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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust **Treated as a Private Foundation**

OMB No 1545-0052

2011

Department of the Treasury

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2011 or tax year beginning 2/01/11 , and ending 11/30/12Name of foundation Employer identification number DETROIT NEUROSURGICAL FOUNDATION 38-2127946 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) <u>3333 E. JEFFERSON</u> 313-259-0391 City or town, state, and ZIP code If exemption application is pending, check here 48207-4237 DETROIT G Check all that apply Initial return Initial return of a former public charity 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the Address change Name change 85% test, check here and attach computation H Check type of organization \overline{X} Section 501(c)(3) exempt private foundation E. If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at J Accounting method Cash X Accrual If the foundation is in a 60-month termination under section 507(b)(1)(B), check here Other (specify) end of year (from Part II, col (c). 985,392 line 16) ▶ \$ (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) expenses per income purposes books (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 100 2 Check ► X if the foundation is **not** required to attach Sch 11: distribution in 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 45.4 5a Gross rents A 500 11 11 11 11 1 45 50,50,60 Net rental income or (loss) h Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on ling in 'N3090 . . iĝ. 🖏 📆 📆 Capital gain net income (from Part IV, line 2) Net short-term capital gain 100 3 5 . 0 Income modification 10a Gross sales less returns Callowances Less Cost of goods sold Gross profit or (loss) (attach schedule) î... Other income (attach schedule) 11 Total. Add lines 1 through 11 Operating and Administrative Expenses 3,500 13 Compensation of officers, directors, trustees, etc 1,000 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 1,590 1,590 STMT 1 h Accounting fees (attach schedule) 150 150 150 STMT 2 Other professional fees (attach schedule) 17

45

3,383

8,668

8,868

-8,864

200

150

150

0

For Paperwork Reduction Act Notice, see instructions.

Taxes (attach schedule) (see instructions)

Travel, conferences, and meetings

Printing and publications

Add lines 13 through 23

Subtract line 26 from line 12

Contributions, gifts, grants paid

Other expenses (att sch)

Depreciation (attach schedule) and depletion STMT 3

Total operating and administrative expenses.

Total expenses and disbursements. Add lines 24 and 25

Excess of revenue over expenses and disbursements

Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)

STMT 4

Form 990-PF (2011)

3,383

5,973

6,173

200

150

150

18

19 20

21

22

23

25

26

27

Occupancy

Fo	rm 99	<u>0-PF(2011) DETROIT NEUROSURGICAL FOUNDATION</u>	N 38-2127946 Page 2					
			Beginning of year	End o				
_	Part i	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash—non-interest-bearing						
	2	Savings and temporary cash investments	36,605	27,786	27,786			
	3	Accounts receivable ▶	:	. :				
		Less allowance for doubtful accounts ▶						
	4	Pledges receivable ▶	, ,					
		Less allowance for doubtful accounts ▶						
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
ı		disqualified persons (attach schedule) (see						
		instructions)						
İ	7	Other notes and loans receivable (att. schedule)	المنافع المتأمل والمنافع		Comment of the second			
		Less allowance for doubtful accounts ▶ 0						
ţ	8	Inventories for sale or use						
Assets	9	Prepaid expenses and deferred charges	201	201	201			
ď	10a	Investments—U S and state government obligations (attach schedule)						
1	b	Investments—corporate stock (attach schedule)						
	С	Investments—corporate bonds (attach schedule)						
1	11	Investments—land, buildings, and equipment basis		·				
		Less accumulated depreciation (attach sch) ▶						
	12	Investments—mortgage loans						
	13	Investments—other (attach schedule)						
ł	14	Land, buildings, and equipment. basis > 975, 138	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		ويونونونوني أستدار			
		Less accumulated depreciation (attach sch.) ► STMT 5 27,733	947,450		957,405			
	15	Other assets (describe ► SEE STATEMENT 6)	1,090	1,090				
	16	Total assets (to be completed by all filers—see the						
\dashv		ınstructions Also, see page 1, item I)	985,346	976,482	985, 392			
	17	Accounts payable and accrued expenses	500	500				
ဖွ	18	Grants payable	-		· : bana a			
띒		19 Deferred revenue						
園	20	Loans from officers, directors, trustees, and other disqualified persons						
Liabilities	21	Mortgages and other notes payable (attach schedule)						
	22	Other liabilities (describe)	500	500				
\dashv	23	Total liabilities (add lines 17 through 22)	500	500				
Ş		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			11. 16. 15. 15. 15.			
alances	24		984,846	975,982				
a	24 25	Unrestricted Temporarily restricted	904,040	973,962				
ě	26 26	Temporarily restricted Permanently restricted			a prima a familiar,			
밀	20	Foundations that do not follow SFAS 117, check here						
피		and complete lines 27 through 31.			trans trailing and the			
Net Assets or Fund B	27	Capital stock, trust principal, or current funds						
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund						
SS	29	Retained earnings, accumulated income, endowment, or other funds						
₹	30	Total net assets or fund balances (see instructions)	984,846	975,982	** * * * * * * * * * * * * * * * * * * *			
뾜	31	Total liabilities and net assets/fund balances (see	304/040	3,3,302				
	31	Instructions)	985,346	976,482				
+	Part I		303/310	3,0,402				
_		net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with					
•		of-year figure reported on prior year's return)	====================================	1	984,846			
2		r amount from Part I, line 27a		2	-8,864			
		r increases not included in line 2 (itemize) ▶		3				
		lines 1, 2, and 3		4	975,982			
		eases not included in line 2 (itemize) ▶		5	, <u></u>			
		net assets or fund balances at end of year (line 4 minus line 5)—Part II, colum	ın (b), line 30	6	975, 982			
_			LITEUR TO THE TOTAL TO THE TOTAL TOT		Form 990-PF (2011)			

Form 990-PF (2011) DETROIT	NEUROSURGICAL FOUN	NOTTADI	38-2127946			Page
	d Losses for Tax on Investr					
	the kind(s) of property sold (e.g., real estate, ouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	c) Date acc		(d) Date sold (mo , day, yr)
1a N/A						
b						
С						•
d						
<u>e</u>						-
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale	((h) Gain d (e) plus (f) i	
a						
b						
С						
d						
e						
Complete only for assets showing	gain in column (h) and owned by the	e foundation on 12	/31/69	(I) G	ains (Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) I (j), if any), but not le .osses (fror	ess than -0-) or m col (h))
a						
b						
<u>c</u>						
d						· · · · · · · · · · · · · · · · · · ·
		Danit to a 7 7				
2 Capital gain net income or (net ca	pital loss) If gain, also enter in If (loss), enter -0- in					
3 Net chart-term capital gain or (loss		—	2	+		
3 Net short-term capital gain or (loss	column (c) (see instructions) If (loss					
Part I, line 8	Solution (c) (see instructions) in (loss)), enter -0- III	2			
	der Section 4940(e) for Redu	uced Tay on N	let Investment Inc	ome		
(For optional use by domestic private						
	•	, (o(a) tax on 110t 11	,			
If section 4940(d)(2) applies, leave thi	s pan blank					
Was the foundation liable for the secti	on 4942 tax on the distributable amo	ount of any year in	the base period?			Yes X No
If "Yes," the foundation does not quali	fy under section 4940(e) Do not con	nplete this part				
1 Enter the appropriate amount in e	ach column for each year, see the in	structions before r	making any entries.			
(a)	(b)		(c)		Dietri	(d)
Base penod years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net valu	e of nonchantable-use assets		(col (b) di	bution ratio vided by col. (c))
2010	4,	240	40,79	6		0.103932
2009		518	51,86			0.144964
2008		715	68,13			0.215962
2007		148	103,97			0.222635
2006	23,	913	137,49	3		0.173922
2 Total of line 1, column (d)				2		0.861415
3 Average distribution ratio for the 5	•	•	the			
number of years the foundation ha	as been in existence if less than 5 ye	ars		3		0.172283
4 Enter the net value of noncharitab	le-use assets for 2011 from Part X, I	ine 5		4		33,829
5 Multiply line 4 by line 3				5		5 , 828
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)			6		
7 Add lines 5 and 6				7		5,828
8 Enter qualifying distributions from				8		6,173
-	line 7, check the box in Part VI, line	1b, and complete	that part using a 1% tax	rate Se	e the	
Part VI instructions						

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<u>: Pa</u>	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruc	tions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	٠ ,	- ' '	* ! '	· • · · ·	
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	١.	25.6	Çe	ųξ	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				
	here ▶ X and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	`	.`	-38		ξ.
	Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0
3	Add lines 1 and 2	3	1			<u> </u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	 			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	1			- 0
6		-3	 			
	Credits/Payments					;
a	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 19	- 1:				`
b	Exempt foreign organizations—tax withheld at source 6b	#E.			- F	
C	Tax paid with application for extension of time to file (Form 8868) 6c	- ∵; .				12.51
d	Backup withholding erroneously withheld	ā.	-	. ē	15	35.5
7	Total credits and payments Add lines 6a through 6d	7	<u> </u>			<u> 199</u>
8	Enter any penalty for underpayment of estimated tax. Check her if Form 2220 is attached	8	ļ			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				<u> 199</u>
<u>11</u>	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ 199 Refunded ▶	11				
··Pa	irt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			- `	Yes	No
	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19					
	of the instructions for definition)?			1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				31	1, 15
	published or distributed by the foundation in connection with the activities			den de		
С	Did the foundation file Form 1120-POL for this year?			1c	112011	Х
d	·			-10	: 3:	<u> </u>
u	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (2) On the foundation The Section 4955 (2) On foundation Transport The Section 4955 (2) On foundation Transport The Section 4955 (3) On foundation Transport The Section Transport Transport The Section Transport Tr				rate in the second	111
_	(1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$					i i iş
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			13 10	` , § į } `	
	on foundation managers > \$				12:	1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities			7		-
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			، يَارِي	يؤود	() (6 %)
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.			\$35	, w	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			7 10-10-10-10-10-10-10-10-10-10-10-10-10-1	، ر کرارو د ر کرارو	
	By language in the governing instrument, or			-3		' ' ' ' '
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			1:	**	
	conflict with the state law remain in the governing instrument?			6	Χ	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), a	and Pa	rt XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	MI].		· `.
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					1
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				4.1	
9	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"					1
	complete Part XIV			9	Х	1
40	·			┝╼┤	Λ.	\vdash
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			ا 🚛 ا		V
	names and addresses			10	n Dr	(2011)
			Fo	mm ヲヺ	U-F1	(2011)

<u>Forn</u>	1990-PF (2011) DETROIT NEUROSURGICAL FOUNDATION 38-2127946			Pa	<u>ige 5</u>
Pa	art VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the				
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	1	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	ſ			
	person had advisory privileges? If "Yes," attach statement (see instructions)	Ĺ	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	N/A [13		
	Website address ► N/A				
14	The books are in care of ▶ JOSEPH J. BERKE, MD, PHD 3333 E. JEFFERSON Telephone no ▶ 33	13-25	59-	039	1
	Located at ▶ DETROIT MI ZIP+4 ▶ 4	8207			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here				▶ 🗀
	and enter the amount of tax-exempt interest received or accrued during the year				
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority			Yes	No
	over a bank, securities, or other financial account in a foreign country?		16		Χ_
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of	<u>-</u>			7.2
	the foreign country				
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		33.	Yes	No
1a	During the year did the foundation (either directly or indirectly)		35 ³ 00	.::	} . " <u></u>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X	No	11,,	`-	, , , ,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	'	$\mathcal{E}_{i}^{\mathcal{E}_{i}}$	٠,٠	
	disqualified person? Yes X	No	٠. ا	. * 📜	. ` } { { } { } { } { } { } { } { } { } {
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	No	78) J	1,5	ِ الْجُونِ إِ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No !			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	'			,
	the benefit or use of a disqualified person)?	No		•	1.75
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1		٠.	`,,
	foundation agreed to make a grant to or to employ the official for a period after		, i		, ;
] No	1. '	100	` . [:] .
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	'		-:	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		1b		X
	Organizations relying on a current notice regarding disaster assistance check here	• 🗍 [, i		10.00
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			i is.	
	were not corrected before the first day of the tax year beginning in 2011?	N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		, 4,	5	11122
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		Ę	3.3	,
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and		33.5	35.5	17.58
	6e, Part XIII) for tax year(s) beginning before 2011?	No	* • •		
	If "Yes," list the years ▶ 20 , 20 , 20	·	130		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	j		-	1
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			٠.	30 3
	all years listed, answer "No" and attach statement—see instructions)	N/A [2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	ŀ	- L	£1,,	2000
	▶ 20 , 20 · , 20 , 20		· E `	1.	1,5,4
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	İ	`.	٠, ٠,	
	at any time during the year? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	No	` . .	''';	
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or		ĭ ,	$-i\Omega_{i}$	` ` `
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the		:	, `	<u> </u>
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	l			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	İ			
	foundation had excess business holdings in 2011)	N/A [3b_		L
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	[4a		Χ
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	Ī			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	_	4b		X
		For	m 99	0-PF	(2011)

		EUROSURGICAL FOUNDAT		2127946			Page 6
<u>Р</u>	rt VII-B Statements Rec	<u> arding Activities for Which For</u>	<u>m 4720 May B</u>	e Required (d	ontinued)		
5a	During the year did the foundation	pay or incur any amount to				` '	. ,
	(1) Carry on propaganda, or other	wise attempt to influence legislation (secti	on 4945(e))?	_ Y	'es 🛚 No	٠. ا	
	(2) Influence the outcome of any s	pecific public election (see section 4955),	or to carry on,			: '	. `
	directly or indirectly, any voter	registration drive?		_ \ \ \ \ \	'es 🛚 No	-	
	(3) Provide a grant to an individua	I for travel, study, or other similar purpose	s?	□ Y	'es 🗓 No		193
	(4) Provide a grant to an organiza	tion other than a chantable, etc , organiza	tion described in				*.'
	section 509(a)(1), (2), or (3), o	r section 4940(d)(2)? (see instructions)		Y	'es 🛚 No		٠, ١,٠
	(5) Provide for any purpose other	than religious, charitable, scientific, literar	y, or educational	_	_	; , .	: (, ;;,
	purposes, or for the preventior	es X No		100			
b	If any answer is "Yes" to 5a(1)-(5)	, did any of the transactions fail to qualify	under the exception	ons described in		5	
	Regulations section 53 4945 or in	a current notice regarding disaster assista	nce (see instructio	ns)?	N/A	5b	
	Organizations relying on a current	notice regarding disaster assistance chec	k here		▶ 🗍 (٠.	-
С	If the answer is "Yes" to question s	5a(4), does the foundation claim exemptio	n from the tax			ا بور	
	because it maintained expenditure	responsibility for the grant?		N/A 🗌 Y	'es 🗌 No		***
	If "Yes," attach the statement requ	ired by Regulations section 53 4945-5(d)					
6a	Did the foundation, during the yea	r, receive any funds, directly or indirectly, f	o pay premiums				
	on a personal benefit contract?			_ \ \	′es 🏻 No	. 5. 7	
b		, pay premiums, directly or indirectly, on a	personal benefit o	contract?	ĺ	6b	X
	If "Yes" to 6b, file Form 8870			_	_		
		is the foundation a party to a prohibited ta			′es 🏻 No	\$ 1.1 · 0	
		iny proceeds or have any net income attri			N/A	7b	
Pa		it Officers, Directors, Trustees,	Foundation M	lanagers, Hig	hly Paid Emp	oloyee	s,
4 1	and Contractors						
1 L	ist all onicers, directors, trustees	s, foundation managers and their comp	ensation (see ins	structions).			
	61Ma-	and attende	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Expens	se account,
	(a) Name	and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		lowances
70	GERLI I BERKE ME BUR	DEMPORE			compensation		
	SEPH J. BERKE, MD PHD	DETROIT MI 48207	PRESIDENT			1	•
	33 E. JEFFERSON VING F. KEENE	MI 48207	2.00	0	0		0
	33 E. JEFFERSON	DETROIT MI 48207	DIRECTOR 2.00	0	0		0
	Y BERKE, BS MA	DETROIT	EXECUTIVE DI	, , , , , , , , , , , , , , , , , , ,		 	
	33 E. JEFFERSON	MI 48207	5.00	3,500	0		0
	33 E. OBFFERSON	M1 40207	3.00	3,300			
			1				
2	Compensation of five highest-pa	aid employees (other than those includ	ed on line 1—see	instructions). If	none, enter	L	
	"NONE."	• • •					
			(b) Title, and average		(d) Contributions to		
	(a) Name and address of each em	ployee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		se account, lowances
			devoted to position		compensation	Outer all	Onanocs
NO	NE						
						·	
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			1]	
			 			 	
]			
.		050,000	Ц	L			
rota	I number of other employees paid of	ver \$50,000				. •	0
					Fo	m 990-	PF (2011)

Form 990-PF (2011) DETROIT NEUROSURGICAL FOUNDATION	<u> 38-2127946</u>	Page 7
Part VIII Information About Officers, Directors, Trustees, Four	ndation Managers, Highly Pa	id Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see ins	tructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical informatio organizations and other beneficianes served, conferences convened, research papers produced, etc.	n such as the number of	Expenses
1 ADVANCEMENT IN MEDICAL RESEARCH		
		200
2		
		<u> </u>
3		
4		
Part IX-B's Summary of Program-Related Investments (see insti	ructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	>	

Forn	1990-PF (2011) DETROIT NEUROSURGICAL FOUNDATION 38-2127946		Page 8
Pa	art X Minimum Investment Return (All domestic foundations must complete this part. For	reign f	oundations,
	see instructions.)	-	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
þ	Average of monthly cash balances	1b	34,344
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	34,344
е	Reduction claimed for blockage or other factors reported on lines 1a and		_
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	34,344
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	515
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	33,829
6	Minimum investment return. Enter 5% of line 5	6	1,691
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here ▶X and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2011 from Part VI, line 5	is:	
b	Income tax for 2011 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	
· ' '			
· K	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.	30.2	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	6,173
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	ŝ.	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	6,173
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	6,173
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo	oundatio	

qualifies for the section 4940(e) reduction of tax in those years

	1990-PF (2011) DETROIT NEUROSURGICAL		38-212/9	146	Page 9
Pa	art XIII Undistributed Income (see instruction	is)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI,	Corpus	Years pnor to 2010	2010	2011
_	line 7				
2	Undistributed income, if any, as of the end of 2011			Ĭ	` .
a	•		200 200		
	Total for prior years 20, 20, 20	7, 1			
3	Excess distributions carryover, if any, to 2011				, ,
a	From 2006 From 2007	Million of the		57.4	* cq = -
b	From 2008				· · · · · · · · · · · · · · · · · · ·
c d	From 2009				
u e					
•					
4	Total of lines 3a through e Qualifying distributions for 2011 from Part XII,	````	ξ ³		1 34 1
4	line 4 \triangleright \$6, 173				
•	Applied to 2010, but not more than line 2a	100000000000000000000000000000000000000		1 (1) 10 (1) 15 (1) EF	
	Applied to undistributed income of prior years		3 m 1837 A 11837		1 . 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	(Election required—see instructions)				, , , , , , , , , , , , , , , , , , ,
_	Treated as distributions out of corpus (Election	1, 17, 16, 11,137			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
·	required—see instructions)				ပျုံး ရေးရန်ပေ ျပွဲခဲ့
ч	Applied to 2011 distributable amount	[123.1 Sp. 83 124	11 2.21 215 15 22	100 100 100	
e		6,173	· · · · · · · · · · · · · · · · · · ·		
5	Excess distributions carryover applied to 2011	0,1,3	1. 181. 201. 113		
•	(If an amount appears in column (d), the same		57		
	amount must be shown in column (a))				, ,
6	Enter the net total of each column as		\$2.7 20.00		
_	indicated below:		1 () () () () () () () () () (
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,173	2,548,434.51.11.168,	111155 11 11 11 11 11 11 11 11	1,000,000
	Prior years' undistributed income Subtract	33.15		14 -557113 4 \$6	. (0) \$4,0 (38 33
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed	以外籍4577年477		10 to 10 to	\$ 1485 \$ \$\$\$. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed	化加热性的现在分词			
d	Subtract line 6c from line 6b Taxable	838.037.53		र इहुद्भे हैं । व	
	amount—see instructions	31.3.5° 133.4333			
е	Undistributed income for 2010 Subtract line	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			- · · · · · · · · · · · · · · · · · · ·
	4a from line 2a Taxable amount—see				
	instructions		****		` .
f	Undistributed income for 2011 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2012	मी शिल्ला, अभिन्ना	188.818.56.17.188.	17, 42, 26, 4, 28, 1, 1, 22	
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
_	170(b)(1)(F) or 4942(g)(3) (see instructions)	-	1 \$ \$ \$ 1,1 1, 1 1 1 1 1 1 1 1 1 1 1 1 1	1 (1)(8))3	3 4 1,3,25 3
8	Excess distributions carryover from 2006 not				, ,
^	applied on line 5 or line 7 (see instructions)		·		
9	Excess distributions carryover to 2012.			'	, ,
	Subtract lines 7 and 8 from line 6a	<u></u>	<u> </u>	,	1.
10	Analysis of line 9				
a	Excess from 2007				
b	Excess from 2008 Excess from 2009		ي و	,,	-
C	Excess from 2009 Excess from 2010	• • •			· · · .
d		1			
е	Excess from 2011	ı	1	L	I .

	<u> 1990-PF (2011) DETROLT NEUI</u>					Page 10
	art XIV Private Operating Fo				n 9)	
1a	If the foundation has received a ruling of			erating		
	foundation, and the ruling is effective fo			_▶ [<u> N/A</u>
b	Check box to indicate whether the foun	dation is a private op	erating foundation des	scribed in sectiX 49	42(j)(3) or 4942	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) rotal
	investment return from Part X for			·		•
	each year listed	0			372	372
b	85% of line 2a	_			316	316
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	6,173	4,240	7,518	14,716	32,647
d	Amounts included in line 2c not used directly	-,	-7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
_	for active conduct of exempt activities					
۵	Qualifying distributions made directly					
C	for active conduct of exempt activities					
	Subtract line 2d from line 2c	6,173	4,240	7,518	14,716	32,647
•		0,173	4,240	7,510	14,/10	32,047
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2	3				
	of minimum investment return shown in					
	Part X, line 6 for each year listed	1,127	1,360	1,729	2,271	6,487
С	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on			•		
	securities loans (section					
	512(a)(5)), or royalties)		-			
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)				1	
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
D	art XV Supplementary Infor	mation (Comple	to this part only	if the foundation	had \$5 000 or r	more in accete a
s 1, 0	any time during the			ii tiie iouiiuatioi	1 11au 45,000 oi 1	nore in assets a
4	Information Regarding Foundation N		ctions.			
1		•	than 20/ af the ta	tal aantebutuna saasu	wad bu tha favordation	
а	List any managers of the foundation wh					l
	before the close of any tax year (but on	ly if they have contrit	outed more than \$5,00	o). (See section 507)	a)(2))	
	DR. JOSEPH J BERKE	400/	-646416			
b	List any managers of the foundation wh		•		arge portion of the	
	ownership of a partnership or other ent	ty) of which the found	dation has a 10% or g	reater interest		
_	N/A			 		
2	Information Regarding Contribution,					
	Check here ▶ X if the foundation onl					
	unsolicited requests for funds. If the fou	•	grants, etc (see instr	uctions) to individuals	or organizations und	er
	other conditions, complete items 2a, b,					
а	The name, address, and telephone nur	nber of the person to	whom applications sh	nould be addressed		
	N/A					
b	The form in which applications should t	e submitted and info	rmation and materials	they should include		
	N/A					
С	Any submission deadlines:	<u></u>				
	N/A		_			
d	Any restrictions or limitations on awards	s, such as by geogra	phical areas, charitab	le fields, kinds of instit	utions, or other	
_	factors.	, , , , , , , , , , , , , , , , , , , ,		,	•	
	SEE STATEMENT 7					
	<u> </u>					Form 990-PF (2011)

Form 990-PF (2011) DETROIT NEUROSURGICAL FOUNDATION 38-2127946

Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year OTHER UNDER 1000 **VARIOUS** N/A PUBLIC DETROIT MI 48202 CHARITABLE 200 200 Total ▶ 3a **b** Approved for future payment N/A ▶ 3b Total

Part XVI-A	Analysis of Income-Producing Ac	'LI A ILI CO				
Enter gross amo	ounts unless otherwise indicated	1	ed business income	Excluded	by section 512, 513, or 514	4-3
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program se	rvice revenue.					(See instructions)
b				ļ		
c				ļ		
d						
e				<u> </u>		
f				<u> </u>		
_	d contracts from government agencies			.		
	dues and assessments			-		
	savings and temporary cash investments			1 4		
	nd interest from securities			14	4	
	come or (loss) from real estate:		<u> </u>		ر رقي _ د ج	
	anced property					
	t-financed property					
	come or (loss) from personal property					
7 Other invest						
	s) from sales of assets other than inventory					
	or (loss) from special events or (loss) from sales of inventory			<u> </u>		
	•			1		
	ue a					
				 		
						
e						
	ld columns (b), (d), and (e)	\$25	0		4	0
I Cablotal / to	ia colaitilis (b), (a), alia (c)					
13 Total Add I	ine 12 columns (b) (d) and (e)	<u> </u>			<u> </u>	
	ine 12, columns (b), (d), and (e)				13 _	4
	in line 13 instructions to verify calculations)	ccomplish			13 _	
(See worksheet	In line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported i	nment of Exemp	t Purp	13	to the
(See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations) Relationship of Activities to the A	e is reported i	nment of Exemp	t Purp	13	to the
(See worksheet Part XVI-B Line No.	In line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported i	nment of Exemp	t Purp	13	to the
(See worksheet Part XVI-B Line No.	In line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported i	nment of Exemp	t Purp	13	to the
(See worksheet Part XVI-B Line No.	In line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported i	nment of Exemp	t Purp	13	to the
(See worksheet Part XVI-B Line No.	In line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported i	nment of Exemp	t Purp	13	to the
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(See worksheet Part XVI-B Line No.	In line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported i	nment of Exemp	t Purp	13	to the
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(See worksheet Part XVI-B Line No.	In line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported i	nment of Exemp	t Purp	13	to the

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								······	
		-						• •	
		Ĭ							
22 lc	the foundation dir	ectly or indirectly s	affiliated with, or related	d to one or more	tay ayamat araaniz	ations			
						auons		т,	. 57
		• •	le (other than section 5	01(c)(3)) or in se	ction 5277			Y	es 🗓 No
<u>b If</u>	"Yes," complete th	e following schedi	ule						
	(a) Name of	organization	(b) Type of	organization		(c) Descript	tion of relations	hip	
${N}$	΄ Δ		<u> </u>						
	11		-				·		
	Under penalties of p	enury, I declare that I h	ave examined this return, inc	duding accompanying	schedules and statemen	ts. and to the b	est of my knov	dedge and belief	. it is true.
			rer (other than taxpayer) is b						•
								e IRS discuss this	
	\ /	١.,	ノ、					e preparer shown structions)?	Yes No
Sign	\	1 1 1	<u> </u>	77	$\mathcal{L} \sim \mathcal{L}$		(200 !!	isuucions)?	TesNC
		$\mathcal{J}_{A} \times \mathcal{F}_{C}$	D/ he M D	1 1-	ア・マス				
Here	Signature of office	or or trustee	<u> </u>	Date	ر ري<u>د</u>	Title			
	J SIGNATURE OF GILL	Sei Gradusted				TILLE			
	Print/Type prepare	r's name		Preparer's signatu	ıre			Date	Check r
Paid /	/ \			1/0	11			7/1	self-employe
Prepare	PAUL J. R	IVA, CPA		100				114/13	4
Use On			ADVISORS, P	· · · · · · · · · · · · · · · · · · ·	/		PTIN	P0128	2976
USE OII	1				mn 200				
	Firm's address	1301 WE	ST LONG LAK	E RD., S'	TE. 200		Firm's EIN	<u> 38-265</u>	00000

248-952-0200

Form 990-PF (2011)

Phone no

TROY, MI

48098-6319

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

Attach to your tax return.

Name	(s) snown on lettern トロヤセヘエ	T NEUROSUR	CTCNT FOI	INDATION		20_0		7946
		I NEUKUSUK	GICAL FOO	DNDATION		130-2	.12	1946
	ess or activity to which this form relates NDIRECT DEPRECIA	TT ON						
	art S Election To Expe		norty Under	Section 179				
1,6	Note: If you have				ou complete	Part I		
1	Maximum amount (see instructi		rty, complete i	art v belole yo	ou complete	r art i.	1	500,000
2	Total cost of section 179 proper	•	see instructions)			-	2	300,000
3	Threshold cost of section 179 p		•	ee instructions)		F	3	2,000,000
4	Reduction in limitation Subtract		•	•			4	2,000,000
5	Dollar limitation for tax year Subtract				by see instruction	, h	5	
6		on of property	0 1 1000; 01107 0 : 11	(b) Cost (business use of		Elected cost		13 13 12 1 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
					7			
					<u> </u>			
7	Listed property. Enter the amou	int from line 29			7			
8	Total elected cost of section 17		ints in column (c).	lines 6 and 7	<u> </u>		8	, <u>, , , , , , , , , , , , , , , , , , </u>
9	Tentative deduction Enter the s		, ,				9	
10	Carryover of disallowed deducti	on from line 13 of you	ur 2010 Form 456	2			10	
11	Business income limitation Ent	•			ine 5 (see instru	ctions)	11	
12	Section 179 expense deduction	Add lines 9 and 10,	but do not enter n	nore than line 11	•	´ [12	' -
13	Carryover of disallowed deducti	·			13			17.68 \$4. 88 \$1. (27. 18. 77. 18. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18
Note	: Do not use Part II or Part III be				1. 			
Pa	art II를 Special Deprecia	ation Allowance	and Other De	preciation (Do	not include	listed pro	ope	rty.) (See instructions
14	Special depreciation allowance							
	during the tax year (see instruct						14	
15	Property subject to section 168	•				Ī	15	
16	Other depreciation (including A					Γ	16	
Pa	art III MACRS Deprecia	ation (Do not inc	lude listed pro	perty) (See ins	structions.)			
			Secti	on A				
17	MACRS deductions for assets p	placed in service in ta	x years beginning	before 2011			17	45
18	If you are electing to group any assets pla	ced in service during the tax	year into one or more o	general asset accounts, c	heck here			
	Section B—A	ssets Placed in Serv	rice During 2011	Tax Year Using th	ne General Dep	reciation S	Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprec (business/investmen only-see instructi	tuse	(e) Convention	(f) Method	d	(g) Depreciation deduction
19a	3-year property	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
ь	5-year property			-				
С	7-year property							
<u>d</u>	10-year property							
<u>e</u>	15-year property							
f_	20-year property							<u> </u>
g	25-year property	1 28 1, 2 64		25 yrs		S/L		
h	Residential rental			27 5 yrs	MM	S/L		
	property			27 5 yrs	MM	S/L		
i	Nonresidential real			39 yrs	MM	S/L		
	property				MM	S/L		
	Section C—Ass	sets Placed in Service	e During 2011 T	ax Year Using the	Alternative De	preciation	Sys	stem
<u>20a</u>	Class life					S/L		
<u>b</u>	12-year			12 yrs		S/L		
	40-year			40 yrs	ММ	S/L		
_Pa	art IV Summary (See in	nstructions.)						·
21	Listed property Enter amount for						21	
22	Total. Add amounts from line 1	2, lines 14 through 17	, lines 19 and 20	ın column (g), and	line 21. Enter h	ere		
	and on the appropriate lines of	your return Partnersl	nips and S corpora	ations—see instruc	tions		22	45
23	For assets shown above and pl	aced in service during	g the current year	, enter the				
	portion of the basis attributable	to section 263A costs	•		23			I

12117 DETROIT NEUROSURGICAL FOUNDATION 38-2127946 FYE: 11/30/2012	JROSURGIC	AL FOUNDATIC		Federal Statements	ents			
		Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	orm 990-PF	. Part I, Line	16b - Ac	counting Fees		
Description INDIRECT ACCOUNTING FEES TOTAL	tion IG FEES		Total 1,590 1,590	ا _م ا _م ا	Net Investment	Adju	Adjusted Net 0 \$	Charitable Purpose 1,590 1,590
	Sta	Statement 2 - Form	990-PF, Pa	art I, Line 16c	- Other	- Form 990-PF, Part I, Line 16c - Other Professional Fees	Ses	
Description BOND FUND PROFESSIONAL	tion ONAL FEES	, o	Total 150	۳ ا	Net Investment	w	Adjusted Net	Charitable Purpose
TOTAL		w.	150		150			0
		Statement 3	- Form 990-PF, Part I,		ine 19 - D	Line 19 - Depreciation		
	Description	on						
Date Acquired	Cost Basis	Prior Year Depreciation	Me	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
	MUSEUM BUI 17,519	ILDING	s/L		30 \$		φ.	\$
NEW ROOF 11/30/79	1,350	1,350	S/L		30			
11/30/80	6,864	6,864	S/L		30			
SUKGICAL DRAFE 8/18/97	1,090				0			
E.E.G. MACHINE 1/19/79	149				0			
ن 1	41				0			
FLASIER OF FARIS II 11/30/79 BOOKS E ADTIERCTS	285 285				0			
12/31/79	292,365				0			
	:							1-3

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cogs Adjusted Net Income က Adjusted Net Income ሪን Net Investment Income Ś Net Investment Income Statement 3 - Form 990-PF, Part I, Line 19 - Depreciation (continued) ሪን Current Year Depreciation ‹› Current Year Amortization Form 990-PF, Part I, Line 23 - Amortization ‹› 0 0 Federal Statements ሪን 17 17 Life 719,270 719,271 Amortization Method Prior Year 1,955 200DB ‹ን POWER RODARY SCAPAL METHOD PATENT # 5507764 12/17/03 12117 DETROIT NEUROSURGICAL FOUNDATION 719,270 719,271 27,688 Prior Year Depreciation Cost Basis Description Description ‹› 11/09/72 Acquired 12/10/21
RED CROSS MEMORABILIA
36,500 475 2,000 3,190 250 44,150 976,228 570,000 HISTORICAL DELTIOGRAPHS Cost Basis 12/10/91 DISPLAY CASE 9/13/83 80,000+ POST CARDS PLAQUE FOR BUILDING FYE: 11/30/2012 4/13/82 : DISPLAY CASE 9/13/83 12/10/91 9/27/04 12/01/04 Acquired 38-2127946 TOTAL MED NUDJER

		Charitable Purpose	300 308 275 2,500 \$ 3,383	4
	Expenses	Adjusted Net	\$	
Federal Statements	- Form 990-PF, Part I, Line 23 - Other Expenses	Net Investment		
12117 DETROIT NEUROSURGICAL FOUNDATION 38-2127946 FYE: 11/30/2012	Statement 4 - Form 990-PF	Total	300 308 275 2,500 \$ 3,383	
	State	Description	EXPENSES DUES & FEES MISC REPAIRS AND MAINTENANCE ADMINISTRATION TOTAL	

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Federal Statements 12117 DETROIT NEUROSURGICAL FOUNDATION

38-2127946 FYE: 11/30/2012

	d Eguipment
	and Equip.
:	ulding
	· Land. Building
,	Part II. Line 14 - I
:	
	Form 990-PF.
!	5 - Form
•	Statement :
	Sta

Description	ш	seginning Vet Book	ŏ	End ost / Basis	End / De	Accumulated preciation	ļ	Net FMV
MUSEUM IMPROVEMENTS EQUIPMENT	ഗ	947, 405 45	ဟ	947,405 2,000	_የ	\$ 2,000	ᡐ	947,405
MUSEUM AND BUILDING TOTAL	\ 	947,450	\ \ \	25, 733 975, 138	φ.	27,733	\ \ \	957,405

12117 DETROIT NEUROSURGICAL FOUNDATION

38-2127946

Federal Statements

FYE: 11/30/2012

Statement 6 - Form 990-PF, Part II, Line 15 - Other Assets

Description	B	eginning of Year	 End of Year	 Fair Market Value
PATENTS	\$	1,090	\$ 1,090	\$
TOTAL	\$	1,090	\$ 1,090	\$ 0

12117 DETROIT NEUROSURGICAL FOUNDATION 38-2127946 Federal Statements

38-2127946

FYE: 11/30/2012

Form 990-PF.	Part XV, Line	1a - Managers	Who Contributed	Over 2%	or \$5,000

Name of Manager	Amount
DR. JOSEPH J BERKE	\$
TOTAL	\$0
Statement 7 - Form 990-PF, Part XV, Line 2d	- Award Restrictions or Limitations

PROJECTS DESIGNED TO IMPROVE QUALITY OF LIFE FOR DETROITERS.

Description

* 12117

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue		▶ File a	a separate a	pplication for each return.			
If you are	e filing for an Au	tomatic 3-Month Extension, complete	only Part I	and check this box		•	► X
• If you are	e filing for an Ad	ditional (Not Automatic) 3-Month Exte	ension, com	plete only Part II (on page 2 of this for	m).		_
Do not com	plete Part II uni	less you have already been granted an a	automatic 3-r	month extension on a previously filed Fo	rm 8868		
Electronic fi	iling (e-file). Vo	u can electronically file Form 8868 if you	need a 3 m	onth automatic extension of time to file /	6 months	ior	
		Form 990-T), or an additional (not autor		•			
		of time to file any of the forms listed in I			-	111	
		ited With Certain Personal Benefit Contra					
		s on the electronic filing of this form, visi			•		
Part I		ic 3-Month Extension of Time.			TO I PI O III O		
A corporation		Form 990-T and requesting an automati					
Part I only	•						▶□
All other corp	orations (includ	ing 1120-C filers), partnerships, REMICs	s, and trusts	must use Form 7004 to request an exte	nsion of tin	ne	_
to file ıncome	•	,,,					
				Enter file	's identify	ing number, see i	nstructions
Type or	Name of exc	empt organization or other filer, see instr	uctions			yer identification numb	
print		· ·			1	•	, ,
File by the	· · · · · · · · · · · · · · · · · · ·					-2127946	
due date for	Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN))	
filing your return See	3333 E	3333 E. JEFFERSON					•
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	DETRO1	IT MI	48207	-4237			
Enter the Re	turn code for the	e return that this application is for (file a s	eparate app	lication for each return)			04
Applicatio	·n		Return	Application			Return
Is For			Is For			Code	
Is For Code Is For 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	
	T (sec 401(a) o	r 408(a) trust)	05	Form 6069			11
	T (trust other that		06	Form 8870		············	12
	1 Turbot builds the	JOSEPH J. BERKE, MD,		1 01111 0010			
		3333 E. JEFFERSON					
The books	s are in the care of	DETROIT				MI 482	07
1110 00011	3 4.0 11. 510 54.0 5.	, , , , , , , , , , , , , , , , , , , ,					• ,
Telephor	ne No ▶ 31	3-259-0391	FAX No	. •			
•		not have an office or place of business in					▶ □
•	ē'	um, enter the organization's four digit Gre		-	this is		
	group, check th	· · · · · · · · · · · · · · · · · · ·			ich		
	• , ,	Is of all members the extension is for					
		3-month (6 months for a corporation red	guired to file	Form 990-T) extension of time			
until	07/15/13	to file the exempt organization return	n for the orga	nization named above. The extension is	.		
for the	organization's r	eturn for	-				
▶ 🗌	1	or					
ightharpoons X	tax year begin	ining $12/01/11$, and ending $: $	11/30/	12 .			
2 If the ta		in line 1 is for less than 12 months, chec		Initial return Final return			
	Change in accor	unting period					
3a If this	application is for	Form 990-BL, 990-PF, 990-T, 4720, or	6069, enter t	he tentative tax, less any			
<u>nonref</u>	undable credits	See instructions	<u> </u>		3a	\$	199
b If this a	application is for	Form 990-PF, 990-T, 4720, or 6069, en	ter any refun	dable credits and			
		ts made Include any prior year overpayr			3b	\$	199
c Balan	ce due. Subtrac	t line 3b from line 3a Include your paym	ent with this	form, if required, by using			
EFTPS	S (Electronic Fed	deral Tax Payment System) See instruc	tions		3c	\$	0
Caution If	ou are going to	make an electronic fund withdrawal with	this Form 88	868 see Form 8453-FO and Form 8879	-FO for na	vment instructions	_