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## Department of the Treasury Internal Revenue Service A For the 2012 cale

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2012
Open to Public Inspection

A F	or the 2	2012 calendar year, or tax year beginning	and	ending				
В	Check if applicable	C Name of organization			D Employer ide	ntification number		
	Address change	DMC FOUNDATION			1			
X	Name Change		LLNESS FOUNDATI	ON	27	-3529154		
	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite				
	Termin- ated	333 WEST FORT STREET		2010	31	3-961-6675		
<u> </u>	☐Amended return ☐Applica-	City, town, or post office, state, and ZIP cod	le		G Gross receipts \$	61,084,672.		
L	tion pending	DETROIT, MI 48226  F Name and address of principal officer DR.	TODATA THOMAS		H(a) Is this a grou			
		SAME AS C ABOVE	DOMNA INOMAS		for affiliates?	es included? Yes No		
īT	ax-exem		(insert no.) 4947(a)(1)	or 527		ch a list (see instructions)		
		▶ N/A	(-)(-)		H(c) Group exem	,		
			ssociation Other ▶	L Year	of formation: 201	0 M State of legal domicile: M3		
Pa		Summary						
9	1 B	nefly describe the organization's mission or mos	t significant activities: THE	DMC FC	UNDATION	IS DEDICATED		
ctivities & Governance		O PROMOTING THE WELFARE				<del></del>		
Veri	1	neck this box   lif the organization discount in the governing body		sea or more	e than 25% of its n	et assets.   3   15		
ဗိ	l .	umber of voting thembers of the governing body umber of independent voting members of the go				4 15		
ع ي	ľ	ortal number of individuals employed in calendar	* ' '			5 (		
itie		stal-number of volunteers (estimate if necessary)				6 52		
Çį		otal unrelated business revenue from Part VIII, co				7a 0.		
⋖		et unrelated business taxable income from Form	` ''			7b 0.		
					Prior Year	Current Year		
<u>o</u>	8 C	ontnbutions and grants (Part VIII, line 1h)		7 -	932,49			
Revenue	9 Pr	ogram service revenue (Part VIII, line 2g)	1. 1. 7	<u>'</u>		0. 0.		
æ		vestment income (Part VIII, column (A), lines 3, 4		~~ <u>[]                                  </u>	46,83			
_	11 O	her revenue (Part VIII, column (A), lines 5, 6d, 8d	o, 9c, 10c, and 11e) 👸 🤈 🏗	3 75 🗀	-80,23			
		tal revenue - add lines 8 through 11 (must equa	- 6	899,09				
		rants and similar amounts paid (Part IX, column				0. 3,585,202.		
		enefits paid to or for members (Part IX, column (			33,78	• • •		
ses		laries, other compensation, employee benefits (		- ' -	33,70	0. 0.		
Expenses		ofessional fundraising fees (Part IX, column (A), ital fundraising expenses (Part IX, column (D), lin	. 25 4	00.		<del></del>		
Ex		her expenses (Part IX, column (A), lines 11a-11c	· · · ———	<del>**</del>	216,63	3. 257,968.		
		tal expenses. Add lines 13-17 (must equal Part			250,41			
		evenue less expenses. Subtract line 18 from line	• • • • • • • • • • • • • • • • • • • •	<u> </u>	648,67			
ces Ces			<u></u>	Ве	ginning of Current Y			
Net Assets Fund Baland	<b>20</b> To	tal assets (Part X, line 16)			1,214,29	3. 58,748,173.		
\$ <u>₩</u>		tal liabilities (Part X, line 26)			621,68			
컐		et assets or fund balances. Subtract line 21 from	n line 20 .		592,61	2. 57,662,971.		
		Signature Block						
		s of perjury, I declare that I have examined this return				of my knowledge and belief, it is		
true,	correct,	and complete Beclaration of preparer to ther than office	er) is based on all information of wi	nich preparer		4 2013		
c:	. 11	Signature of officer	2,1910		Date	4-2013		
Sigr Here	I .	DR. LORNA THOMAS, BOAR	D CHATR					
Hen		Type or print name and title						
	P	rint/Type preparer's name	Preparer's signature	TI TI	Date Chec	rk PTIN		
Paid		USAN MIENCIER	OX Min	·- '-	8-14-13 If sell-e	P00842339		
Prep			PLLC		Firm's EIN			
Use	Only F	rm's address P.O. BOX 307						
		SOUTHFIELD, MI 4	8037-0307		Phone no.	7 12		
May	the IRS	discuss this return with the preparer shown about				X Yes No		
23200	01 12-10-1	2 LHA For Paperwork Reduction Act Notice	ce, see the separate instructi	ons.		Form <b>990</b> (2012)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	990 (2012) DMC FOUNDATION	<u> 27-3529154</u>	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		$\mathbf{x}$
1'	Briefly describe the organization's mission		<del></del>
•	THE PURPOSE OF THE DMC FOUNDATION IS TO OPERATE EXCLUSIVE	VELY FOR	
	CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES INCLUDE		<u>TT</u>
	THE WELFARE OF THE GENERAL PUBLIC THROUGH THE SUPPORT OF		<u> </u>
			NI/III
		ENCOURAGEME	IN.T.
2	Did the organization undertake any significant program services during the year which were not listed on	<del></del>	( <del></del> )
	the prior Form 990 or 990-EZ?	∟ Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	XYes	L No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	3
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 3,585,202. including grants of \$ 3,585,202.) (Revenue	ue \$	)
	SUPPORT AND ENCOURAGE MEDICAL RESEARCH AND THE PROVISION		AND
	DISEASE PREVENTION EDUCATION SERVICES TO INDIGENT AND U		
	INDIVIDUALS IN THE COMMUNITY.	ND DIND DIN V DD	
	INDIVIDUADD IN THE COMMONITY.		
4b	(Code) (Expenses \$	ue \$	)
			<del></del>
		<del></del>	
		<del></del>	
			<del></del>
4c	(Code ) (Expenses \$ including grants of \$ ) (Reven	ue \$	
44	Other program services (Describe in Schedule O )		
4d	· · ·	•	
_	(Expenses \$ including grants of \$ ) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 3,585,202.	<del></del>	200 45 = 1 =
22200		Form	990 (2012)

# Form 990 (2012) DMC FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		••
_	during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		7,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		.,
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	_		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_X_
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			•
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			7.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		v	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X
'	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		v	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	<u> </u>	
120	Schedule D, Parts XI and XII	40-	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	40b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		Х
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
•	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	טדיו		- 22
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-10		- 41
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ' '		
. 🕶	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	,,,	4.	
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		>
	Topy of the desired minimum of the foreign		990 (	2012
		. 0.111	(	

# Form 990 (2012) DMC FOUNDATION Part IV Checklist of Required Schedules (continued)

			163	110
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			İ
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X_	├─
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			,,
~~	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	
04-	Schedule J	23	Λ	<del>                                     </del>
244	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		<del>                                     </del>
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\vdash$
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	ļ		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u> _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33_	<del>                                     </del>	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		\ <b>.</b>	
35a		34	X	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		^
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
<del></del>	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<del> ~</del>		<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u></u>		† <del></del> -
		l	v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	1

rai	Check if Schedule O contains a response to any question in this Part V			
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0	163	110
ь	· · · · · · · · · · · · · · · · · · ·	กี		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Ť		
_	(gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		ol		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За		3a	Ì	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	_6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).	_	۱	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor		X	-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1_		•
d	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	⊣ <sub>7е</sub>		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	1		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		ĺ	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	4		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1=	1	+
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	+-
	Note. See the instructions for additional information the organization must report on Schedule O			
D	Enter the amount of reserves the organization is required to maintain by the states in which the		1	
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b	$\dashv$		
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	140	<del> </del>	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b	<del>                                     </del>	+^
	100, Tido is mod a 1 offit 120 to report triced payments in 140, provide an explanation in obligable O		990	(2012)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

٠	Check if Schedule O contains a response to any question in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
_	more members of the governing body?	.7a	Х	
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	_8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		4.5
Sac	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
<del>566</del>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-		
102	Did the organization have local chapters, branches, or affiliates?	40-	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		_^
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
-	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			-
	in Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<del></del>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website W Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial	
~	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization for the person who possesses the books and records of the organization for the person who possesses the books and records of the organization for the person who possesses the books and records of the organization for the person who possesses the books and records of the organization for the person who possesses the books and records of the organization for the person who possesses the books and records of the organization for the person who possesses the books and records of the organization for the person who possesses the books and records of the organization for the person who possesses the books and records of the organization for the person who possesses the books and records of the organization for the person who possesses the books and records of the organization for the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who person is the person of the	tion.	` —	
	COMMUNITY FOUNDATION FOR SOUTHEAST MICHIGAN - 313-961-6675 333 WEST FORT STREET, SUITE 2010, DETROIT, MI 48226			
3200		F	990	10040

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. Individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)			((				(D)	(E)	(F)	
Name and Title	Average	(do		Posi beck		than i	one.	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	ıs botl	n an	compensation	compensation	amount of	
	week		.61 all	u a u	II OCIC	rector/trustee)		from	from related	other .	
	(list any hours for	trect				_		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	e or	ste			nsate		(W-2/1099-MISC)	(***2/1099*****13C)	organization	
	organizations	fust	ם		, e	ad uc		(** = , ********************************		and related	
	below	Individual trustee or director	Institutional trustee	.e.	Key employee	Highest compensated employee	듈			organizations	
	line)	la di	lust	Officer	ē,	돌	Former	<u> </u>			
(1) STEVE D'ARCY	3.00										
PRESIDENT		X		X	<u></u>			0.	0.	0	
(2) MIKE DUGGAN	1.00								,		
BOARD MEMBER		X	ļ					0.	0.	0	
(3) JOHN LEVY	10.00	l						_	_ '	_	
TREASURER	1 22	Х	_	Х	_			0.	0.	0	
(4) MARY STEPHENS FERRIS	1.00	۱			l						
BOARD MEMBER	2 00	X	ļ					0.	0.	0	
(5) HENRY GRIX	3.00		ŀ								
BOARD MEMBER	1 00	X			<u> </u>	H		0.	0.	0	
(6) RHEA HEIL	1.00									•	
BOARD MEMBER	1 00	X	$\vdash$		┝			0.	0.	0	
(7) MERLE HARRIS	1.00	x						0.		0	
BOARD MEMBER	1.00	┢	$\vdash$		├─	$\vdash$		0.	0.	0	
(8) JOHN HAAPANIEMI	1.00	X						0.	0.	0	
BOARD MEMBER (9) YOUSIF GHAFARI	1.00	^	-		$\vdash$	H		0.	<u> </u>	U	
BOARD MEMBER	1.00	x						0.	0.	0	
(10) RHONDA WELBURN	1.00	-	<del></del>		ļ			0.		<u>_</u>	
BOARD MEMBER		x			İ			0.	0.	0	
(11) RICHARD WIDGREN	1.00										
BOARD MEMBER		$\mathbf{x}$						0.	0.	0	
(12) YALE LEVIN	1.00										
BOARD MEMBER		$\mathbf{x}$						0.	٥.	0	
(13) EUGENE GARGARO	1.00										
BOARD MEMBER		X						0.	0.	0	
(14) FRANK TORRE	1.00										
BOARD MEMBER		x						0.	0.	0	
(15) TED GATZAROS	1.00										
BOARD MEMBER		X	$ldsymbol{ld}}}}}}$					0.	0.	. 0	
(16) RUSTY ROSMAN	1.00	] _									
BOARD MEMBER		X						0.	0.	0	
(17) KENNETH DAVIES	1.00	1		'							
BOARD MEMBER		X						0.	0.	0	

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(A)	(B)			•	C)	_		(D)	(E)		(F)	
Name and title	Average		not c		more	than		Reportable	Reportable	1	stimate	
	hours per week		k, unle icer ar					compensation	compensation	aı	nount	
	(list any	Ē	T				Ė	from the	from related organizations	Con	other opensa	
	hours for	or director				8		organization	(W-2/1099-MISC)		rom th	
	related	ite 0	ustee			ensat		(W-2/1099-MISC)	, ,	org	janizat	tion
	organizations	量	onal tr	i	loyee	Comp				i	d relat	
	below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			org	anızatı	ons
(18) CYNTHIA PASKY	1.00			J	×	1				<u> </u>		
BOARD MEMBER	0.50	X	<u> </u>			_		0.	0.			0.
(19) SANDRA SCHWARTZ	1.00	1										
BOARD MEMBER		X	_		_	_	<u> </u>	0.	0.			0.
(20) LILA SILVERMAN	1.00	┨										_
BOARD MEMBER	1 2 00	X	╁	_	<u> </u>	-	-	0.	0.	<u> </u>		0.
(21) ROSEMARY GILCHRIST	3.00	<b>.</b> ,							•			^
BOARD MEMBER & SECRETARY	1.00	X	-	X		╁		0.	0.			0.
(22) ANTHONY FILIPPIS BOARD MEMBER	1.00	$\mathbf{x}$						0.	0.			0.
(23) DIANA PROSI	1.00	^	<del> </del>			1		0.	<u>_</u>			
BOARD MEMBER		$\mathbf{x}$						0.	0.			0.
(24) DR. LORNA THOMAS	6.00		Ì									
BOARD CHAIR & SECRETARY		$\mathbf{x}$		Х				0.	0.			0.
(25) ROBIN D. FERRIBY	1.00											
BOARD MEMBER & SECRETARY		X		X			<u> </u>	0.	213,090.	3	6,3	63.
(26) W. FRANK FOUNTAIN	1.00											
BOARD MEMBER	0.50	X	<u> </u>					0.	0.			0.
1b Sub-total								0.	213,090.		6,3	
c Total from continuation sheets to Part	/II, Section A							173,348.	414,502.		5,3	
d Total (add lines 1b and 1c)  2 Total number of individuals (including but			. 1 4 .		<b>.</b>	<u> </u>		173,348.	627,592.	<u> </u>	1,7	<u> 26.</u>
compensation from the organization	not innited to ti	1056	11516	tu ai	DOV	e) wi	10 11	eceived more than \$100	,000 of reportable			1
									-		Yes	No
3 Did the organization list any former office	r, director, or tr	uste	e. ke	v er	nplo	ovee	. or	highest compensated e	mplovee on		1.00	
line 1a? If "Yes," complete Schedule J for			-,	, -		,	,			3		x
4 For any individual listed on line 1a, is the			omp	ensa	atior	n and	d otl	her compensation from	the organization			
and related organizations greater than \$1	50,000? <i>If</i> "Yes,	," cc	mpl	ete S	Sche	edul	e <i>J f</i>	or such individual	-	4	Х	
5 Did any person listed on line 1a receive or					_		elat	ed organization or indivi	dual for services			
rendered to the organization? If "Yes," co.	mplete Schedul	e J	for s	uch	pers	son				5		X
Section B. Independent Contractors												
Complete this table for your five highest of the organization. Report companies for										sation	from	
the organization. Report compensation for (A)	r the calendar y	ear	endi	ng v	VILTI	OI W	ILITAIR		year		<b>~</b>	
Name and busines	s address	N	ONI	F:				( <b>B)</b> Description of s	ervices (	י) Sompe	C) nsatio	n
				_								
							_					
							1					
<ul><li>Total number of independent contractors</li><li>\$100,000 of compensation from the organ</li></ul>		ot li	imite	d to	tho	se li: N	sted	l above) who received m	ore than			
SEE PART VII, SECTION		ידין	NTI	ላጥ?	יחז	N (	341	RETS		Form	<b>990</b> (	2012)
232008 12-10-12					_			<b>_</b>		. 0/1/1		(2)

Form 990 DMC FOUN									27-352	9154
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average			(C Posi	C) lition		,	( <b>D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former Summer	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
27) ALLAN D. GILMOUR	1.00	X						0.	0.	0
28) GEORGE G. JOHNSON	1.00									
SOARD MEMBER	0.50	<u>  X</u>	<b>↓</b>		L			0.	0.	0
29) ROBERT P. LISAK, M.D. BOARD MEMBER	1.00	X						0.	0.	0
(30) MICHAEL T. MONAHAN	1.00		$\vdash$		$\vdash$					
VICE CHAIR	0.50	x		x				0.	0.	c
(31) JAMES B. NICHOLSON BOARD MEMBER	1.00	×						0.	0.	
(32) MARIAM C. NOLAND	1.00									
BOARD MEMBER & PRESIDENT	45.00	X		X			L.	0.	414,502.	52,683
(33) ARTHUR T. O'REILLY	1.00	}								,
BOARD MEMBER	1 00	X	$\vdash$	├-	<del>                                     </del>		-	0.	0.	(
(34) PAMELA E. RODGERS BOARD <u>MEMB</u> ER	1.00	x						0.	0.	(
(35) JOSEPH WALSH	20.00	Г								
EXECUTIVE DIRECTOR (PARTIAL YR.)		1		X				34,615.	0.	
(36) KATHLEEN SPILLANE KNIGHT	40.00									
EXECUTIVE DIRECTOR (PARTIAL YR.)		$\vdash$		X				138,733.	0.	22,680
<u> </u>	<u> </u>	+	<u> </u>		-					
		1	<u> </u>	_	L					
		1								
	<del> </del>	╁	┢	├	_	-				
		1_								
		-								
		_	$\vdash$	$\vdash$	$\vdash$					
		╀		<u> </u>	╄		_			
		1								
		au								
	<del> </del>	+	$\vdash$	$\vdash$	$\vdash$	-				
		1_	<u> </u>							ļ
									I	I

Form 990 (2012) DMC FOUR Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	to any question i	n this Part VIII			
•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
or in	b	Membership dues	1b					
Am A	c	: Fundraising events	1c	119,135,				
la Gif	d	Related organizations	1d					
Ş. <u>İ</u>	е	Government grants (contribut	ions) <u>1e</u>					
i di	f	All other contributions, gifts, gran	ts, and					
혈美		similar amounts not included abo	ve <b>1f</b>	60,853,960,				
id Si	g	Noncash contributions included in lines	1a-1f \$					
<u>a</u> 0	h	Total. Add lines 1a-1f	-	▶	60 973 095.			
4	_			Business Code				
je	2 a							
ite Se	b							<del>                                     </del>
Ve n	C							<del> </del>
gra Re	d							
Program Service Revenue	e							
		All other program service reve Total. Add lines 2a-2f	inue .					
$\neg$	3	Investment income (including	dividende intere	et and				<del>                                     </del>
	•	other similar amounts)	dividends, intere	sst, and	1,220.			1 220
	4	Income from investment of ta	x-exempt bond p	roceeds	1,220.			1,220.
	5	Royalties	A GAGIII PE DOIIG P	NOCCUUS	-			
	•	,	(i) Real	(ii) Personal				
	6 a	Gross rents						1
]	b	Less rental expenses						
	С	: Rental income or (loss)						
	d	Net rental income or (loss)		<b>•</b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	56,435.					
-	b	Less. cost or other basis						
		and sales expenses	4,271.					
	c	Gain or (loss)	52,164.					
		Net gain or (loss)		<b></b>	52,164.			52,164.
e l	8 a	Gross income from fundraising	•			į		
		including \$ 119	-					
Other Reven		contributions reported on line	1c) See					
je	_	Part IV, line 18	a .	53,922.				
₹		Less. direct expenses	. <b>b</b>	126,466.				
		Net income or (loss) from fund	-	<u> </u>	-72,544.		<del></del>	-72.544.
	эа	<ul> <li>Gross income from gaming ac Part IV, line 19</li> </ul>						
		Less direct expenses	a b					}
		Net income or (loss) from gam	-	<b></b>				
		Gross sales of inventory, less	_					<del>                                     </del>
		and allowances	а					
	b	Less cost of goods sold	b					
		: Net income or (loss) from sale	- <del>-</del>	<b>•</b>				
1		Miscellaneous Revenu		Business Code				
	11 a							
	b							<del>                                     </del>
	c							
		All other revenue						
	е	Total. Add lines 11a-11d		<b>•</b>				
	12	Total revenue. See instructions.		▶	60 953 935	0.	0	-19 160
23200 12-10-	9 · 12				-		-	Form <b>990</b> (2012)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon-			omplete column (A)	
Do	not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and	_			
	organizations in the United States. See Part IV, line 21	3,585,202.	3,585,202.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<del></del>
5	Compensation of current officers, directors,		İ		
	trustees, and key employees	34,615.		34,615.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				_
9	Other employee benefits				
10	Payroll taxes	1,975.		1,975.	
11	Fees for services (non-employees).				·
а	Management				
b	Legal	117,694.		117,694.	
C	Accounting	72,199.		72,199.	
d	Lobbying		·- · · · · · · · · · · · · · · · · · ·		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	3,476.		3,476.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	8,511.		8,511.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FUNDRAISING MATERIALS	35,000.			35,000.
b	BAD DEBT EXPENSE	21,088.		21,088.	33,000.
C	2.22 2.22 2.22 2.22	21,000.	-	21,000.	
d		-		<del>-  </del>	
	All other expenses				<u> </u>
25	Total functional expenses Add lines 1 through 24e	3,879,760.	3,585,202.	259,558.	35,000.
<u>25</u> 26	Joint costs. Complete this line only if the organization	3,3,3,100.	3,303,202.	237,330.	22,000.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2012)
Part X | Balance Sheet

Part	<u>X</u>	Balance Sheet				
		Check if Schedule O contains a response to any	question in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		559,570.	1	50,896,891.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		254,310.	3	18,249.
	4	Accounts receivable, net		33,470.	4	19,844.
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compensation	ated employees Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sections	ion 501(c)(9) voluntary			
,,		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Asi	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		13,227.	9	3,774.
1	10a	Land, buildings, and equipment: cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
1	11	Investments - publicly traded securities		335,428.	11	O.
1	12	Investments - other securities See Part IV, line	1		12	· · · · · · · · · · · · · · · · · · ·
1	13	Investments - program-related See Part IV, line		13		
1	14	Intangible assets			14	
1	15	Other assets See Part IV, line 11	ļ	18,288.	15	7,809,415.
1	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	1,214,293.	16	<u>58,748,173.</u>
1	17	Accounts payable and accrued expenses	ļ	143,280.	17	
	18	Grants payable		18	1,085,202.	
	19	Deferred revenue	<del>_</del>	19		
	20	Tax-exempt bond liabilities			20	· · · · · · · · · · · · · · · · · · ·
န္မ 2	21	Escrow or custodial account liability Complete	· · · · · · · · · · · · · · · · · · ·		21	
Liabilities	22	Loans and other payables to current and former	· · · · · · · · · · · · · · · · · · ·			
Ei		key employees, highest compensated employee	es, and disqualified persons.			
		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	·		23	
	24	Unsecured notes and loans payable to unrelate	'	<del></del>	24	<del></del>
2	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines Schedule D	17-24) Complete Part X of	470 401		0
	26			478,401. 621,681.	25	1 005 202
	26	Total liabilities. Add lines 17 through 25	), check here	021,001.	26	1,085,202.
,,		Organizations that follow SFAS 117 (ASC 958	· ·			
ğ   g	27	complete lines 27 through 29, and lines 33 an Unrestricted net assets	d 34.	9,533.	07	57,644,722.
la la	28	Temporarily restricted net assets		512,449.	27 28	
8 2	29 29	Permanently restricted net assets	İ	89,696.		18,249.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958) sheek hara	<u>09,030.</u>	29	0.
<u>ہ</u>		and complete lines 30 through 34.	oo sooj, check here			
ر او	30	Capital stock or trust principal, or current funds		I	20	
Sse	31	Paid-in or capital surplus, or land, building, or ed	uunment fund	<del></del>	30 31	
ا لا	32	Retained earnings, endowment, accumulated in	· ·	<del></del>	31	<u> </u>
S S	33	Total net assets or fund balances	come, or other luttus	592,612.	32	57,662,971.
	34	Total liabilities and net assets/fund balances	·	1,214,293.	34	58,748,173.
		. C.a. manning and fiet additional balances	·	1,417,43J.	<u> </u>	Form <b>990</b> (2012)

Form **990** (2012)

	990 (2012) DMC FOUNDATION	27-	-3529	154	Pag	<sub>je</sub> 12
Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
٠						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,953</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,879	7, 7	<u>60.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	<u>57</u>	,074	1,1	<u>75.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		592	2,6	<u>12.</u>
5	Net unrealized gains (losses) on investments	5		<u>-:</u>	3,8	<u> 16.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	<u>57</u>	,662	2,9	<u>71.</u>
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs	,			
	consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	dıt			
	Act and OMB Circular A-133?			3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	tit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form	<b>990</b> (	2012)

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### **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.

2012

Open to Public Inspection

Name of the organization

Employer identification number

			NDATION						<u>2</u>	<u>7-3529154                                    </u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par	t) See inst	tructions			
The organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox)				_
1 🔲			s, or association of chur					).			
2	A school des	scribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🗔	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).				
4	A medical re	search organization of	operated in conjunction	with a hos	spital descr	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's name,	
	city, and star	te									
5	An organizat	ion operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental uni	descrit	ped in	_
		0(b)(1)(A)(iv). (Comple									
6 🗌	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(	1)(A)(v).				
7 🔲	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general	public described in	
		(b)(1)(A)(vi). (Comple							_	•	
8 🗔	A community	y trust described in <b>s</b>	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9			eives (1) more than 33 1			rom contri	butions, n	nembershij	o fees, a	and gross receipts from	m
			nctions - subject to certa								
			axable income (less sect								
		509(a)(2). (Complete						-			
10 🔲	An organizat	ion organized and op	perated exclusively to te	st for publ	lic safety S	See sectio	n 509(a)(4	4).			
11 X	An organizat	ion organized and op	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of,	, or to carry	out the	purposes of one or	
	more publicly	y supported organiza	ations described in section	on 509(a)(	1) or section	on 509(a)(2	2) See <b>se</b> e	ction 509(a	a)(3). Ch	eck the box that	
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h.					
	a X Type	I <b>b</b> 🗔 Ty	/pe II c 🗔 T	ype III - Fu	nctionally i	ntegrated	c	ј 🗀 Тур	e III - No	n-functionally integrat	ed
e X	By checking	this box, I certify tha	it the organization is not	controlled	d directly o	r indirectly	by one o	r more disc	qualified	persons other than	
	foundation n	nanagers and other t	han one or more publicly	y supporte	ed organiza	itions des	cribed in s	ection 509	(a)(1) or	section 509(a)(2)	
f	If the organiz	zation received a writ	ten determination from t	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting o	rganization, check th	nis box								
g	Since Augus	t 17, 2006, has the o	rganization accepted ar	ny gift or c	ontribution	from any	of the foll	owing pers	ons?		
	(i) A perso	on who directly or ind	rectly controls, either al	one or tog	jether with	persons o	described	ın (ıı) and (ı	ıı) below	Yes N	0
	the gov	erning body of the su	upported organization?							11g(i) X	<u> </u>
	(ii) A family	member of a persor	n described in (i) above?	ı						11g(ii) X	<u> </u>
	(iii) A 35%	controlled entity of a	person described in (i) o	or (II) abov	e?					11g(iii)	<u> </u>
h	Provide the f	following information	about the supported or	ganızatıon	(s).						
			· · · · · · · · · · · · · · · · · · ·								
(i) Name	of supported	(ii) EIN			organization		u notify the	(vi) ls		(vii) Amount of moneta	ιτν
orga	anization				sted in your		ion in col.	organization (i) organization	ed in the	support	•
			above or IRC section (see instructions))		document?	(I) or you	r support?	U.S.	.7		
			(000 111011 20110110)/	Yes	No	Yes	No	Yes	No		
	CH. A,		_								
PART	IV	38-2530980	8	Х	ļ					203,300	<u>).</u>
					Ļ	ļ					
					ļ						
				ļ	ļ <u> </u>						_
				ļ	ļ		ļ				_
											_
<u>Total</u>	1			<u> </u>	L		<u> </u>	[		203,300	<u>) .</u>
LHA For F	aperwork Re	eduction Act Notice	, see the Instructions f	or				Schedule	e A (For	m 990 or 990-EZ) 20	12

232021 12-04-12

Form 990 or 990-EZ.

P	Support Schedule for						
	(Complete only if you checke fails to qualify under the tests				on failed to qualify	under Part III. If th	e organization
Sec	ction A. Public Support	, noted below, piece		···· <i>,</i>	·		
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	(a) 2000	(8) 2003	(6) 2010	(a) 2011	(e) 2012	(I) Iotai
•	membership fees received. (Do not			1			
	include any "unusual grants ")						
2	Tax revenues levied for the organ-		-				
	ization'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						
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)			ļ		<del> </del>	
	Public support. Subtract line 5 from line 4			1		<u> </u>	<u> </u>
_	ction B. Total Support			<u> </u>	T .	<del>-</del>	Γ
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	<u> </u>			-	<del>-</del>	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
۵	Net income from unrelated business			-	<del>                                     </del>	<del> </del>	
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					<del> </del>	
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		1				
	Gross receipts from related activities,	etc (see instruct	ions)	<u> </u>		12	
	First five years. If the Form 990 is for			rd, fourth, or fifth t	ax vear as a secti		
	organization, check this box and stor			,	·	\-\(\frac{1}{2}\)	
Se	ction C. Computation of Publ	ic Support Pe	rcentage	-			
14	Public support percentage for 2012 (	line 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2011	Schedule A, Part	: II, line 14			15	%
16a	33 1/3% support test - 2012. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies		•				ightharpoons
t	33 1/3% support test - 2011. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3	% or more, check t	his box
	and stop here. The organization qual	•					▶□
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art IV how the orga	nization
	meets the "facts-and-circumstances"				-		▶└
t	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circi	umstances" test, c	heck this box and	stop here. Expla	in in Part IV how th	е

Schedule A (Form 990 or 990-EZ) 2012

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	pode of the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<del></del>
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(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 per- formed, 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						
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) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(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>b</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)		la firat accord the			501(0)(0)	
14 First five years. If the Form 990 is for check this box and stop here	a tile organization	a mat, second, thi	ia, iourui, or iiith t	an year as a sect	ion 50 i (c)(3) organiz	auon,
Section C. Computation of Pub	lic Support Pe	ercentage			<del></del>	
15 Public support percentage for 2012			column (fl)		15	9/
16 Public support percentage from 201		•	Column (1))		16	9
Section D. Computation of Inve					101	
17 Investment income percentage for 2					17	9
18 Investment income percentage from			116 13, COMMITT (1))		18	9
19a 33 1/3% support tests - 2012. If the		•	on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box a						. IS 1101 ►
b 33 1/3% support tests - 2011. If the	e organization did	not check a box or	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	
line 18 is not more than 33 1/3%, ch		•	•			▶ <u>∟</u>
20 Private foundation. If the organization	on did not check a	<u>a box on line 14, 19</u>	a, or 19b, check t	<u>hıs box and see ı</u>	nstructions	▶

232023 12-04-12

Part IV Sur	pple	ment	al Inf	forn	nation.	Comple	te this par for any ad	t to pr	ovide the explanation (See in	ns required by astructions)	Part II, line 10	27-3329134 Pag ), Part II, line 17a or 17b;
CHEDULE	Α,	PAF	<u> T</u>	Ι,	LINE	11H	NAME	OF	SUPPORTED	ORGANI	ZATION:	COMMUNITY
FOUNDATIO	<u>N</u>	FOR	SOT	JTH	EAST	MIC	HIGAN					
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### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

Employer identification number

	DMC FOUNDATION			27-3529154
Pa			ier Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin			
		(a) Donor a	dvised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)	-		
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the asse	ets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal conf	trol?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing th	at grant funds can be i	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or	for any other purpose o	conferring
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered	l "Yes" to Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organizate	on (check all that a	oply).	
	Preservation of land for public use (e.g., recreation or e	education)	Preservation of an hist	torically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation co	ntribution in the form o	of a conservation easement on the last
	day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic str	ructure included in (a	a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and n	ot on a historic structu	re
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished	d, or terminated by the	organization during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located	·	
5	Does the organization have a written policy regarding the pe	riodic monitoring, in	spection, handling of	
	violations, and enforcement of the conservation easements i	it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing cons	ervation easements du	uring the year >
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservat	ion easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the require	ements of section 170(	h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?			☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservati	ion easements in its	revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ition's financial state	ments that describes t	he organization's accounting for
-	conservation easements.			
Pa	t III Organizations Maintaining Collections o		Treasures, or Of	ther Similar Assets.
	Complete if the organization answered "Yes" to Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exi		or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, e	ducation, or researc	h in furtherance of pub	olic service, provide the following amounts
	relating to these items.			
	(i) Revenues included in Form 990, Part VIII, line 1			► \$ ► \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			gain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relatır	ng to these items.	
а	Revenues included in Form 990, Part VIII, line 1			<b>\$</b>
þ	Assets included in Form 990, Part X			<b>▶</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051

Schedule D (Form 990) 2012

Sche <b>Pa</b> r	dule D (Form 990) 2012 DMC FOU		+ Historical Tr		Othor	2	<u>7-35</u>	29154	Page	<u>e 2</u>
										—
3	Using the organization's acquisition, accessi (check all that apply)	on, and other record	s, cneck any of the	tollowing that a	ire a sign	ificant us	se of its	collection	items	
`	Public exhibition			h	_					
a		d		hange program	s					
b	Scholarly research	е	Other	<u> </u>	<del>-</del>					—
C	Preservation for future generations									
4	Provide a description of the organization's co						e in Par	XIII		
5	During the year, did the organization solicit o				sımılar as	sets	_	٦		
Dav	to be sold to raise funds rather than to be ma							Yes		No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Ye	es" to Fo	rm 990, I	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									_
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	is or other asse	ts not inc	cluded		7		
	on Form 990, Part X?							Yes	r	No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table				_			
								<u>Amount</u>		_
С	Beginning balance					1c				
d	Additions during the year					1d	_			_
е	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fe							Yes	1	No
	if "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part IV	, line 10					
		(a) Current year	(b) Prior year	(c) Two years t	oack (d)	Three yea	ars back	(e) Four	years ba	ck
1a	Beginning of year balance	89,696.								
b	Contributions	51 042 828	89,696,							
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									_
	and programs									
f	Administrative expenses						_			
g	End of year balance	51,132,524.	89,696.							
2	Provide the estimated percentage of the curr	rent year end balanc		i)) held as						_
а	Board designated or quasi-endowment	100.00	%	"						
b	Permanent endowment	%	<del>-</del>							
С	Temporarily restricted endowment ▶	<del></del>								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%								
За	Are there endowment funds not in the posse	•	ation that are held a	nd administere	d for the	organiza	tion			
	by.	· ·				<b>J</b>		Ţ,	Yes N	lo
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations								х	_
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b	X	
4	Describe in Part XIII the intended uses of the	•								_
Par	t VI Land, Buildings, and Equipm					-				_
	Description of property	(a) Cost or o		or other	(c) Acci	ımulated		(d) Book	value	
	, ,	basis (investr	1 ' '	(other)		ciation		(4) 500.	74.00	
1a	Land	<u> </u>								_
	Buildings			-			<del></del>			_
	Leasehold improvements				<del></del>		<del>                                     </del>			
	Equipment									_
	Other			-			_			—
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. column (B), line 1	(O(c).)						<u> </u>

Schedule D (Form 990) 2012

232053 12-10-12

Scho	edule D (Form 990) 2012 DMC FOUNDATION				27	2520154 p4
	rt XI Reconciliation of Revenue per Audited Financial Statemen	ıts W	ith Revenu			3529154 Page 4
1	Total revenue, gains, and other support per audited financial statements			<u> </u>	1	432,557.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					102/00.1
а	Net unrealized gains on investments	2a	-3	,816.		
b	Donated services and use of facilities	2b		,500.		
С	Recovenes of pnor year grants	2c				
d		2d		-		
е	Add lines 2a through 2d		-		2e	67,684.
3	Subtract line 2e from line 1				3	364,873.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
þ	Other (Describe in Part XIII )	4b	60,589	,062.		
С	Add lines 4a and 4b		-		4c	60,589,062.
5					5	60,953,935.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expens	ses per	Retu	ırn
1	Total expenses and losses per audited financial statements				1_	3,055,368.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		ı			
а	Donated services and use of facilities	2a	71	<u>,500.</u>		
b	Prior year adjustments	2b				
С	•	2c				
d	Other (Describe in Part XIII)	2d				
e	Add lines 2a through 2d				2e	71,500.
3	Subtract line 2e from line 1				3	2,983,868.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		ı		·	
а	, , , , , , , , , , , , , , , , , , , ,	4a				
	Other (Describe in Part XIII)	<u>4b</u>	<u>895</u>	<u>,892.</u>		
C	Add lines 4a and 4b				4c	895,892.
5					5	3,879,760.
	rt XIII Supplemental Information		_			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,					2b, Part V, line 4, Part
	e 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to p					
PAI	RT V, LINE 4: THE ORGANIZATION'S ENDOWMENT	ASS.	ETS ARE	USED	TO	
err	DDODE DECEMBOU EDUCATION AND COMMINITAL DEN	יד כו כו	m 3/2mT17	-m		
<u>5U.</u>	PPORT RESEARCH, EDUCATION AND COMMUNITY BEN	F.L.T.	T ACTIV	TTTES	•	
						<del>-</del>
ומם	RT X, LINE 2: THE FOUNDATION IS EXEMPT FROM	TN	COME TA	ע נואנו	סים	
באו	XI A, DINE Z. THE FOUNDATION IS EXEMPT FROM		COME TA	Y OND	<u>er</u>	
PR	OVISIONS OF INTERNAL REVENUE CODE SECTION 5	01/	C) /3)	ACCO	ייינאני	TNC
	JAIDIOND OF INTERNAL REVENUE CODE BECTION 2	011	<u>C/(3/.</u>	ACCO	ONI	TING
PR.	INCIPLES GENERALLY ACCEPTED IN THE UNITED S	ጥልጥ	ES OF A	MED TO	λ Þ	בעיי שפוווים
<u></u> \.	THE THE CHILD IN THE UNITED 5	IMI.	ED OF A	GERIC	A K	EACTUR THE
FOI	UNDATION TO EVALUATE TAX POSITIONS TAKEN BY	тт	E FOIND	אררד∩או	זא ב	D RECOGNIZE
		4 4 4 4	_ <u> </u>		*374	D MECOGNIAL
A '	TAX LIABILITY IF THE FOUNDATION HAS TAKEN A	n tr	NCERTATI	N POS	ΙΨΤ	ОМ ТНАТ
	The state of the s	<u></u>				dule D (Form 990) 2012
						\· _ \· · · · · · · · · · · · · · · · · ·

Part XIII   Supplemental Information (continued)
MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR
OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX
POSITIONS TAKEN BY THE FOUNDATION, AND HAS CONCLUDED THAT AS OF DECEMBER
31, 2012 AND 2011, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO
BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN
THE FINANCIAL STATEMENTS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY
TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX
PERIODS IN PROGRESS.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
NON SPECIAL EVENT EXPENSES 3,476.
CHARITABLE ASSETS TRANSFERRED FROM LEGACY DMC, NET ASSET
TRANSFER ON F/S 60,585,586.
TOTAL TO SCHEDULE D, PART XI, LINE 4B 60,589,062.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
NON SPECIAL EVENT EXPENSES 3,476.
GRANTS PAYABLE TRANSFERRED FROM LEGACY DMC, NET ASSET
TRANSFER ON F/S 892,416.
TOTAL TO SCHEDULE D, PART XII, LINE 4B 895,892.

### **SCHEDULE G** (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

**Open To Public** 

Inspection

Department of the Treasury

Internal Revenue Service

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

Name of the organization **Employer identification number** DMC FOUNDATION 27-3529154 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col. (i) Yes No Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2012

232081 01-07-13

		of fundraising event contributions and gre	oss income on Form 990	)-EZ, lines 1 and 6b List 6	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			GOLF OUTING	GALA		1 ' ' '
<u>a</u>			(event type)	(event type)	(total number)	col. (c))
Revenue						
æ.	1	Gross receipts	124,182.	48,875.		173,057.
_						
	2	Less: Contributions	82,215.	36,920.		119,135.
		_	44 44			
	3	Gross income (line 1 minus line 2)	41,967.	11,955.		53,922.
	١.	Oach come				
	4	Cash prizes				
	_	Noncash prizes				
Se	5	Noncasti prizes				
ens(	6	Rent/facility costs	91,533.	10,052.		101 505
Direct Expenses	"	richardinty costs	91,333.	10,032.	<del></del>	101,585.
t	7	Food and beverages				
Ē	'	Toda and bovorages				
_	8	Entertainment				
	9	Other direct expenses	15,823.	9,058.	<del> </del>	24,881.
	10	Direct expense summary. Add lines 4 through		2 / 3 4 3 1	<b>•</b>	( 126,466)
	11	Net income summary Combine line 3, column	n (d), and line 10			-72,544.
Pε	ırt	<b>III Gaming.</b> Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col (a) through col (c))
æ						
	1_	Gross revenue	<del></del>			
	_	Cash prizes				
Direct Expenses	2	Cash phizes	<u> </u>			
ben	3	Noncash prizes				
ŭ		No. 10 doi: 10				
ē	4	Rent/facility costs				
ቯ		•			•	
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	□ No □	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	()
	8	Net gaming income summary Combine line 1	, column d, and line 7			
	_					
		ter the state(s) in which the organization opera	- · · -			
		the organization licensed to operate gaming ac		states?		└─ Yes └─ No
t	) If "	No," explain:	<del></del>		<del></del>	
					···	
10-	10/-	ore any of the organization's coming linear	woked evenessed and	empressed all and all and a		——————————————————————————————————————
		ere any of the organization's gaming licenses re			/ear /	└── Yes └── No
•		Yes," explain:			·	
			<del></del>			
	_					
2320	82 0	1-07-13			Schedule G (Fo	rm 990 or 990-EZ) 2012

Schedule G (Form 990 or 990 EZ) 2012 DMC FOUNDATION	27-3529154 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	ount
of gaming revenue retained by the third party > \$	
c if "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year \$    Part IV   Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, col	
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in	formation (see instructions)
232083 01-07-13 Schedule	G (Form 990 or 990-EZ) 2012
Concaun	1

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

2012.
Open to Public Inspection

Name of the organization	TOTE						Employer identification number
Part   General Information on Grants and Assistance	Ind Assistance						#CTC7CC-17
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	
	stance?	,	:				X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	toring the use of grant	funds in the Unite	d States	1		
raini Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Governments and \$5,000 Part II can	d <b>Organizations in the</b> be duplicated if additi	e United States. Conal space is need	omplete if the orga ded	Inization answered "Y	es" to Form 990, Part	IV, line 21, tor any
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGACY DMC 3663 WOODWARD AVENUE, SUITE 200 DETROIT. MI 48201	38-2571767	501(C)(3)	2,500,000.	0			TO SUPPORT OPERATIONS OF THE ORGANIZATION,
COMMUNITY FOUNDATION FOR SOUTHEAST MICHIGAN - 333 WEST FORT STREET, SUITE 2010 - DETROIT MI 48226	38-2530980	501(C)(3)	203 300	C			TO SUPPORT OPERATIONS OF THE ORGANIZATION
VHS OF MICHIGAN, INC. 3990 JOHN R DETROIT, MI 48201			41,500.	0			FOR COMMUNITY BENEFIT
			2,500.	0			FOR EDUCATION
VHS HURON VALLEY-SINAI HOSPITAL, INC 1 WILLIAM CARLS DRIVE - COMMERCE, MI 48382			43,388.	0,			FOR COMMUNITY BENEFIT
VHS HURON VALLEY-SINAI HOSPITAL, INC 1 WILLIAM CARLS DRIVE - COMMERCE, MI 48382			37,475,	0			FOR EDUCATION
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	nd government or s listed in the line	ganizations listed in the	e line 1 table				2.
١,	, see the Instruct	ons for Form 990.					Schedule I (Form 990) (2012)

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Schedule I (Form 990) DMC FOUNDATION  Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	ATION Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Par		27-3529154 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VHS SINAI-GRACE HOSPITAL, INC. 6071 W. OUTER DRIVE DETROIT, MI 48235			182,610.	0			FOR COMMUNITY BENEFIT
VHS SINAI-GRACE HOSPITAL, INC. 6071 W. OUTER DRIVE DETROIT, MI 48235			147,270,	0			FOR EDUCATION
VHS HARPER-HUTZEL HOSPITAL 3990 JOHN R DETROIT, MI 48201			170,000.	0			FOR COMMUNITY BENEFIT
VHS HARPER-HUTZEL HOSPITAL 3990 JOHN R DETROIT, MI 48201			105,437.	0			FOR EDUCATION
VHS HARPER-HUTZEL HOSPITAL 3990 JOHN R DETROIT MI 48201			151,722.	0			FOR RESEARCH
							Schedule I (Form 990)

Page 2

DMC FOUNDATION

Schedule I (Form 990) (2012)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part Ⅲ

(f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) TO RETURN ANY PORTION OF THE GRANT WHICH IS NOT USED FOR THE PURPOSE OF THE RECIPIENTS ARE REQUIRED STAFF REVIEWS THE REPORT TO CONFIRM INCLUDING A DETAILED ACCOUNTING OF GRANT AND ANY UNEXPENDED GRANT FUNDS, IF APPLICABLE, WHICH REMAIN AT THE LINE 2: RECIPIENTS ARE REQUIRED TO SUBMIT A WRITTEN (d) Amount of non-cash assistance (c) Amount of cash grant THAT THE FUNDS WERE USED FOR THE INTENDED PURPOSE. (b) Number of recipients REPORT SUMMARIZING THE GRANT ACTIVITY, THE USES OR EXPENDITURE OF THE GRANT. (a) Type of grant or assistance PART I, SCHEDULE I,

Schedule I (Form 990) (2012)

END OF THE AWARD PERIOD

### SCHEDULE J (Form 990)

### **Compensation Information**

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990. ► See separate instructions

Employer identification number

27-3529154

Part I Questions Regarding Compensation

No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a X Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a X Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

			77 - 77		0			į
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) lotal of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	in prior Form 990
(1) ROBIN D. FERRIBY	8	0	0	0.	0	0.	0	0
₽	; <u>(ii</u>	212,40	0	.069	17,11	19,251.	249,45	0
(2) MARIAM C. NOLAND	Ξ		0	• 0		0		0
BOARD MEMBER & PRESIDENT	<u> </u>	390,	0	23,670.	39,50	18	467,18	0
(3) KATHLEEN SPILLANE KNIGHT	ε	138,733.	0	• 0		22,680.	161,	0
EXECUTIVE DIRECTOR (PARTIAL YR.)	Ξ		0	0		0		0
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Schedule J (Form 990) 2012

### **SCHEDULE O**

(Form 990 or 990-EZ)

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.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

DMC FOUNDATION

Employer identification number 27 – 3529154

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DETROIT AREA THROUGH THE SUPPORT OF RESEARCH, EDUCATION AND COMMUNITY
BENEFIT ACTIVITIES.
IT IS OUR PRIVILEGE AND RESPONSIBILITY TO USE THE ASSETS OF THE DMC
FOUNDATION TO MAKE INVESTMENTS THAT IMPROVE THE HEALTH AND WELLBEING OF
INDIVIDUALS AND FAMILIES INCLUDING, BUT NOT LIMITED TO, THOSE RECEIVING
CARE AND TREATMENT AT DETROIT MEDICAL CENTER INSTITUTIONS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND FACILITATION OF THE PROVISION OF MEDICAL, HEALTH CARE, AND DISEASE
PREVENTION SERVICES TO INDIGENT, UNDERSERVED AND OTHER INDIVIDUALS,
WITH EMPHASIS ON BENEFITTING INDIVIDUALS AND FAMILIES LOCATED IN THE
METROPOLITAN DETROIT AREA INCLUDING, BUT NOT LIMITED TO, INDIVIDUALS
AND FAMILIES RECEIVING CARE AND TREATMENT AT DETROIT MEDICAL CENTER
INSTITUTIONS, SUCH AS CHILDREN'S HOSPITAL, RECEIVING HOSPITAL,
SINAI-GRACE HOSPITAL, HARPER UNIVERSITY HOSPITAL, HUTZEL WOMEN'S
HOSPITAL, KRESGE EYE INSTITUTE, HURON VALLEY-SINAI HOSPITAL, AND
REHABILITATION INSTITUTE OF MICHIGAN.
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
WHILE CONTINUING THE NOTED MISSION, EFFECTIVE ON DECEMBER 31, 2012 DMC
FOUNDATION BECAME A TYPE I SUPPORTING ORGANIZATION UNDER IRC SECTION
501(A)(3) EXCLUSIVELY FOR THE BENEFIT OF THE COMMUNITY FOUNDATION FOR
SOUTHEAST MICHIGAN (CFSEM). THE ORGANIZATION SHALL FURTHER THE
CHARITABLE PURPOSES AND OPERATIONS OF CFSEM BY MAKING GRANTS AND
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2012)  Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization **Employer identification number** DMC FOUNDATION 27-3529154 DISTRIBUTIONS WHICH BENEFIT OR CARRY OUT THE CHARITABLE PURPOSES AND GOALS OF CFSEM TO SUCH ORGANIZATIONS WHICH ARE TAX-EXEMPT UNDER SECTION 501(C)(3) AND WHICH ARE CLASSIFIED AS PUBLIC CHARITIES UNDER SECTION 509(A)(1) OR 509(A)(2), AND BY MAKING SUCH OTHER CHARITABLE DISTRIBUTIONS, TO INDIVIDUALS OR ORGANIZATIONS, AS ARE PERMITTED TO BE MADE BY THE ORGANIZATION UNDER CODE THAT ARE IN FUTHERANCE OF CHARITABLE PURPOSES OF THE ORGANIZATION AND CFSEM. THE ORGANIZATION SHALL ACT PRIMARILY AS A GRANT-MAKING FOUNDATION, AND, AS SUCH, WILL NOT ENGAGE IN FUNDRAISING ACTIVITIES, INCLUDING, BUT NOT LIMITED TO, ANNUAL APPEALS, FUNDRAISING EVENTS, GOLF OUTINGS, ETC. FORM 990, PART VI, SECTION A, LINE 4: THE BOARD OF DIRECTORS ADOPTED A RESOLUTION, EFFECTIVE DECEMBER 31, 2012, TO RESTATE THE ARTICLES OF INCORPORATION AND BYLAWS, CHANGING THE NAME OF THE ORGANIZATION TO THE DMC FOUNDATION. AS PART OF THE RESOLUTION, THE BOARD OF DIRECTORS OF THE FOUNDATION VOTED TO CHANGE THEIR GOVERNING STRUCTURE TO THAT TYPE I SUPPORTING ORGANIZATION UNDER IRC SECTION 509(A)(3) EXCLUSIVELY FOR THE BENEFIT OF THE COMMUNITY FOUNDATION FOR SOUTHEAST MICHIGAN (CFSEM). THE FOLLOWING CHANGES WERE MADE TO THE GOVERNING DOCUMENTS OF THE ORGANIZATION: - THE MAXIMUM NUMBER OF DIRECTORS OF THE ORGANIZATION IS FIFTEEN. - AT ALL TIMES, AT LEAST A MAJORITY OF THE DIRECTORS WILL BE CLASS A DIRECTORS APPOINTED BY THE BOARD OF TRUSTEES OF CFSEM. ANY REMAINING DIRECTORS WILL BE DESIGNATED CLASS B DIRECTORS. - CLASS A DIRECTORS ARE APPOINTED BY A MAJORITY VOTE OF THE BOARD OF TRUSTEES OF CFSEM AND MAY BE REMOVED AT ANY TIME BY A MAJORITY VOTE OF THE

Schedule O (Form 990 or 990-EZ) (2012)

BOARD OF CFSEM. ANY VACANCY IN THE OFFICE OF A CLASS A DIRECTOR WILL BE

FILLED BY MAJORITY VOTE OF THE BOARD OF CFSEM.

DMC FOUNDATION

Employer identification number 27-3529154

- CLASS B DIRECTORS WILL BE APPOINTED BY A MAJORITY VOTE OF THE THEN

  SERVING CLASS B DIRECTORS AND MAY BE REMOVED AT ANY TIME BY A MAJORITY VOTE

  OF THE CLASS B DIRECTORS OR BY THE AFFIRMATIVE VOTE OF AT LEAST 75% OF ALL

  DIRECTORS OF THE ORGANIZATION THEN IN OFFICE. ANY VACANCY IN THE OFFICE OF

  A CLASS B DIRECTOR WILL BE FILLED BY MAJORITY VOTE OF THE REMAINING CLASS B

  DIRECTORS.
- SPECIFIC COMMITTEES ARE NO LONGER DESCRIBED IN THE BYLAWS. RATHER THE
  BOARD OF DIRECTORS MAY APPOINT ONE OR MORE COMMITEES AS IT DEEMS
  APPROPRIATE.
- UPON DISSOLUTION OR TERMINATION OF THE ORGANIZATION, THE REMAINING ASSETS

  ARE TO BE DISTRIBUTED TO CFSEM TO BE ADMINISTERED AS A COMPONENT FUND(S) OF

  CFSEM.
- CERTAIN ACTIONS OF THE ORGANIZATION ARE SUBJECT TO APPROVAL BY THE BOARD OF TRUSTEES OF CFSEM, INCLUDING CHANGES TO THE GOVERNING DOCUMENTS;

  TRANSFERS OF ALL, OR SUBSTANTIALLY ALL, OF THE ORGANIZATION'S ASSETS;

  MERGERS OR CONSOLIDATIONS WITH ANY OTHER ORGANIZATION; OR DISSOLUTION OF THE ORGANIZATION.
- IF CFSEM CEASES TO BE CLASSIFIED AS A TAX EXEMPT ORGANIZATION, THE

  ORGANIZATION WILL REVERT BACK TO A 501(C)(3) UNDER SECTION 509(A)(1) OR

  509(A)(2) AND THE BOARD OF TRUSTEES OF CFSEM NO LONGER WILL HAVE AUTHORITY

  TO APPROVE ACTIONS OR ELECT A MAJORITY OF THE BOARD OF DIRECTORS OF THE

  ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF TRUSTEES OF CFSEM APPOINTS A MAJORITY OF THE BOARD OF DIRECTORS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7B: THE FOLLOWING ACTIONS ARE SUBJECT

TO APPROVAL BY THE BOARD OF TRUSTEES OF CFSEM: CHANGES TO THE GOVERNING

Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE R (Form 990) Name of the organization

Part

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990.

OMB No 1545-0047

► See separate instructions.

**Employer identification number** 27-3529154 DMC FOUNDATION

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2012 ş × entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Direct controlling entity End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) LINE 8 Total income Exempt Code Ð section 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) **AICHIGAN** Primary activity Primary activity **@** For Paperwork Reduction Act Notice, see the Instructions for Form 990. GRANTMAKING COMMUNITY FOUNDATION FOR SOUTHEAST MICHIGAN - 38-2530980, 333 W FORT STREET, STE 2010 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 48226 DETROIT, MI Partil

232161 12-10-12 LHA

27-3529154

Page 2

Schedule R (Form 990) 2012 DMC FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

General or Percentage managing ownership Yes No Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Percentage ownership Yes Ξ Code V-UBI amount in box 720 of Schedule K-1 (Form 1065) Share of end-of-year assets <u>6</u> ate allocations? Disproportion-Yes No Ξ Share of total income  $\boldsymbol{\varepsilon}$ Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) e Share of total income  $\mathbf{\epsilon}$ (d)
( Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) e Legal domicile (state or foreign country) (d)
| Direct controlling | entity Primary activity Legal
domicile
(state or
foreign
country) Primary activity **@** Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV

232162 12-10-12

Schedule R (Form 990) 2012

# Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

				-		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	or or or or or or or or or or or or or o	patol agostoriacoro hate	0 Dotte II.N.		Yes	2
Beceipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity				4		×
				2	×	
				5		×
				;	T	>
				2 ;	Ť	4 >
e Loans of loan guarantees by related organization(s)				2	T	۹
Dividends from related organization(s)				*		×
					T	; >
g Sale of assets to related organization(s)				5	T	<b>ا</b>
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				<del>;=</del>	Ì	×
j Lease of facilities, equipment, or other assets to related organization(s)				Ę		×
k Lease of facilities, equipment, or other assets from related organization(s)				*		×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ızatıon(s)			Ē		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			<b>-</b>		×
<ul> <li>Shanng of paid employees with related organization(s)</li> </ul>				10		×
p Reimbursement paid to related organization(s) for expenses				10		×
q Reimbursement paid by related organization(s) for expenses				19		×
						}
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>				<b>-</b>	1	× :
اء.				18	٦	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete the	s line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
COMMUNITY FOUNDATION FOR SOUTHEAST	м	203,300.	203,300.CASH TRANSACTION	: :		
(3)						
(4)						
(5)						
(9)						
232163 12-10-12	42		Schedule R (Form 990) 2012	R (Form	(066	2012

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

9					1	<u> </u>	
bispropor- Code V-UBI General or Percentage bundle amount in box 20 managing ownership of Schedule K-1 partner?  Yes No (Form 1065) Yes No					÷	:	
ow o							
(j) General or managing partner? Yes No					 		
25- 25- 25- 25- 25- 25- 25- 25- 25- 25-					 		
7-UBI 1-Dex 1065)							
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amo C							
(h) Disproportionate allocations? Yes No							
<u> </u>					 		
(g) Share of end-of-year assets							
(g) Share of nd-of-yea assets							
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(f) Share of total income							
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(e) Are all partners sec 501(c)(3) orgs? Yes No							
(d) Predominant income programs (related, unrelated, excluded from tax under section 512-514) y				-			
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(d) (minanited, united, united fr							
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(a) Name, address, and EIN of entity							$ \  \  \  $
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Schedule R (Form 990) 2012

## Michigan Department of Licensing and Regulatory Affairs

### Filing Endorsement

This is to Certify that the RESTATED ARTICLES OF INCORPORATION - NONPROFIT for

DETROIT COMMUNITY HEALTH FOUNDATION

ID NUMBER: 70886C

received by facsimile transmission on December 28, 2012 is hereby endorsed Filed on December 28, 2012 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.

Effective Date: December 31, 2012



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 3RD day of January, 2013.

Director

# RESTATED ARTICLES OF INCORPORATION OF DMC FOUNDATION (A Michigan Nonprofit Corporation)

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 the Detroit Community Health Foundation.
  - 2. The date of filing of the original Articles of Incorporation was August 2, 2010.
- 3. The identification number assigned by the Michigan Bureau of Commercial Services is 70886C.
  - 4. There are no former names of the corporation.
- 5. The corporation also operates under the previously assumed names of DMC Foundation, Health and Wellness Foundation and Health and Wellness Foundation of Greater Detroit.
- 6. The following Restated Articles of Incorporation supersede the Articles of Incorporation and shall be the Articles of Incorporation for the corporation effective at the close of the business day on December 31, 2012.

### ARTICLE I

The name of the corporation as of the effective date of these Restated Articles of Incorporation is DMC Foundation (hereinafter referred to as "Corporation").

### ARTICLE II

A. The purpose of Corporation is to operate exclusively for charitable, scientific and educational purposes and, in particular, promote the welfare of the general public through the support of research, education and community benefit activities, such as the encouragement and facilitation of the provision of medical, health care, and disease prevention services to the indigent, underserved and other individuals, with strong priority given to benefitting individuals and

families receiving care at Detroit Medical Center institutions, such as Children's Hospital, Detroit Receiving Hospital, Sinai-Grace Hospital, Harper Hospital, Hutzel Women's Hospital, Kresge Eye Institute, Huron Valley-Sinai Hospital, and Rehabilitation Institute of Michigan.

- B. In furtherance of the foregoing, for so long as the Community Foundation for Southeast Michigan, a Michigan nonprofit corporation ("CFSEM"), shall be classified as a tax-exempt organization under Sections 501(c)(3) and 509(a)(1) or 509(a)(2) of the Internal Revenue Code of 1986, as amended, or corresponding provisions of any subsequent Federal tax laws ("Code"), the Corporation shall be organized, and all times operated, exclusively for the benefit of, to perform the functions of, or to carry out the purposes of, CFSEM all as contemplated and permitted by Section 509(a)(3) of Code. The Corporation shall at all times act as a Type I supporting organization to CFSEM as defined in the Code and its Regulations.
- C. To distribute, from time to time, all or any part of Corporation's net income, principal or property in such a manner or to such qualified distributees as described in paragraph A above as will effectively serve Corporation's charitable purposes in light of the changed conditions which may have arisen or will arise in the needs of those served by Corporation and CFSEM from the time of the original receipt of property by Corporation from a donor.
- D. Within the framework and limitations of the foregoing, and subject to policies and procedures of CFSEM, Corporation shall further the charitable purposes and operations of CFSEM by grant making activities and distributions which benefit or carry out the charitable purposes and goals of Corporation and CFSEM to such organizations which are tax-exempt under Section 501(c)(3) of Code and which are classified as public charities under Section 509(a)(1) or 509(a)(2) of Code, and by making such other charitable distributions, to individuals or organizations, as are permitted to be made by Corporation under Code that are in furtherance of charitable purposes of Corporation and CFSEM.
- E. Corporation may receive contributions, gifts, devises and bequests and shall hold, administer and dispose of the same exclusively for the accomplishment of the purposes of the Corporation and CFSEM.
- F. Corporation may conduct any and all legal activities as well as any and all powers as may be necessary or helpful to achieve the foregoing purposes.
- G. Notwithstanding any other provision in these Restated Articles of Incorporation, Corporation shall not carry on any activities not permitted to be carried on a) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Code, b) by an organization which has been classified as a public charity pursuant to provisions of Code, or c) by an organization contributions to which are deductible pursuant to Section 170(c)(2) of the Code, or that would be contrary to the policies and procedures of CFSEM.
- H. Corporation shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or against any candidate for

public office or other political ballot matter.

- I. No substantial part of the activities of Corporation shall be to carry on propaganda or otherwise attempt to influence legislation.
- J. No substantial part of the activities of Corporation shall consist of providing commercial-type insurance.

### ARTICLE III

- A. Corporation is organized on a non-stock basis.
- B. The description and value of the real and personal property of Corporation are:

Real property

none

Personal property

\$50,121,164,48

Comprised of cash, marketable securities and receivables

- C. The valuation of the above assets was as of August 31, 2012.
- D. Corporation is to be financed primarily by its existing endowment and assets; provided, however, the Corporation may from time to time receive gifts, grants, contributions and bequests from the public.
- E. Corporation is organized on a directorship basis with two classes of directors as further defined in Article VI below.

### ARTICLE IV

A. The address and the mailing address of the current registered office of Corporation is:

333 W. Fort Street Suite 2010 Detroit, MI 48226-3134

B The name of the current resident agent at the registered office is:

Mariam C. Noland

### ARTICLE V

The existence of Corporation shall be perpetual.

### ARTICLE VI

For so long as CFSEM shall be classified as a tax-exempt organization under Sections 501(c)(3) and 509(a)(1) or 509(a)(2) of the Code, the number of Directors of the Corporation shall be no fewer than three (3) and no more than fifteen (15). At all times, at least a majority of the then serving Directors of the Corporation will be Class A Directors appointed by the Board of Trustees of the CFSEM. Any remaining Directors of the Corporation will be designated Class B Directors. Directors may serve continuous terms.

- a. Upon the effective date of these Restated Articles of Incorporation, eight Class A Directors will be appointed by a majority vote of the Board of Trustees of CFSEM. The Class A Directors thereafter will be appointed by a majority vote of the Board of Trustees of the CFSEM. A Class A Director shall hold office for a three year term, unless a shorter term is otherwise provided in the appointment of the Director, and until the Director's successor is duly appointed and qualified, or until the Director's death, resignation, or removal. A Class A Director may be removed at any time, with or without cause, by a majority vote of the Board of Trustees of the CFSEM. Any vacancy in the office of a Class A Director will be filled by majority vote of the Board of Trustees of CFSEM.
- b. Upon the effective date of these Restated Articles of Incorporation, seven Class B Directors will be appointed by a majority vote of the then immediately preceding Board of Directors of the Corporation. The Class B Directors thereafter will be appointed by a majority vote of the then serving Class B Directors of the Corporation. A Class B Director shall hold office for a three year term, unless a shorter term is otherwise provided in the appointment of the Director, and until the Director's successor is duly appointed and qualified, or until the Director's death, resignation, or removal. A Class B Director may be removed at any time, with or without cause, by a majority vote of the Class B Directors of the Corporation then in office or by the affirmative vote of at least seventy-five percent (75%) of all Directors of the Corporation then in office. Any vacancy in the office of a Class B Director will be filled by majority vote of the remaining Class B Directors of the Corporation.
- c. Upon the effective date of these Restated Articles of Incorporation, the Directors of Corporation shall be the following as part of the Class set forth:

### Class A Directors:

- 1. Michael T. Monahan
- 2. George G. Johnson

- 3. W. Frank Fountain
- 4. Allan D. Gilmour
- 5. James B. Nicholson
- 6. Pamela Rodgers
- 7. Mariam C. Noland
- 8. Robin D. Ferriby

### Class B Directors:

- 1. Lorna L. Thomas, MD
- 2. Rosemary Gilchrist
- 3. Henry M. Grix
- 4. Robert P. Lisak, DM
- 5. Arthur O'Reilly
- 6. Mary Stephens-Ferris
- 7. Rhonda D. Welburn

Until December 31, 2022, the number of Directors will be fifteen (15) with eight (8) being Class A Directors and seven (7) being Class B Directors. The Class B Director positions will exist until December 31, 2022, unless that period of time is extended or reduced by the affirmative vote of at least seventy-five percent (75%) of the Directors of the Corporation then in office and approved by a majority vote of the Board of Trustees of CFSEM. If such period of time is extended beyond December 31, 2022, the number of Class B Directors will be the largest number that does not constitute fifty percent (50%) or more of the Board of Directors.

### ARTICLE VII

- A. No part of the net earnings of Corporation shall be distributed to, or inure to the benefit of, any Director or officer of Corporation, contributor, private shareholder or individual as prohibited by Section 501(c)(3) of Code, the Michigan General Sales Tax Act or the Michigan Use Tax Act, except that Corporation shall be empowered to pay reasonable compensation for services rendered and to make payments in furtherance of the purposes set forth in Article II hereof.
- B. Upon any dissolution or termination of Corporation, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of Corporation, distribute all of the remaining assets of Corporation, if any, to CFSEM to be administered as a component fund or funds of CFSEM in accordance with the charitable purposes set forth in Article II, Paragraph A above and the charitable purposes of CFSEM, and that any identified separate charitable funds within Corporation will also retain their charitable purposes at CFSEM within the charitable purposes of CFSEM.

If the fund so created would not then be a component fund of CFSEM, or CFSEM is not then an organization described in Sections 501(c)(3) and 509(a)(1) or 509(a)(2) of the Code, the Board of Directors of Corporation shall distribute the assets of Corporation to such other organization or organizations as the Board may determine which are organized and operated exclusively for charitable, educational or scientific purposes and qualify as exempt organizations under Sections 501(c)(3) and 509(a)(1) or 509(a)(2) of the Code. Any such assets not so disposed of shall be disposed of by the Circuit Court of the county in which the principal office of Corporation is then located to such organization or organizations which are then described in Sections 501(c)(3) and 509(a)(1) or 509(a)(2) of Code, as said Court shall determine.

- C. Programs or activities of Corporation as well as funds and assets related thereto may be transferred, distributed or assigned to CFSEM to be organized, managed or otherwise be treated as program assets and funds of CFSEM without causing a dissolution or termination of Corporation as set forth in Article VII, Paragraph B above. Such transfer, distribution or assignment may be made only upon the affirmative vote of at least seventy-five percent (75%) of the Directors of the Corporation then in office at a duly called meeting and upon a concurring vote of a majority of Trustees of CFSEM.
- D. In the event the Corporation is determined to be a "private foundation," as that term is defined in Section 509(a) of Code, then for the purpose of complying with the requirements of Section 508(e) of Code, the Corporation shall:
  - 1. Distribute its income and such part of its capital as may be required by law for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of Code;
  - 2. Not engage in any act of self-dealing as defined in Section 4941 of Code;
  - 3. Not retain any excess business holdings as defined in Section 4943 of Code;
  - 4. Not make any investment in such manner as to subject it to tax under Section 4944 of Code; and
  - 5. Not make any taxable expenditures as defined in Section 4945 of Code.

### ARTICLE VIII

A. The terms "Volunteer Director" and "Volunteer Officer" shall have the same definition as set forth in the Michigan Nonprofit Corporation Act, as the same presently exists or may hereafter be amended (the "Act").

- B. To the fullest extent permitted under Section 209(c) of the Act, no Volunteer Director or Volunteer Officer of Corporation shall be personally liable to Corporation or its shareholders or members (if any) for monetary damages for breach of the Volunteer Director's or Volunteer Officer's fiduciary duty. However, 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 Volunteer Director's or Volunteer Officer's duty of loyalty to Corporation or its shareholders or members (if any);
  - 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 Volunteer Director or Volunteer Officer derived an improper personal benefit;
  - 5. an act or omission occurring before the date that this Article becomes effective in accordance with the pertinent provisions of the Act; or
  - 6. an act or omission that is grossly negligent.
- C. To the fullest extent permitted under Section 209(d) of the Act, Corporation assumes all liability to any person other than Corporation, its shareholders, or its members for all acts or omissions of a Volunteer Director occurring on or after the date this Article becomes effective in accordance with the pertinent provisions of the Act, incurred in the good faith performance of the Volunteer Director's duties as such. A claim for monetary damages for a breach of a Volunteer Director's duty to any person other than Corporation, its shareholders, or its members shall not be brought or maintained against a Volunteer Director; but such a claim shall be brought or maintained instead against Corporation, which shall be liable for the breach of the Volunteer Director's duty. Notwithstanding anything to the contrary immediately above, this Article VIII, Paragraph C shall apply and have force only if, and as long as, Corporation is exempt from Federal income tax pursuant to Section 501(c)(3) of the Code or is eligible to be exempt from Federal income tax pursuant to Section 501(c)(3) of the Code.
- D. Corporation shall assume all liability for all acts or omissions of a Volunteer Director, Volunteer Officer, or other volunteer occurring on or after the effective date of this Article if all of the following 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; and (5) the volunteer's conduct was not a tort arising out of 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.

E. Any repeal, amendment or other modification of this Article shall not adversely affect any right or protection of any director of Corporation existing at the time of such repeal, amendment or other modification. If the Act is amended after this Article becomes effective, then the liability of directors and officers shall be further eliminated or limited to the fullest extent permitted by the Act as so amended.

### ARTICLE IX

- A Unless otherwise provided by law, these Restated Articles of Incorporation, or the Bylaws of Corporation, these Restated Articles of Incorporation may be amended, repealed, or superseded by the affirmative vote of a majority of the Directors of Corporation then in office, subject to a concurring vote by a majority of the Board of Trustees of CFSEM; provided, however, that Sections A, B, C, D, E, and G of Article II, Sections A, D and E of Article III, Article V, Article VI, Sections A, B and C of Article VII and this Article IX may be amended, repealed, or superseded only by the affirmative vote of at least seventy-five percent (75%) of the Directors of Corporation then in office and upon concurring vote by a majority of the Board of Trustees of CFSEM.
- B. Until December 31, 2022, Corporation shall not voluntarily transfer all, or substantially all, of its assets to, nor shall Corporation be merged or consolidated with, any other organization, nor shall Corporation be voluntarily dissolved (each, a "Terminating Action"), without the unanimous approval of all the Directors of the Corporation and a concurring vote of the majority of the Board of Trustees of CFSEM. After December 31, 2022, Corporation may take a Terminating Action in accordance with the Act, subject to any applicable provisions of the Bylaws. At all times, the disposition or transfer of Corporation's assets by reason of a Terminating Action shall be in accordance with Section B of Article VII, unless all Directors of the Corporation and at least seventy-five percent (75%) of the Board of Trustees of CFSEM approves otherwise.
- C. In the event that CFSEM shall cease to be classified as a tax-exempt organization within the meaning of Sections 501(c)(3) and 509(a)(1) or 509(a)(2) of the Code, the Corporation shall be deemed organized and operated as an independent charitable organization under Sections 501(c)(3) and 509(a)(1) or 509(a)(2) of Code, and all provisions of these Restated Articles of Incorporation and Bylaws of the Corporation inconsistent with the Corporation being an independent organization, including, but not limited to, the requirements that the Board of Trustees of CFSEM approve certain actions (such as an amendment to these Restated Articles or Bylaws) and elect a majority of Directors, shall be of no further force or effect.

These Restated Articles of Incorporation were duly adopted by the Directors on the 18<sup>th</sup> day of December, 2012, in accordance with the provision of Section 642 of the Act.

Signed this 19th day of December, 2012, effective at the close of the business day on December 31, 2012.

Loma L. Thomas Chairperson

After filing please return document to preparer: David M. Thoms, Esq. Miller, Canfield, Paddock and Stone, PLC 840 W. Long Lake Road Suite 200 Troy, MI 48098-6358

Phone: 248-267-3242

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