective date within 90 days after
received date is stated in the document.*



*In testimony whereof, I have hereunto set my
hand and affixed the Seal of the Department,
in the City of Lansing, this 14th day of October,
2011.*

A handwritten signature in black ink, appearing to read "Stephen", written over a horizontal line.

*, Director
Bureau of Commercial Services*

BCS/GD-511 (Rev. 04/11)

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMERCIAL SERVICES**

Date Received	(FOR BUREAU USE ONLY)
This document is effective on the date filed unless a subsequent effective date with 90 days after received in the document	

Name		
W. Alan Wiik		
Address		
201 Townsend Street, Suite 900		
City	State	Zip Code
Lansing	Michigan	48933

EFFECTIVE DATE:

☒ Document will be returned to the name and address you enter above ☒
If left blank document will be mailed to the registered office.

**RESTATED ARTICLES OF INCORPORATION
For Use by Domestic Nonprofit Corporations**

Pursuant to the provisions of Act 162, Public Acts of 1982, the undersigned corporation executes the following Restated Articles:

1. The present name of the corporation is:
Detroit Police Foundation, Inc.
2. The identification number is: 775555
3. All former names of the corporation are: Not applicable
4. The date of filing the original Articles of Incorporation was: **March 26, 2002**

The following Restated Articles of Incorporation supersede the Articles of Incorporation as amended and shall be the Articles of Incorporation for the corporation:

**ARTICLE I
NAME OF THE CORPORATION**

The name of the corporation is: **Detroit Public Safety Foundation**

**ARTICLE II
PURPOSES OF THE CORPORATION**

1. The Corporation is organized exclusively for the purposes set forth in Section 501(c)(3) of the Internal Revenue Code of 1986, or the corresponding provision of any future federal internal revenue law (the "Code"). The purposes for which the Corporation is

organized are to receive and administer funds for educational, charitable, and public welfare purposes, including:

- a. To promote, support, and lessen the burdens of the Detroit Police and Fire Departments;
- b. To work with the City of Detroit, the Detroit Police Department, and the Detroit Fire Department to ensure that each police officer and firefighter is qualified, trained, equipped, and educated to perform at the highest levels of professional standards;
- c. To enhance the capabilities of the Detroit Police Department and the Detroit Fire Department by facilitating access to world-class processes and operational tools;
- d. To promote and support community outreach on the part of the Detroit Police Department and the Detroit Fire Department;
- e. To provide the Detroit Police Department with management and operational tools to coordinate law enforcement efforts for both crime prevention and intervention;
- f. To provide the Detroit Fire Department with management and operational tools to coordinate fire and emergency response efforts;
- g. To serve as a liaison between the public and private sectors of the City of Detroit and to engage the City of Detroit on the core issues of public safety;
- h. To enlist broad participation in the quest for an even better quality of life for those who live, work or visit in the City of Detroit;
- i. To encourage private sector organizations to advocate for the police, fire, and public safety departments by ensuring that current and prospective businesses are aware of the effectiveness and responsiveness of the public safety services provided by the fire and police departments of the City of Detroit;
- j. To communicate with community and business leaders to identify public safety programs desired by the community;
- k. To assist the Detroit Police Department in reducing crime related to employees, customers, and tenants of businesses located within the City of Detroit;
- l. To increase the confidence in and appreciation of the Detroit Fire Department and the Detroit Police Department throughout the business community;
- m. To assist the Detroit Fire Department and the Detroit Police Department in providing highly effective and responsive services to those who live and work in the City of Detroit;
- n. To communicate to individuals and businesses contemplating relocation to the City of Detroit the highly effective and responsive services provided by the Detroit Fire Department and the Detroit Police Department; and

- o. To make distributions and accept donations to further these goals.
 - p. To conduct any and all activities and exercise any and all powers as may be necessary or helpful to the achievement of the foregoing purposes for which the Corporation is organized.
2. The Corporation, including all activities incident to its operation, shall at all times be conducted so as to be an organization described in Section 501(c)(3) of the Code. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a nonprofit corporation organized under the laws of the State of Michigan pursuant to the Act; (b) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, or comparable provisions of subsequent legislation, or (c) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1986, or comparable provisions of subsequent legislation.
 3. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

**ARTICLE III
ORGANIZATION AND FINANCE**

The Corporation is organized on a non-stock, directorship basis.

The value of assets which the Corporation possesses is:

Real Property: None (9/09/2011).

Personal Property: \$10,909.52 (cash) (9/09/2011).

The Corporation is to be financed under the following general plan:

- Donations.
- Investments.
- Gifts and grants.
- Other funds lawfully received.

**ARTICLE IV
REGISTERED OFFICE/RESIDENT AGENT**

The address of the registered office is: 29908 Westbrook Parkway, Southfield, Michigan 48076.

The mailing address of the registered office is the same.

The name of the resident agent at the registered office is: Max R. Chiddister.

**ARTICLE V
BOARD OF DIRECTORS**

Any action required or permitted to be taken at a meeting of the directors may be taken without a meeting, without prior notice, and without a vote, if a consent in writing, setting forth the action so taken, is signed by all of the directors necessary to authorize or take the action at a meeting at which all eligible directors were present and voted. Such consent shall have the same effect as a vote of the directors and may be stated as such in any Articles or document filed with the State of Michigan.

**ARTICLE VI
PRIVATE INUREMENT RESTRICTIONS**

Notwithstanding any other provision of these Articles, all the income and earnings of the Corporation shall be used exclusively for corporate purposes, and no part of the net income or net earnings of the Corporation shall inure to the benefit of or be distributed or distribute to any director, officer, member, trustee, individual, firm, corporation, partnership association or other private person except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article II.

Notwithstanding any other provision of these Articles, the Corporation shall in no manner be controlled by or under the direction of or acting in the substantial interest of any private individual, firm, corporation, partnership or association seeking to derive profit or gain therefrom or seeking to eliminate or minimize losses in any dealing or transaction with the Corporation.

Notwithstanding any other provision of these Articles, no individual member or director of the Corporation or other private person shall have any title to or interest in the corporate property or earnings in his or her individual or private capacity.

**ARTICLE VII
DIRECTOR/OFFICER LIABILITY**

No member of the Board of Directors of the Corporation who is a volunteer director, as that term is defined in the Michigan Nonprofit Corporation Act, or a volunteer officer of the Corporation, shall be personally liable to this Corporation or its members for monetary damages for a breach of the director's or the volunteer officer's fiduciary duty arising under the Act or other applicable law. This provision does not eliminate or limit the liability of a volunteer director or volunteer officer for any of the following:

1. A breach of the director's or officer's duty of loyalty to the Corporation or its members;
2. Acts or omissions not in good faith or that involve intentional misconduct or a knowing violation of law;
3. A violation of section 551(1) of the Act;

4. A transaction from which the director or officer derived an improper personal benefit;
5. An act or omission occurring before the filing of these Articles of Incorporation, or
6. An act or omission that is grossly negligent.

The Corporation hereby assumes all liability to any person other than the Corporation or its members for all acts or omissions of a director who is a volunteer director as defined in the Act, or a volunteer officer, incurred in the good faith performance of the director's or officer's duties.

If the Act is hereafter amended to authorize the further elimination or limitation of the liability of volunteer directors or volunteer officers of non-profit corporations, then the liability of members of the Board of Directors or officers, in addition to the limitation on personal liability contained herein, shall be eliminated or limited to the fullest extent permitted by the Act as so amended. No amendment or repeal of this Article shall apply to or have any effect on the liability or alleged liability of any member of the Board of Directors or officers of this Corporation for or with respect to any acts or omissions of such director or officer occurring prior to the effective date of any such amendment or repeal.

ARTICLE VIII NONDIRECTOR VOLUNTEER LIABILITY

The Corporation hereby assumes the liability for all acts or omissions of a volunteer director as defined by the Act, volunteer officer, or other volunteer occurring on or after the effective date of this Article if all the following conditions are met:

1. The volunteer was acting or reasonably believed he or she was acting within the scope of his or her authority;
2. The volunteer was acting in good faith;
3. The volunteer's conduct did not amount to gross negligence or willful and wanton misconduct;
4. The volunteer's conduct was not an intentional tort;
5. The volunteer's conduct was not an intentional tort arising out of the ownership, maintenance, or use of a motor vehicle for which tort liability may be imposed as provided in Section 3135 of the Insurance Code of 1956, Act No. 218 of the Public Acts of 1956, being section 500.3135 of the Michigan Compiled Laws.

ARTICLE IX
LIABILITY UNDER SECTION 501(C)(3)

The Corporation shall not be considered to have assumed any liability under these Articles of Incorporation to the extent such assumption is inconsistent with the status of the Corporation as an organization described in Section 501(c)(3) of the Code.

ARTICLE X
DISSOLUTION

Upon dissolution of the Corporation, assets remaining after providing for debts and obligations of the Corporation shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, or corresponding section of any future federal tax code, as may be designated by the Board of Directors or to the federal government, or to a state or local government, for public purposes. Any such assets not disposed of shall be disposed of by the circuit court of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization, as said court shall determine, which are organized and operated exclusively for such purposes.

ADOPTION OF RESTATED ARTICLES

These Restated Articles of Incorporation were duly adopted on the 9th day of September, 2011 in accordance with the provisions of Section 642 of the Act. These Restated Articles of Incorporation restate, integrate, and do further amend the provisions of the Articles of Incorporation and were duly adopted by the shareholders, the members, or the directors. The necessary number of votes were cast in favor of these Restated Articles of Incorporation.

Signed this 9th day of September, 2011

By

[Signature]

(Signature of President or Vice President)

Ronald Turner

(Type or Print Name)

(Type or Print Title)

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09/14/2011 4:42 PM

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. DETROIT PUBLIC SAFETY FOUNDATION	Employer identification number (EIN) or <input checked="" type="checkbox"/> 30-0056848
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 32801	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DETROIT, MI 48232	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

PAUL VOLLMERHAUSEN

• The books are in the care of ▶ **P.O. BOX 32801 - DETROIT, MI 48232**
 Telephone No. ▶ **313-806-7512** FAX No. ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2011** or
 ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions DETROIT PUBLIC SAFETY FOUNDATION	Employer identification number (EIN) or <input checked="" type="checkbox"/> 30-0056848
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 32801	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DETROIT, MI 48232	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

PAUL VOLLMERHAUSEN

• The books are in the care of **P.O. BOX 32801 - DETROIT, MI 48232**

Telephone No. **313-806-7512**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2012.**

5 For calendar year **2011**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return

Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO ACQUIRE THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature

Title **CPA**

Date