

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning 2002, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: Domino's Pizza Partners Foundation, Inc. D Employer identification number: 58-1703733. E Telephone number: 734-930-3296. F Accounting method: Cash [x] Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

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

H(b) If "Yes" enter number of affiliates: N/A

H(c) Are all affiliates included? Yes [ ] No [ ]

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [ ] No [x]

G Web site

J Organization type (check only one) [x] 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here [ ] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

I Enter 4-digit GEN

M Check [ ] if the organization is not required to attach Sch B (Form 990 990-EZ or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,217,104

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Table with 12 columns for line numbers and 2 columns for amounts. Rows include: 1 Contributions gifts grants, and similar amounts received (1,136,640); 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments (7,528); 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9a Gross revenue (not including \$ of contributions reported on line 1a) (72,936); 9b Less direct expenses other than fundraising expenses (24,082); 9c Net income or (loss) from special events (48,854); 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit (loss) from sales of inventory; 11 Other revenue (from Part VII, line 103); 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) (1,193,022); 13 Program services (from line 44 column (B)) (463,634); 14 Management and general (from line 44 column (C)) (64,877); 15 Fundraising (from line 44, column (D)) (45,417); 16 Payments to affiliates (attach schedule); 17 Total expenses (add lines 16 and 44, column (A)) (573,928); 18 Excess or (deficit) for the year (subtract line 17 from line 12) (619,094); 19 Net assets or fund balances at beginning of year (from line 73 column (A)) (353,688); 20 Other changes in net assets or fund balances (attach explanation); 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) (972,782).

SCANNED SEP 09 03 Revenue

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**Part IV Balance Sheets** (See page 24 of the instructions)

**Note** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash - non-interest-bearing	196,685	45	490,466.
	46 Savings and temporary cash investments	168,657.	46	
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a	486,273	
	b Less allowance for doubtful accounts	48b		48c 486,273.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a	29,240		
b Less accumulated depreciation (attach schedule)	57b	26,295	57c 3,153	
58 Other assets (describe ▶ _____ )			58 2,945	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)		368,495	59	979,684
Liabilities	60 Accounts payable and accrued expenses	14,807	60	6,902
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ _____ )		65	
<b>66 Total liabilities</b> (add lines 60 through 65)		14,807	66	6,902
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds	353,688.	70	972,782
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	353,688	73	972,782
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	368,495	74	979,684

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



**Part VI Other Information** (See page 27 of the instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity		x
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		x
78a	Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?		x
78b	b If "Yes" has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		x
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership governing bodies trustees officers, etc., to any other exempt or nonexempt organization?		x
81a	b If "Yes" enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	none
81b	b Did the organization file Form 1120-POL for this year?		x
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	x
82b	b If "Yes" you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	x
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	x
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	x
84b	b If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	n/a
85a	501(c)(4) (5) or (6) organizations a Were substantially all dues nondeductible by members?	85a	n/a
85b	b Did the organization make only in-house lobbying expenditures of \$2 000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	n/a
85c	c Dues, assessments and similar amounts from members	85c	n/a
85d	d Section 162(e) lobbying and political expenditures	85d	n/a
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	n/a
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	n/a
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	n/a
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	n/a
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	n/a
86b	b Gross receipts included on line 12, for public use of club facilities	86b	n/a
87a	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	n/a
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	n/a
88	At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	x
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> none, section 4912 <input type="checkbox"/> none, section 4955 <input type="checkbox"/> none		
89b	b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes" attach a statement explaining each transaction	89b	x
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912 4955 and 4958 <input type="checkbox"/> none		
	d Enter Amount of tax on line 89c above reimbursed by the organization <input type="checkbox"/> none		
90a	List the states with which a copy of this return is filed <input type="checkbox"/> Georgia		
90b	b Number of employees employed in the pay period that includes March 12 2002 (See instructions)	90b	4
91	The books are in care of <input type="checkbox"/> Dana Stearns Telephone no <input type="checkbox"/> Located at <input type="checkbox"/> 30 Frank Lloyd Wright Drive, Ann Arbor, MI ZIP + 4 <input type="checkbox"/> 48106		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92		

**Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)**

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	7,528.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					48,854
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				7,528.	48,854
105 Total (add line 104, columns (B), (D), and (E))					56,382

Note Line 105 plus line 1d Part I should equal the amount on line 12 Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
101	Events are held to promote goodwill to encourage participants to make contributions that are used to help fellow team members

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)**

(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)**

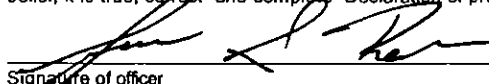
(a) Did the organization during the year receive any funds directly or indirectly to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has knowledge

Please Sign Here

Signature of officer  
  
 George Ralph, Treasurer  
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature  
 Firm's name (or yours if self-employed) address and ZIP + 4

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2002**

Name of the organization: **Domino's Pizza Partners Foundation, Inc.** Employer identification number: **58-1703733**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$50,000	▶ NONE			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services	▶ NONE	

**Part III Statements About Activities (See page 2 of the instructions)**

	Yes	No
<p><b>1</b> During the year, has the organization attempted to influence national state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A or line I or Part VI-B )</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>		<b>x</b>
<p><b>2</b> During the year has the organization, either directly or indirectly engaged in any of the following acts with any substantial contributors, trustees, directors officers creators, key employees or members of their families or with any taxable organization with which any such person is affiliated as an officer director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )</p>		
<p><b>a</b> Sale, exchange, or leasing of property?</p>		<b>x</b>
<p><b>b</b> Lending of money or other extension of credit?</p>		<b>x</b>
<p><b>c</b> Furnishing of goods services or facilities?</p>	<b>x</b>	
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>		<b>x</b>
<p><b>e</b> Transfer of any part of its income or assets?</p>		<b>x</b>
<p><b>3</b> Does the organization make grants for scholarships fellowships student loans etc ? (See Note below )</p>		<b>x</b>
<p><b>4</b> Do you have a section 403(b) annuity plan for your employees?</p>		<b>x</b>
<p><b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments</p>		

**Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)**

- The organization is not a private foundation because it is (Please check only ONE applicable box )
- 5**  A church, convention of churches or association of churches Section 170(b)(1)(A)(i)
  - 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
  - 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
  - 8**  A Federal, state or local government or governmental unit Section 170(b)(1)(A)(v)
  - 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_
  - 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
  - 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
  - 11b**  A community trust Section 170(b)(1)(A)(vii) (Also complete the **Support Schedule** in Part IV-A )
  - 12**  An organization that normally receives (1) more than 33 1/3% of its support from contributions membership fees and gross receipts from activities related to its charitable, etc functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
  - 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5) or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions )



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants See line 28)	530,142	445,778.	482,251.	477,300.	1,935,471.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	53,292.	45,492	124,523	185,085.	408,392
18 Gross income from interest dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	10,290	10,067	13,711.	14,125	48,193
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	593,724	501,337.	620,485	676,510.	2,392,056
24 Line 23 minus line 17	540,432	455,845	495,962.	491,425	1,983,664
25 Enter 1% of line 23	5,937	5,013.	6,205.	6,765.	

26 Organizations described on lines 10 or 11

a Enter 2% of amount in column (e) line 24 ▶ 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test Enter line 24 column (e) ▶ 26c

d Add Amounts from column (e) for lines 18 \_\_\_\_\_ 19 \_\_\_\_\_  
22 \_\_\_\_\_ 26b \_\_\_\_\_ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f %

27 Organizations described on line 12 a For amounts included in lines 15 16 and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year

(2001) \_\_\_\_\_ 33,355. (2000) \_\_\_\_\_ 30,203 (1999) \_\_\_\_\_ 36,725 (1998) \_\_\_\_\_ 60,705

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5 000 (Include in the list organizations described in lines 5 through 11 as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2001) \_\_\_\_\_ (2000) \_\_\_\_\_ (1999) \_\_\_\_\_ (1998) \_\_\_\_\_

c Add Amounts from column (e) for lines 15 \_\_\_\_\_ 1,935,471 16 \_\_\_\_\_  
17 \_\_\_\_\_ 408,392 20 \_\_\_\_\_ 21 \_\_\_\_\_ ▶ 27c 2,343,863

d Add Line 27a total \_\_\_\_\_ 160,988 and line 27b total \_\_\_\_\_ ▶ 27d 160,988

e Public support (line 27c total minus line 27d total) ▶ 27e 2,182,875

f Total support for section 509(a)(2) test Enter amount from line 23 column (e) ▶ 27f 2,392,056

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g 91.2552 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h 2.0147 %

28 Unusual Grants For an organization described in line 10 11 or 12 that received any unusual grants during 1998 through 2001 prepare a list for your records to show, for each year the name of the contributor, the date and amount of the grant and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

**Part V Private School Questionnaire** (See page 7 of the instructions )  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>	
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>	
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	<b>31</b>	
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<b>32</b>	Does the organization maintain the following	<b>32a</b>	
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
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-----			
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?	<b>33a</b>	
<b>b</b>	Admissions policies?	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b>	Educational policies?	<b>33e</b>	
<b>f</b>	Use of facilities?	<b>33f</b>	
<b>g</b>	Athletic programs?	<b>33g</b>	
<b>h</b>	Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
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-----			
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>	
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )  
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group  
 Check  **b** if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is -                      The lobbying nontaxable amount is - Not over \$500 000                                      20% of the amount on line 40 Over \$500 000 but not over \$1 000 000        \$100 000 plus 15% of the excess over \$500 000 Over \$1 000 000 but not over \$1 500 000     \$175 000 plus 10% of the excess over \$1 000 000 Over \$1 500 000 but not over \$17 000 000    \$225,000 plus 5% of the excess over \$1 500 000 Over \$17 000 000                                      \$1 000 000	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 11 of the instructions )

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

During the year did the organization attempt to influence national state or local legislation including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h )			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines c through h )			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



Form **8868**

(December 2000)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

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

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

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

**Note** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066 or 1041

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>Domino's Pizza Partners Foundation</b>	Employer Identification number <b>58-1703733</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>P.O. Box 1186, 30 Frank Lloyd Wright Dr.</b>	
	City, town or post office, state and ZIP code. For a foreign address, see instructions <b>Ann Arbor, MI 48106</b>	

### Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

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

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until **August 15, 2003** to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year **2002** or

▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

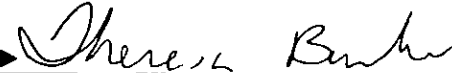
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

### Signature and Verification

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

Signature ▶ 

Title ▶ **Tax Manager**

Date ▶ **5/12/2003**

For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.**

Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>Domino's Pizza Partners Foundation, Inc</b>	Employer Identification number <b>58-1703733</b>
	Number street, and room or suite no. If a P O box, see instructions <b>30 Frank Lloyd Wright Drive</b>	For IRS use only
	City, town or post office state and ZIP code For a foreign address see instructions <b>Ann Arbor, MI 48106</b>	

**Check type of return to be filed (File a separate application for each return)**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

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

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

- I request an additional 3-month extension of time until November 17, 2003
- For calendar year 2002, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_
- If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- State in detail why you need the extension Additional time is needed to gather the necessary information to prepare a complete and accurate return.

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

**Signature and Verification**

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

Signature *Marcus Benbow* Title TAX MGR Date 8/14/03

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	Number and street (include suite, room, or apt. no.) Or a P O box number
	City or town, province or state, and country (including postal or ZIP code)

**Domino's Pizza Partners Foundation, Inc.**  
**EIN 58-1703733**  
**Statement(s) Attached to Form 990**  
**For the Year Ended 12/31/02**

**FORM 990**

**Part I:**

**LINE 9a. Special Events Fundraising Income**

Rally Income - Silent Auction	\$ 21,430
Rally Income Fun Run	300
DAFT	400
Special Event Forum	500
Baltimore Awards	3,898
Other Misc	1,615
LA Regional Awards	1,981
Misc Income	13,642
Misc Income - Coke	1,030
Pair A Dice Event	25,640
Misc Income - Used Computers	2,335
Misc Income - Trainers Conf	165
	<u>\$ 72,936</u>

**Part I:**

**LINE 9b: Special Events Fundraising Expenses**

Rally Costs - Silent Auction	\$ 200
Misc Fundraising Costs	4,417
Pair A Dice Expenses	16,672
Awards Expenses	1,053
Endowment Expenses	1,741
	<u>\$ 24,082</u>

**Part II:**

**Line 23 Specific Assistance to Individuals**

Domino's Pizza Partners Foundation, Inc made too many individual contributions to list them here  
The foundation assisted 659 individuals this year The total assistance was \$386,543, averaging  
approximately \$600 per recipient

**Schedule A - Part III**

**Statement about Activities**

**2c Furnishing of goods, services, or facilities**

Domino's Pizza LLC, a substantial contributor, donates office space, telephone service, and  
information technology support to the foundation

**Determination of individuals who "qualify" to receive payments**

The individual beneficiaries who receive assistance from the Domino's Pizza Partners Foundation  
are either employees of Domino's Pizza, LLC or employees of Domino's Pizza franchisees They  
will have experienced personal hardships, the financial consequences of which are evaluated by the  
Board of Directors of the Foundations for merit Also considered by the Board are the following  
aspects related to the prospective beneficiary the employment record, length of time employee may  
be out of work and nature of employee hardship (ie isolated and non-recurring) Based on a favorable  
review by the Board, the beneficiary will receive funds

**Domino's Pizza Partners Foundation, Inc.**

**EIN 58-1703733**

List of Officers, Directors, Trustees  
and Key Employees

Statement(s) Attached to Form 990

For the Year Ended 12/31/02

<b>(A) Name and Address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense accounts and other allowances</b>
Dana Stearns 30 Frank Lloyd Wright Drive Ann Arbor, MI 48106	Executive Director 40 hrs	63,769	0	0
James Stansik 30 Frank Lloyd Wright Drive Ann Arbor, MI 48106	Chairman 1 hr	0	0	0
George Ralph 30 Frank Lloyd Wright Drive Ann Arbor, MI 48106	Treasurer 1 hr	0	0	0
Mike Brown 13173 Winstanley Way San Diego, CA 92130	Trustee 1 hr	0	0	0
Francisca Fernandez 30 Frank Lloyd Wright Drive Ann Arbor, MI 48106	Trustee 1 hr	0	0	0
Jim Garner 1809 Provine Ct McKinney, TX 75070	Trustee 1 hr	0	0	0
Ken Peebles 30 Frank Lloyd Wright Drive Ann Arbor, MI 48106	Trustee 1 hr	0	0	0
Phil Rands 2659 Ulmerton Rd Clearwater, FL 33762	Trustee 1 hr	0	0	0
Danny Malamis 30 Frank Lloyd Wright Drive Ann Arbor, MI 48106	Trustee 1 hr	0	0	0
Dave Melton 56 East 87th Street, Apt 2B New York, NY 10128	Trustee 1 hr	0	0	0