

# **Public Disclosure Copy**

## **Form 990**

### **Public Inspection Requirement**

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990-EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization (Schedule B) need not be disclosed.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

Form **990**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> DETROIT EDUCATIONAL TELEVISION FOUNDATION		<b>D Employer identification number</b> 38-1440200
	Doing business as <b>DETROIT PUBLIC TV, CHANNEL 56, W</b>		<b>E Telephone number</b> (248) 305-3701
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1 CLOVER COURT</b>		<b>G Gross receipts \$</b> 20,709,782.
	City or town, state or province, country, and ZIP or foreign postal code <b>WIXOM, MI 48393</b>		<b>H(a) Is this a group return for subordinates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b) Are all subordinates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions)
	<b>F Name and address of principal officer:</b> RITSCHARD P. HOMBERG SAME AS C ABOVE		<b>H(c) Group exemption number</b> ▶

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527  
**J Website:** ▶ WWW.DPTV.ORG  
**K Form of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** 1955 **M State of legal domicile:** MI

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SHARE THE POWER OF MEDIA TO FOSTER KNOWLEDGE AND UNDERSTANDING BY: (1) PROVIDING OUTSTANDING</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>45</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>42</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>135</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2032</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>65,356.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	17,474,304.	16,513,418.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,527,935.	620,111.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	206,355.	83,871.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	778,289.	378,071.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,986,883.	17,595,471.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	21,860.	27,965.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	6,586,455.	6,506,786.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>4,627,584.</b>	1,541,471.	1,595,335.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,641,190.	10,893,115.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,790,976.	19,023,201.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	195,907.	-1,427,730.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	25,825,194.	22,352,084.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	6,152,523.	5,111,998.
		19,672,671.	17,240,086.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	<i>Kenneth A. Banach</i>	10/20/2016			
	KENNETH A. BANACH, ASSISTANT TREASURER AND CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	LYNNE M. HUISMANN	<i>Lynne M. Huisman</i>	10/25/16	<input type="checkbox"/>	P00053811
	Firm's name ▶	Firm's EIN ▶			
	PLANTE & MORAN, PLLC	38-1357951			
	Firm's address ▶	Phone no. 248-352-2500			
	P.O. BOX 307 SOUTHFIELD, MI 48037-0307				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

DETROIT EDUCATIONAL TELEVISION FOUNDATION

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: DPTV PROVIDES OPEN ACCESS TO TRUSTED, BALANCED, AND INSPIRING CONTENT AND FOSTERS ESSENTIAL ENRICHING CONVERSATIONS, IN PARTNERSHIP WITH OUR DIVERSE MULTI-CULTURAL COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 5,699,031. including grants of \$ 0. ) (Revenue \$ 0. ) BROADCAST AND ENGINEERING

DETROIT EDUCATIONAL TELEVISION FOUNDATION OPERATES WTVS DETROIT PUBLIC TELEVISION (DPTV), WHICH CONTINUES AS THE ONLY LOCALLY-OWNED, INDEPENDENT, NON-PROFIT TELEVISION STATION IN METROPOLITAN DETROIT, BOARDCASTING ON THREE DIGITAL CHANNELS: 56.1, 56.2, 56.3. THE FOUNDATION ALSO MANAGES WRCJ 90.9 FM AND HD-1 (ON BEHALF OF LICENSEE DETROIT PUBLIC SCHOOLS), DETROIT'S ONLY PUBLIC RADIO STATION DEDICATED TO CLASSICAL AND JAZZ MUSIC.

VIEWERSHIP AND PUBLIC TRUST FOR DETROIT PUBLIC TELEVISION

4b (Code: ) (Expenses \$ 5,187,645. including grants of \$ 27,965. ) (Revenue \$ 708,264. ) PRODUCTIONS

DPTV'S MIDTOWN AND SUBURBAN DETROIT STUDIOS WERE BUSY WITH MANY PRODUCTIONS, WHILE DPTV'S HD PRODUCTION TRUCK WAS ON THE ROAD TO CAPTURE IMPORTANT CONFERENCES, EVENTS AND CONCERTS. BELOW ARE PRODUCTIONS BY CATEGORY.

ARTS AND CULTURE

DETROIT PERFORMS. A WEEKLY TV SERIES AND WEBSITE TO ENCOURAGE PARTICIPATION IN THE ARTS IN GREATER DETROIT.

4c (Code: ) (Expenses \$ 1,329,269. including grants of \$ 0. ) (Revenue \$ 0. ) COMMUNICATIONS

DETROIT PUBLIC TELEVISION AND WRCJ 90.9 FM ARE COMMITTED TO CREATING POSITIVE OUTCOMES IN SOUTHEAST MICHIGAN. WE PROVIDE ON-AIR AND ONLINE RESOURCES, SPECIAL EVENTS, AND SOCIAL MEDIA DIALOGUE WITH A GOAL OF FOSTERING KNOWLEDGE, COLLABORATION AND ACTION. IN ADDITION TO THE PRODUCTIONS LISTED ABOVE, EXAMPLES OF SUCCESSFUL COMMUNITY ENGAGEMENT ACTIVITIES THIS YEAR INCLUDED:

KIDS CLUB LIVE: A TWO-DAY FAMILY FRIENDLY EVENT ATTENDED BY MORE THAN 4,000 YOUNG PEOPLE OFFERING EDUCATIONAL ACTIVITIES AND LIVE ENTERTAINMENT.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 12,215,945.

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**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)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
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? <i>If "Yes," complete Schedule D, Part I</i> .....		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? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	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? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	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? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
<b>23</b> 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 Schedule J	X	
<b>24a</b> 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 25a	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</b> 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		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> 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		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>c</b> 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		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> 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	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
<b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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**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.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... 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.		
	1a 45		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent .....		
	1b 42		
<b>2</b>	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? .....		X
<b>3</b>	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? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	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? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b>	Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</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 exempt status with respect to such arrangements? .....		

**Section 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **KENNETH A. BANACH, ASSISTANT TREASURER & CFO - 248-305-3701**  
**1 CLOVER COURT, WIXOM, MI 48393-2247**

**DETROIT EDUCATIONAL TELEVISION  
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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL ACHESON TRUSTEE	0.50	X					0.	0.	0.	
(2) ADDELL AUSTIN-ANDERSON TRUSTEE	0.50	X					0.	0.	0.	
(3) DANIEL ALPERT ASSISTANT SECRETARY	40.00	X		X			187,701.	0.	19,859.	
(4) MELODY ARABO TRUSTEE	0.30	X					0.	0.	0.	
(5) GEANEEN ARENDS TRUSTEE	0.50	X					0.	0.	0.	
(6) KENNETH A. BANACH ASST. TREASURER AND CFO	40.00	X		X			103,093.	0.	8,177.	
(7) C. LESLIE BANAS TRUSTEE	0.30	X					0.	0.	0.	
(8) JENNIFER Z. BELVEAL TRUSTEE	0.50	X					0.	0.	0.	
(9) DONNA MURRAY-BROWN VICE CHAIR	1.50	X		X			0.	0.	0.	
(10) TERRENCE E BURKE TRUSTEE	0.30	X					0.	0.	0.	
(11) TONY CERVONE TRUSTEE	0.10	X					0.	0.	0.	
(12) CHARLES R. CIUNI VICE CHAIR	5.00	X		X			0.	0.	0.	
(13) JEFFREY COLLINS TRUSTEE	0.30	X					0.	0.	0.	
(14) RAY DAY TRUSTEE	0.30	X					0.	0.	0.	
(15) SANDRA ENNIS SECRETARY	1.50	X		X			0.	0.	0.	
(16) PATRICK FEHRING TREASURER	1.50	X		X			0.	0.	0.	
(17) JENNIFER FIORE TRUSTEE	0.50	X					0.	0.	0.	



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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RAINY HAMILTON TRUSTEE	0.30	X					0.	0.	0.	
(19) RITSCHARD P. HOMBERG PRESIDENT & CEO	40.00	X		X			334,615.	0.	24,528.	
(20) ARTHUR HORWITZ VICE CHAIR	0.50	X		X			0.	0.	0.	
(21) JACQUELINE HOWARD TRUSTEE	0.50	X					0.	0.	0.	
(22) JOYCE JENEREUX TRUSTEE	0.30	X					0.	0.	0.	
(23) FRANK JONNA TRUSTEE	0.50	X					0.	0.	0.	
(24) CAROL KLEIN TRUSTEE	0.30	X					0.	0.	0.	
(25) BARBARA KRATCHMAN VICE CHAIR	1.50	X		X			0.	0.	0.	
(26) LEONARD A. KRUSZEWSKI TRUSTEE	0.50	X					0.	0.	0.	
<b>1b Sub-total</b>							625,409.	0.	52,564.	
<b>c Total from continuation sheets to Part VII, Section A</b>							932,416.	0.	116,463.	
<b>d Total (add lines 1b and 1c)</b>							1,557,825.	0.	169,027.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 10

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PBS, 14400 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693	PROGRAMMING	2,728,669.
FOREST INCENTIVES 790 JACKSONVILLE ROAD, WARMINSTER, PA 18974	SHIPPING PREMIUMS	547,126.
DONOR DEVELOPMENT STRATEGIES, 899 LOGAN STREET, SUITE 300, DENVER, CO 80203	CANVASSING	438,340.
PHOENIX PRESS 1775 BELLINGHAM DRIVE, TROY, MI 48083	MAIL SERVICES	438,100.
BLACKBAUD, INC PO BOX 930256, ATLANTA, GA 31193	DATA BASE	321,538.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 16

**SEE PART VII, SECTION A CONTINUATION SHEETS**

532008  
12-16-15

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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ARTHUR LIEBLER VICE CHAIR	1.50	X		X				0.	0.	0.
(28) HANNAN LIS VICE CHAIR	1.50	X		X				0.	0.	0.
(29) DANIEL E LITTLE TRUSTEE	0.50	X						0.	0.	0.
(30) TONYA MATTHEWS TRUSTEE	0.50	X						0.	0.	0.
(31) JAMES C. MITCHELL, JR. VICE CHAIR	1.50	X		X				0.	0.	0.
(32) TIMOTHY NICHOLSON VICE CHAIR	1.50	X		X				0.	0.	0.
(33) JULIETTE OKOTIE-EBOH TRUSTEE	0.50	X						0.	0.	0.
(34) BYRON PITTS TRUSTEE	0.50	X						0.	0.	0.
(35) MELISSA ROY TRUSTEE	0.30	X						0.	0.	0.
(36) THOMAS C SHAFER CHAIR	5.00	X		X				0.	0.	0.
(37) HOWARD SHERMAN TRUSTEE	0.50	X						0.	0.	0.
(38) CHRISTINE A. SING VICE CHAIR	1.50	X		X				0.	0.	0.
(39) DAVID STURTZ TRUSTEE	0.30	X						0.	0.	0.
(40) IRENE TASI TRUSTEE	0.20	X						0.	0.	0.
(41) DEBORAH G. TYNER TRUSTEE	0.50	X						0.	0.	0.
(42) MICHAEL WATSON TRUSTEE	1.50	X						0.	0.	0.
(43) SIMON S. WHITELOCKE TRUSTEE	0.50	X						0.	0.	0.
(44) SHAUN WILSON TRUSTEE	0.30	X						0.	0.	0.
(45) TODD WYETT TRUSTEE	0.50	X						0.	0.	0.
(46) JEFFREY D. FORSTER EVP PRODUCTIONS AND OPERATIONS	40.00				X			186,199.	0.	19,631.
<b>Total to Part VII, Section A, line 1c</b>										

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) DAVID DEVEREAUX SVP BROADCASTING	40.00				X		129,166.	0.	17,620.	
(48) GEORGEANN HERBERT-MYERS SVP STRATEGY AND ENGAGEMENT	40.00				X		145,793.	0.	18,458.	
(49) FRED NAHHAT SVP PRODUCTION	40.00				X		126,694.	0.	19,740.	
(50) NICOLE SERRIDGE MASON VP HUMAN RESOURCES	40.00				X		110,283.	0.	19,621.	
(51) NANCY JACOBS VP - CONTROLLER	40.00				X		103,291.	0.	16,590.	
(52) JOHN WENZEL ASST. TREASURER AND CFO-FORMER	40.00					X	130,990.	0.	4,803.	
Total to Part VII, Section A, line 1c								932,416.		116,463.

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>	272,043.					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,581,588.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	13,659,787.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		46,969.					
	<b>h Total.</b> Add lines 1a-1f			16,513,418.				
<b>Program Service Revenue</b>	<b>2 a</b> PRODUCTION OF PROGRAMS	<b>Business Code</b>	900099	620,111.	620,111.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			620,111.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			119,238.			119,238.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents		(i) Real	512,606.				
		<b>b</b> Less: rental expenses		84,655.				
		<b>c</b> Rental income or (loss)		427,951.				
		<b>d</b> Net rental income or (loss)			427,951.		65,356.	362,595.
	<b>7 a</b> Gross amount from sales of assets other than inventory		(i) Securities	2,119,552.				
		<b>b</b> Less: cost or other basis and sales expenses		2,154,919.				
		<b>c</b> Gain or (loss)		-35,367.				
		<b>d</b> Net gain or (loss)			-35,367.			-35,367.
	<b>8 a</b> Gross income from fundraising events (not including \$ 272,043. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		183,130.				
		<b>b</b> Less: direct expenses	<b>b</b>	321,163.				
		<b>c</b> Net income or (loss) from fundraising events			-138,033.			-138,033.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
<b>b</b> Less: direct expenses		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>		518,630.					
	<b>b</b> Less: cost of goods sold	<b>b</b>	553,574.					
	<b>c</b> Net income or (loss) from sales of inventory			-34,944.	-34,944.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11 a</b> MISCELLANEOUS INCOME		900099	123,097.	123,097.				
<b>b</b>								
<b>c</b>								
<b>d</b> All other revenue								
<b>e Total.</b> Add lines 11a-11d				123,097.				
<b>12 Total revenue.</b> See instructions.				17,595,471.	708,264.	65,356.	308,433.	

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	27,965.	27,965.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	796,005.	144,992.	287,274.	363,739.
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	4,464,991.	2,505,927.	985,818.	973,246.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	161,168.	94,442.	31,910.	34,816.
9 Other employee benefits	611,937.	396,884.	105,344.	109,709.
10 Payroll taxes	472,685.	284,164.	85,797.	102,724.
11 Fees for services (non-employees):				
a Management				
b Legal	65,112.	47,387.	10,302.	7,423.
c Accounting	77,820.		77,820.	
d Lobbying	9,125.		9,125.	
e Professional fundraising services. See Part IV, line 17	1,595,335.			1,595,335.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	497,509.	404,491.	82,692.	10,326.
12 Advertising and promotion	312,661.	243,161.		69,500.
13 Office expenses	333,680.	111,020.	63,319.	159,341.
14 Information technology	366,659.	80,168.	10,191.	276,300.
15 Royalties	66,010.	66,010.		
16 Occupancy	908,484.	693,084.	107,892.	107,508.
17 Travel	74,772.	25,726.	30,679.	18,367.
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	931,438.	717,714.	80,293.	133,431.
23 Insurance				
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 O.)				
a PROGRAM PRODUCTION	3,030,611.	3,030,611.		
b PROGRAM ACQUISITION	3,003,815.	3,003,815.		
c CREDIT CARD/BANK FEES	365,846.	1,173.	110,832.	253,841.
d FUNDRAISING AND EVENTS	351,898.	6,503.		345,395.
e All other expenses	497,675.	330,708.	100,384.	66,583.
25 Total functional expenses. Add lines 1 through 24e	19,023,201.	12,215,945.	2,179,672.	4,627,584.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

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**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	912,485.	1	912,273.	
	<b>2</b> Savings and temporary cash investments .....	3,476,164.	2	2,411,076.	
	<b>3</b> Pledges and grants receivable, net .....	3,293,279.	3	1,707,073.	
	<b>4</b> Accounts receivable, net .....	629,284.	4	676,170.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			6	
	<b>7</b> Notes and loans receivable, net .....			7	
	<b>8</b> Inventories for sale or use .....	121,227.	8	12,710.	
	<b>9</b> Prepaid expenses and deferred charges .....	320,798.	9	210,366.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 25,755,980.			
	<b>b</b> Less: accumulated depreciation .....	10b 11,975,257.	14,456,775.	10c	13,780,723.
	<b>11</b> Investments - publicly traded securities .....	2,505,776.	11	2,549,561.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	109,406.	15	92,132.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	25,825,194.	16	22,352,084.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,736,557.	17	1,319,256.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....	0.	19	297,794.	
	<b>20</b> Tax-exempt bond liabilities .....	3,745,000.	20	2,850,000.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	670,966.	25	644,948.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,152,523.	26	5,111,998.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	17,913,148.	27	15,507,460.	
	<b>28</b> Temporarily restricted net assets .....	1,679,503.	28	1,652,606.	
	<b>29</b> Permanently restricted net assets .....	80,020.	29	80,020.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
<b>33</b> Total net assets or fund balances .....	19,672,671.	33	17,240,086.		
<b>34</b> Total liabilities and net assets/fund balances .....	25,825,194.	34	22,352,084.		

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,595,471.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,023,201.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,427,730.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,672,671.
5	Net unrealized gains (losses) on investments	5	-110,825.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-894,030.
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	17,240,086.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2015)

**SCHEDULE A**  
**(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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization **DETROIT EDUCATIONAL TELEVISION FOUNDATION** Employer identification number **38-1440200**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**DETROIT EDUCATIONAL TELEVISION**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	14,450,619.	16,728,483.	16,049,991.	17,474,304.	16,513,418.	81,216,815.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	14,450,619.	16,728,483.	16,049,991.	17,474,304.	16,513,418.	81,216,815.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						81,216,815.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	14,450,619.	16,728,483.	16,049,991.	17,474,304.	16,513,418.	81,216,815.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	817,410.	710,541.	552,265.	651,083.	566,488.	3,297,787.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...					65,356.	65,356.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	330,048.	388,222.	419,757.	451,653.	306,227.	1,895,907.
<b>11 Total support.</b> Add lines 7 through 10						86,475,865.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	13,453,039.

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	93.92 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	93.66 %

**16a 33 1/3% support test - 2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> 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 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**DETROIT EDUCATIONAL TELEVISION**

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

**DETROIT EDUCATIONAL TELEVISION**

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**DETROIT EDUCATIONAL TELEVISION**

Schedule A (Form 990 or 990-EZ) 2015 **FOUNDATION**

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

DETROIT EDUCATIONAL TELEVISION

Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION

38-1440200 Page 8

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II

DPTV'S PUBLIC CHARITY STATUS AS OUTLINED IN ITS IRS DETERMINATION

LETTER IS A PUBLICLY SUPPORTED ORGANIZATION AS DESCRIBED IN SECTION

509(A)(2) AND THEREFORE QUALIFIES TO CHECK BOX 9 ON SCHEDULE A, PART I.

HOWEVER, DPTV ALSO CAN CHECK BOX 7 BECAUSE THEY MEET THE PUBLIC SUPPORT

TEST UNDER SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI) OF THE CODE.

Multiple horizontal lines for supplemental information.

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization <b>DETROIT EDUCATIONAL TELEVISION FOUNDATION</b>	Employer identification number <b>38-1440200</b>
--	---

Organization type (check one):

- Filers of:**                      **Section:**
- Form 990 or 990-EZ       501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF                       501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)



Name of organization <b>DETROIT EDUCATIONAL TELEVISION FOUNDATION</b>	Employer identification number <b>38-1440200</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,581,588.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 410,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DETROIT EDUCATIONAL TELEVISION                  FOUNDATION</b>	Employer identification number <b>38-1440200</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization <b>DETROIT EDUCATIONAL TELEVISION FOUNDATION</b>	Employer identification number <b>38-1440200</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **DETROIT EDUCATIONAL TELEVISION FOUNDATION** Employer identification number **38-1440200**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

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**DETROIT EDUCATIONAL TELEVISION**

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b>	Lobbying nontaxable amount				
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))				
<b>c</b>	Total lobbying expenditures				
<b>d</b>	Grassroots nontaxable amount				
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))				
<b>f</b>	Grassroots lobbying expenditures				

**DETROIT EDUCATIONAL TELEVISION**

Schedule C (Form 990 or 990-EZ) 2015 **FOUNDATION**

38-1440200 Page 3

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		<b>X</b>	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1j)? .....		<b>X</b>	
<b>c</b> Media advertisements? .....		<b>X</b>	
<b>d</b> Mailings to members, legislators, or the public? .....		<b>X</b>	
<b>e</b> Publications, or published or broadcast statements? .....		<b>X</b>	
<b>f</b> Grants to other organizations for lobbying purposes? .....		<b>X</b>	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		<b>X</b>	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		<b>X</b>	
<b>i</b> Other activities? .....	<b>X</b>		9,125.
<b>j</b> Total. Add lines 1c through 1i .....			9,125.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		<b>X</b>	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members .....	1
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year .....	2a
<b>b</b> Carryover from last year .....	2b
<b>c</b> Total .....	2c
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

**DETFF IS A MEMBER OF APTS ACTION, INC., A 501(C)(4) ADVOCACY**

**ORGANIZATION WHICH IS PERMITTED TO ENGAGE IN ALL NECESSARY LEGISLATIVE**

**LOBBYING ON BEHALF OF PUBLIC TELEVISION STATIONS.**

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization **DETROIT EDUCATIONAL TELEVISION FOUNDATION** Employer identification number **38-1440200**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of 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 assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**DETROIT EDUCATIONAL TELEVISION  
FOUNDATION**

Schedule D (Form 990) 2015

38-1440200 Page 2

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	95,751.	95,316.	86,391.	80,235.	82,535.
b Contributions					
c Net investment earnings, gains, and losses	-1,203.	435.	8,925.	6,156.	-2,300.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	94,548.	95,751.	95,316.	86,391.	80,235.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  .00 %
- b Permanent endowment  84.63 %
- c Temporarily restricted endowment  15.37 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,539,173.		2,539,173.
b Buildings		12,069,680.	3,212,204.	8,857,476.
c Leasehold improvements		69,111.	52,098.	17,013.
d Equipment		9,693,100.	7,584,210.	2,108,890.
e Other		1,384,916.	1,126,745.	258,171.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>13,780,723.</b>

Schedule D (Form 990) 2015



**DETROIT EDUCATIONAL TELEVISION  
FOUNDATION**

Schedule D (Form 990) 2015

38-1440200 Page 3

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) 457B DEFERRED COMPENSATION	121,121.
(3) UNEARNED GIFT ANNUITY	142,577.
(4) EQUIPMENT LIABILITY	381,250.
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 644,948.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

**DETROIT EDUCATIONAL TELEVISION  
FOUNDATION**

Schedule D (Form 990) 2015

38-1440200 Page 4

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	18,767,835.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	-110,825.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	1,283,189.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	1,172,364.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	17,595,471.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	17,595,471.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	20,306,390.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	1,283,189.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	1,283,189.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	19,023,201.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	19,023,201.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY THE  
ENDOWMENT FUND.

**PART X, LINE 2:**

IN MARCH 2015, THE AICPA RESCINDED TECHNICAL PRACTICE AID 5250.15. AS A  
RESULT, THE DISCLOSURE OF OPEN TAX YEARS AND UNCERTAIN TAX POSITIONS IS  
ONLY REQUIRED WHEN AN ENTITY HAS MATERIAL UNCERTAIN TAX POSITIONS. AS  
DPTV DOES NOT HAVE ANY MATERIAL UNCERTAIN TAX POSITIONS, THE DISCLOSURE  
HAS NOT BEEN INCLUDED IN THE AUDITED FINANCIAL STATEMENTS. THEREFORE,  
PART IV, LINE 11F HAS BEEN ANSWERED "NO."

DETROIT EDUCATIONAL TELEVISION  
FOUNDATION

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NON-CASH (NON-PROPERTY) CONTRIBUTIONS	323,797.
RENTAL EXPENSE	84,655.
SPECIAL EVENT EXPENSES	321,163.
COST OF GOODS SOLD	553,574.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,283,189.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE	84,655.
SPECIAL EVENT EXPENSES	321,163.
COST OF GOODS SOLD	553,574.
NON-CASH (NON-PROPERTY) CONTRIBUTIONS	323,797.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,283,189.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2015**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

Name of the organization  
**DETROIT EDUCATIONAL TELEVISION  
FOUNDATION**

Employer identification number  
**38-1440200**

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	FUNDRAISING, PROGRAM SERVICES	FUNDRAISING, PRODUCT SALES, PROGRAM RIGHTS	10,482.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	FUNDRAISING	FUNDRAISING	0.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	FUNDRAISING	FUNDRAISING	0.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	FUNDRAISING, PROGRAM SERVICES	FUNDRAISING, PROGRAM SERVICES	0.
<b>3 a</b> Sub-total .....	0	0			10,482.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			10,482.

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

Schedule F (Form 990) 2015

**DETROIT EDUCATIONAL TELEVISION  
FOUNDATION**

38-144200

Schedule F (Form 990) 2015

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **▲▲**

**3** Enter total number of other organizations or entities ..... **▲▲**

**DETROIT EDUCATIONAL TELEVISION  
FOUNDATION**

Schedule F (Form 990) 2015

38-1440200

Page 3

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

DETROIT EDUCATIONAL TELEVISION  
FOUNDATION

Schedule F (Form 990) 2015

38-1440200 Page 4

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) .....  Yes  No

Schedule F (Form 990) 2015

DETROIT EDUCATIONAL TELEVISION  
FOUNDATION

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

(This area contains horizontal lines for supplemental information.)



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

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on 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

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **DETROIT EDUCATIONAL TELEVISION FOUNDATION** Employer identification number **38-1440200**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ACD DIRECT, INC. - PO BOX 1526, LAYTON, UT 84041	FULL SERVICE CALL CENTER		X	2,473,438.	117,234.	2,356,204.
PHOENIX PRESS INC - 1775 BELLINGHAM, TROY, MI 48083	MAIL SERVICES		X	1,990,222.	438,100.	1,552,122.
BLACKBAUD INC - PO BOX 930256, ATLANTA, GA 31193	WEB SERVICES		X	1,080,559.	321,538.	759,021.
DMW WORLDWIDE - 36 CORDAGE PARK CIRCLE, PLYMOUTH, MA	DIRECT MAIL SERVICE AND DESIGN		X	343,269.	105,421.	237,848.
INFOCISION MANAGEMENT CORP - 325 SPRINGSIDE DRIVE, AKRON,	TELEMARKETING/MAIL SERVICE CENTER		X	286,459.	149,169.	137,290.
DONOR DEVELOPMENT STRATEGIES - 899 LOGAN STREET, SUITE	SOLICITATION/EVENT	X		191,829.	438,340.	-246,511.
CDP - 899 LOGAN STREET, SUITE 300, DENVER, CO 80203	MAIL SERVICES		X	10,288.	17,433.	-7,144.
NEXT GENERATION FUNDRAISING - 1235 WESTLAKES DRIVE, SUITE	MAIL CONSULTING		X	0.	8,100.	-8,100.
<b>Total</b>				<b>6,376,064.</b>	<b>1,595,335.</b>	<b>4,780,730.</b>

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**DETROIT EDUCATIONAL TELEVISION**

Schedule G (Form 990 or 990-EZ) 2015 **FOUNDATION**

38-1440200 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DETROIT PEFORMS LIVE (event type)	KIDS CLUB LIVE (event type)	4 (total number)	
Revenue	1	241,087.	89,390.	124,696.	455,173.
	2	198,042.	43,500.	30,501.	272,043.
	3	43,045.	45,890.	94,195.	183,130.
Direct Expenses	4				
	5				
	6	82,801.	8,412.	26,149.	117,362.
	7		325.	1,400.	1,725.
	8	3,350.	5,555.	11,175.	20,080.
	9	116,431.	30,173.	35,392.	181,996.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-138,033.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1					
Direct Expenses	2					
	3					
	4					
	5					
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

DETROIT EDUCATIONAL TELEVISION

Schedule G (Form 990 or 990-EZ) 2015 FOUNDATION

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- 11 Does the organization conduct 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 conducted 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 records:

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 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. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ACD DIRECT, INC.

(I) ADDRESS OF FUNDRAISER: PO BOX 1526, LAYTON, UT 84041

(I) NAME OF FUNDRAISER: PHOENIX PRESS INC

(I) ADDRESS OF FUNDRAISER: 1775 BELLINGHAM, TROY, MI 48083

(I) NAME OF FUNDRAISER: BLACKBAUD INC

DETROIT EDUCATIONAL TELEVISION  
FOUNDATION

Schedule G (Form 990 or 990-EZ)

38-1440200 Page 4

**Part IV** Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: PO BOX 930256, ATLANTA, GA 31193

(I) NAME OF FUNDRAISER: DMW WORLDWIDE

(I) ADDRESS OF FUNDRAISER: 36 CORDAGE PARK CIRCLE, PLYMOUTH, MA 02360

(I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORP

(I) ADDRESS OF FUNDRAISER: 325 SPRINGSIDE DRIVE, AKRON, OH 44333

(I) NAME OF FUNDRAISER: DONOR DEVELOPMENT STRATEGIES

(I) ADDRESS OF FUNDRAISER: 899 LOGAN STREET, SUITE 300, DENVER, CO 80203

(I) NAME OF FUNDRAISER: CDP

(I) ADDRESS OF FUNDRAISER: 899 LOGAN STREET, SUITE 300, DENVER, CO 80203

(I) NAME OF FUNDRAISER: NEXT GENERATION FUNDRAISING

(I) ADDRESS OF FUNDRAISER:

1235 WESTLAKES DRIVE, SUITE 130, BERWYN, PA 19312

FORM 990, SCHEDULE G, PART II:

EXPLANATION REGARDING FUNDRAISING EVENTS

THE ECONOMIC PROFIT EARNED FROM THESE EVENTS IS THE NET OF LINE 1,  
TOTAL GROSS RECEIPTS (\$455,173) AND LINE 10, DIRECT EXPENSES  
(\$321,163), OR \$134,010 NET PROFIT.

THE FOLLOWING ITEMS ARE REPORTED IN COMPLIANCE WITH THE INSTRUCTIONS  
FOR SCHEDULE G:

DETROIT EDUCATIONAL TELEVISION  
FOUNDATION

Schedule G (Form 990 or 990-EZ)

38-1440200 Page 4

**Part IV** Supplemental Information (continued)

LINE 1, GROSS RECEIPTS - \$455,173 - REPRESENTS TOTAL RECEIPTS FROM THE  
EVENTS.

LINE 2, CHARITABLE CONTRIBUTIONS - \$272,043 - REPRESENTS AMOUNT  
REQUIRED BY THE IRS TO BE ACKNOWLEDGED TO DONORS AS CONTRIBUTIONS.

LINE 3, GROSS INCOME - \$183,130 - REPRESENTS PAYMENTS BY DONORS FOR  
VALUE RECEIVED.

LINE 10, DIRECT EXPENSE SUMMARY - \$321,163 - COSTS INCURRED IN  
CONNECTION WITH FUNDRAISING EVENTS.

**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" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **DETROIT EDUCATIONAL TELEVISION FOUNDATION** Employer identification number **38-1440200**

**Part I General Information on Grants and Assistance**

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 criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  
**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

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
WGVU 301 WEST FULTON GRAND RAPIDS, MI 49504	38-1684280	501(C)(3)	7,815.	0.			PROMOTE PROGRAMMING
WXEL TV P.O. BOX 6607 WEST PALM BEACH, FL 33405-0607	27-4811899	501(C)(3)	7,150.	0.			PROMOTE PROGRAMMING
EASTERN MICHIGAN UNIVERSITY 201 HOVER YPSILANTI, MI 48197	38-6005986	IRC SEC 115	7,500.	0.			PROMOTE PROGRAMMING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **3.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2015)

**DETROIT EDUCATIONAL TELEVISION  
FOUNDATION**

Schedule I (Form 990) (2015)

38-1440200

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**PART I, LINE 2:**

**GRANTS ARE AWARDED TO SUPPORT PROMOTIONAL RESOURCES FOR PROGRAMS IN LOCAL**

**MARKETS, AS INCENTIVES TO BROADEN THE REACH OF THE PROGRAM. STATIONS**

**PROVIDE AFFIDAVITS OF PROGRAM AIRING WITH INVOICES IN ORDER TO RECEIVE**

**PAYMENT OF GRANT.**

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2015**

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization <b>DETROIT EDUCATIONAL TELEVISION FOUNDATION</b>	Employer identification number <b>38-1440200</b>
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**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	<b>X</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	<b>X</b>	
<b>3</b> 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.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>		<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>		<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>		<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
<b>a</b> The organization? .....	<b>5a</b>		<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>		<b>X</b>
If "Yes" to line 5a or 5b, describe in Part III.			
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
<b>a</b> The organization? .....	<b>6a</b>		<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>		<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.			
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>	
<b>8</b> Were any amounts reported on 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 .....	<b>8</b>		<b>X</b>
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>		

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

Schedule J (Form 990) 2015



DETROIT EDUCATIONAL TELEVISION  
FOUNDATION

Schedule J (Form 990) 2015

38-1440200

Page 2

**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 on 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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANIEL ALPERT ASSISTANT SECRETARY	(i) 178,139. (ii) 0.	7,118. 0.	2,444. 0.	5,490. 0.	14,369. 0.	207,560. 0.	0. 0.
(2) RITSCHARD P. HOMBERG PRESIDENT & CEO	(i) 306,834. (ii) 0.	15,700. 0.	12,081. 0.	7,950. 0.	16,578. 0.	359,143. 0.	0. 0.
(3) JEFFREY D. FORSTER EVP PRODUCTIONS AND OPERATIONS	(i) 173,630. (ii) 0.	10,218. 0.	2,351. 0.	5,324. 0.	14,307. 0.	205,830. 0.	0. 0.
(4) GEORGEANN HERBERT-MYERS SVP STRATEGY AND ENGAGEMENT	(i) 138,835. (ii) 0.	4,718. 0.	2,240. 0.	4,292. 0.	14,166. 0.	164,251. 0.	0. 0.
(5) JOHN WENZEL ASST. TREASURER AND CFO-FORMER	(i) 120,547. (ii) 0.	9,100. 0.	1,343. 0.	3,618. 0.	1,185. 0.	135,793. 0.	0. 0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

DETROIT EDUCATIONAL TELEVISION  
FOUNDATION

Schedule J (Form 990) 2015

38-1440200

Page 3

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 1A:**

THE PRESIDENT/CEO RECEIVED HEALTH/SOCIAL CLUB DUES BENEFITS FROM THE ORGANIZATION AND THEY WERE TREATED AS TAXABLE BENEFITS.

**PART I, LINE 7:**

THE PRESIDENT/CEO RECEIVED A BONUS AS PROVIDED FOR IN HIS EMPLOYMENT CONTRACT. THE BONUS IS CONSIDERED A NON FIXED PAYMENT AS IT IS BASED ON A RANGE OF 0% TO 15% OF THE PRESIDENT'S BASE COMPENSATION.

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

**Supplemental Information on Tax-Exempt Bonds**  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047  
**2015**  
Open to Public Inspection

Name of the organization: **DETROIT EDUCATIONAL TELEVISION FOUNDATION**  
Employer identification number: **38-1440200**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased (n)		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MICHIGAN STRATEGIC FUND	52-1417332	5946928H1	06/30/05	10,370,000.	SEE PART V		X		X		X
B											
C											
D											

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired			7,520,000.					
2 Amount of bonds legally defeased								
3 Total proceeds of issue			10,370,000.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds			171,386.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			10,198,614.					
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion			2005					
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

**DETROIT EDUCATIONAL TELEVISION  
FOUNDATION**

38-1440200

Schedule K (Form 990) 2015

Page 2

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?		<input checked="" type="checkbox"/>						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		<input checked="" type="checkbox"/>						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	.00	%						
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	.00	%						
<b>6</b> Total of lines 4 and 5	.00	%						
<b>7</b> Does the bond issue meet the private security or payment test?		<input checked="" type="checkbox"/>						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		<input checked="" type="checkbox"/>						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%						
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		<input checked="" type="checkbox"/>						

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		<input checked="" type="checkbox"/>						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet?		<input checked="" type="checkbox"/>						
<b>b</b> Exception to rebate?		<input checked="" type="checkbox"/>						
<b>c</b> No rebate due?		<input checked="" type="checkbox"/>						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
<b>3</b> Is the bond issue a variable rate issue?	<input checked="" type="checkbox"/>							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		<input checked="" type="checkbox"/>						
<b>b</b> Name of provider								
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?								
<b>e</b> Was the hedge terminated?								

582722  
10-22-15

**DETROIT EDUCATIONAL TELEVISION  
FOUNDATION**

38-1440200

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE K, PART I, BOND ISSUES**

**FINANCE COSTS OF ACQUIRING LAND AND A 93,000 SQ. FT. FACILITY TO SERVE AS THE ORGANIZATION'S HEADQUARTERS AND STUDIOS**

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **DETROIT EDUCATIONAL TELEVISION FOUNDATION** Employer identification number **38-1440200**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	13	46,969	MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

DETROIT EDUCATIONAL TELEVISION

Schedule M (Form 990) (2015) FOUNDATION

38-1440200

Page 2

**Part II** **Supplemental information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

DETROIT EDUCATIONAL TELEVISION FOUNDATION IS REPORTING SCHEDULE M USING THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE M, LINE 32B:

AUTO DONATIONS ARE HANDLED BY THIRD PARTY, INSURANCE AUTO AUCTIONS.

TRADEFIRST.COM SELLS TRADE BALANCES EARNED.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization	DETROIT EDUCATIONAL TELEVISION FOUNDATION	Employer identification number	38-1440200
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**FORM 990, PART I, DOING BUSINESS AS:**

DETROIT PUBLIC TV, CHANNEL 56, WTVS,

WRCJ 90.9 FM, SIGNAL MAGAZINE, DPTV-MEDIA

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

PROGRAMMING; (2) EDUCATING AND PREPARING CHILDREN AND ADULTS FOR  
 PRODUCTIVE AND SATISFYING FUTURES; (3) ENRICHING THE LIVES OF  
 INDIVIDUALS THROUGH HISTORY, THE ARTS AND SCIENCE; (4) OFFERING VITAL  
 INFORMATION FOR THE HEALTH, SAFETY AND WELFARE OF OUR COMMUNITY; (5)  
 HELPING COMMUNITY INSTITUTIONS ACHIEVE THEIR GOALS.

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

APPROXIMATELY 1.5 MILLION PEOPLE IN GREATER DETROIT WATCH DETROIT  
 PUBLIC TELEVISION, WTVS, CHANNEL 56, EACH WEEK. IN ADDITION, DPTV IS  
 SEEN IN 1.2 MILLION HOMES ACROSS CANADA VIA CABLE AND SATELLITE EACH  
 WEEK.

DPTV'S TWO DIGITAL CHANNELS, 56.2 WORLD AND 56.3 CREATE, ARE EACH  
 WATCHED EACH WEEK IN NEARLY 100,000 DETROIT-AREA HOUSEHOLDS.

PUBLIC TELEVISION HAS BEEN THE MOST TRUSTED INSTITUTION IN AMERICA FOR  
 13 YEARS IN A ROW, ACCORDING TO ANNUAL SURVEYS BY THE GFK ROPER PUBLIC  
 AFFAIRS MEDIA POLL; THE HART RESEARCH AND AMERICAN VIEWPOINT; AND THE  
 HARRIS INTERACTIVE AND ORC CARAVAN POLLING FIRMS.

WRCJ 90.9 FM IS LISTENED TO BY NEARLY 120,000 LISTENERS IN SOUTHEAST  
 MICHIGAN EACH WEEK AND IS STREAMED WORLDWIDE ON WRCJFM.ORG.

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**

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

Schedule O (Form 990 or 990-EZ) (2015)

532211  
09-02-15



Name of the organization **DETROIT EDUCATIONAL TELEVISION  
FOUNDATION**

Employer identification number  
**38-1440200**

**DETROIT PERFORMS LIVE. FROM DOWNTOWN DETROIT, A LIVE TV SHOW AND  
WEBCAST FEATURING DETROIT PERFORMERS AND ARTISTS IN SEPTEMBER 2015.  
SPHINX FINALS CONCERT. WORLD RENOWNED COMPETITION SHOWCASING BLACK AND  
LATINO CLASSICAL MUSICIANS.**

**AMERICAN BLACK JOURNAL. A WEEKLY SERIES OF NEWS AND INFORMATION FROM AN  
AFRICAN AMERICAN PERSPECTIVE. A SPECIAL FEATURE THIS YEAR WAS THREE  
VIDEO VIGNETTES ON DETROIT NEIGHBORHOODS.**

**NEW YEARS EVE LIVE WITH THE DETROIT SYMPHONY. LIVE BROADCAST AND  
WEBCAST SHOWING OFF THE DSO AND DETROIT TO THE WORLD.**

**IL VOLO: LIVE FROM POMPEII. DPTV-PRODUCED CONCERT SPECIAL BY THE  
ITALIAN VOCAL GROUP SHOT IN POMPEII, ITALY.**

**DETROIT REMEMBER WHEN. DPTV ADDED TO THE SERIES THIS YEAR WITH "J.P.  
MCCARTHY: THE VOICE OF DETROIT."**

**BOOK VIEW NOW. DPTV, WITH PBS, CONTINUED ITS LIVE WEBSTREAM COVERAGE  
FROM BOOK CONFERENCES AROUND AMERICA, WITH CONTENT ON BOOKVIEWNOW.ORG.**

**HAFLAH! ARAB FUSION FEST. A CONCERT BY MICHIGAN PHILHARMONIC AND THE  
ARAB AMERICAN ORCHESTRA.**

**WRCJ-FM. BROADCAST LIVE AND RECORDED CONCERTS BY DETROIT SYMPHONY  
ORCHESTRA AND THEIR YOUTH ENSEMBLES; MICHIGAN OPERA THEATER; ANN ARBOR  
SYMPHONY; BIRMINGHAM/BLOOMFIELD SYMPHONY, AND MICHIGAN PHILHARMONIC.**

**CHILDREN AND EDUCATION**

Name of the organization **DETROIT EDUCATIONAL TELEVISION  
FOUNDATION**

Employer identification number  
**38-1440200**

AMERICAN GRADUATE DAY. DPTV PARTNERED IN A SEVEN-HOUR BROADCAST TO  
SHOW SUCCESS STORIES IN PREVENTING HIGH SCHOOL DROPOUTS. ON-AIR SPOTS  
AND PRINT ARTICLES ALSO CELEBRATED LOCAL "EDUCATION CHAMPIONS."

YOUTH VOICES. A HALF-HOUR SPECIAL FEATURING FOUR YOUNG PEOPLE MAKING A  
DIFFERENCE IN THEIR COMMUNITIES.

MY STEM STORY. A HALF-HOUR SPECIAL FEATURING METRO DETROITERS IN  
DYNAMIC STEM (SCIENCE, TECHNOLOGY, ENGINEERING, & MATH) CAREERS.

PBS KIDS. DPTV BROADCASTS 10 HOURS EACH WEEKDAY OF TRUSTED EDUCATIONAL  
PROGRAMS FOR CHILDREN.

LEADERSHIP AND PUBLIC POLICY

MIWEEK. WEEKLY SERIES OFFERING ANALYSIS OF NEWS EVENTS IN DETROIT AND  
MICHIGAN.

MACKINAC POLICY CONFERENCE. LIVE GAVEL-TO-GAVEL WEBCAST COVERAGE OF  
THREE-DAY CONFERENCE AND DAILY 30-MINUTE BROADCAST RECAPS.

WHEN I'M 65. A ONE-HOUR SPECIAL TO HELP BOOMERS FACE RETIREMENT.

VETERANS COMING HOME/STORIES OF SERVICE. A SERIES OF VIDEO VIGNETTES  
AND WEB RESOURCES TIED TO PBS PROGRAMMING TO HELP MILITARY VETERANS  
FIND JOBS.

Name of the organization **DETROIT EDUCATIONAL TELEVISION  
FOUNDATION**

Employer identification number  
**38-1440200**

**DETROIT BUREAU. DPTV LAUNCHED A MIDTOWN DETROIT BUREAU TO TELL  
DETROIT'S STORY IN COOPERATION WITH OTHER MEDIA OUTLETS. THIS INCLUDED  
CONTRIBUTING DETROIT STORIES TO A NATIONAL "RE-DREAM" EFFORT FOCUSED ON  
WHAT IS MEANT BY "THE AMERICAN DREAM."**

**ENERGY AND ENVIRONMENT**

**GREAT LAKES COVERAGE. DPTV ESTABLISHED A JOURNALISM BUREAU TO REPORT  
YEAR-ROUND ON GREAT LAKES ISSUES AND CONTINUED ITS ANNUAL BROADCAST AND  
ONLINE COVERAGE OF GREAT LAKES WATER CONFERENCES.**

**LEARNING IN THE WILD. A HALF-HOUR SPECIAL ON A WILDERNESS CAMP FOR  
CHILDREN IN MICHIGAN.**

**BEYOND THE TAP: INFRASTRUCTURE. DPTV'S TEAM VISITED CITIES AROUND THE  
MIDWEST TO SEE WHAT'S BEING DONE TO PREVENT WATER CRISES, LIKE THE ONE  
IN FLINT, MICHIGAN.**

**BAT CRISIS. DPTV PRODUCED A FIVE-MINUTE VIDEO ON WHITE NOSE SYNDROME, A  
DISEASE DECIMATING MICHIGAN'S BAT POPULATION. THE VIDEO IS AVAILABLE  
ONLINE AND HAS BEEN DISTRIBUTED TO LIBRARIES AND SCHOOLS.**

**HEALTH AND WELLNESS**

**RIDE THE TIGER. DETROIT PUBLIC TV PRODUCED A ONE-HOUR SPECIAL ON  
BI-POLAR DISORDER. THE DOCUMENTARY AIRED NATIONALLY IN PRIMETIME ON PBS  
AND INCLUDES AN EXTENSIVE OUTREACH COMPONENT TO GET RESOURCES TO THOSE  
IN NEED.**

Name of the organization **DETROIT EDUCATIONAL TELEVISION  
FOUNDATION**

Employer identification number  
**38-1440200**

**THE PAIN ANTIDOTE. A SPECIAL WITH DR. MEL POHL TO EXPLORE THE WORLD OF  
HOLISTIC AND NATURAL PAIN TREATMENTS.**

**A WORLD WITHOUT CANCER. DR MARGARET CUOMO OFFERS TEN LIFESTYLE CHANGES  
TO REDUCE THE RISK OF CANCER AND OTHER LIFE-THREATENING DISEASES.**

**FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:**

**BE SCHOOL SMART. DPTV SENDS A NEW BI-WEEKLY NEWSLETTER TO CONNECT  
PARENTS AND EDUCATORS WITH ONLINE RESOURCES FROM PBS. MATERIALS WERE  
CREATED AND DISTRIBUTED AT STATION EVENTS. DURING SUMMER MONTHS, THE  
CAMPAIGN BECOMES "BE SUMMER SMART" PROMOTING ONLINE RESOURCES AND  
EDUCATIONAL SUMMER CAMPS.**

**PRE-SCHOOL U. DPTV UPDATED THE BOOK, PRE-SCHOOL U: A PROGRAM FOR  
PARENTS AND CAREGIVERS, AND CONTINUES A SERIES OF COMMUNITY MEETINGS TO  
HELP CHILDREN BECOME READY FOR KINDERGARTEN.**

**READY TO LEARN. DPTV HELD FREE TRAINING WORKSHOPS WITH TEACHERS,  
PARENTS, AND CHILDREN IN TAYLOR, RIVER ROUGE, AND LINCOLN PARK TO SHARE  
PBS LOCAL RESOURCES FOCUSING ON LITERACY AND MATH.**

**PUBLIC SCREENINGS. DPTV HELD FREE PUBLIC SCREENINGS AND PANEL  
DISCUSSIONS FOR "RIDE THE TIGER," "DOWNTON ABBEY," AND OTHER PROGRAMS.**

**CONNECTED LEARNING. DPTV, IN PARTNERSHIP WITH MANY DETROIT-AREA  
CULTURAL ORGANIZATIONS, EXPANDED ITS PROGRAM WHERE FAMILIES AND YOUNG**

Name of the organization	DETROIT EDUCATIONAL TELEVISION FOUNDATION	Employer identification number	38-1440200
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PEOPLE CAN COLLECT ELECTRONIC "BADGES" TO ADVANCE LEARNING THROUGHOUT THE SUMMER. THIS INCLUDED SEVERAL PUBLIC EVENTS IN FISCAL 2016.

DPTV FALL FESTIVAL - WELCOMED MORE THAN 400 CHILDREN AND FAMILIES TO RILEY BROADCAST CENTER FOR HALLOWEEN THEMED ACTIVITIES AND MUCH MORE.

WRCJ 90.9 FM. COMMUNITY ENGAGEMENT ACTIVITIES INCLUDED: A) CLASSICAL BRUNCH CONCERT SERIES AT THE COMMUNITY HOUSE IN BIRMINGHAM, MI. B) LIVE BROADCAST AND BOOTH AT THE DETROIT JAZZ FESTIVAL AND C) OFFICIAL MEDIA SPONSORS OF DSO NEIGHBORHOOD CONCERT SERIES AND "CLASSICAL TUESDAY" IN DOWNTOWN DETROIT'S CAMPUS MARTIUS PARK.

FREE MOBILE APPS. FY 2016 SAW THE LAUNCH OF FREE MOBILE APPS FOR DPTV AND WRCJ.

MY STEM HEROES. DPTV PARTNERED WITH THE MICHIGAN SCIENCE CENTER IN MARCH 2016 FOR A PUBLIC EVENT CELEBRATING YOUNG PEOPLE IN SCIENCE, TECHNOLOGY, ENGINEERING AND MATH.

FORM 990, PART VI, SECTION B, LINE 11:

THE CONTROLLER AND CFO REVIEW A DRAFT OF THE 990. ONCE THIS REVIEW IS COMPLETE, MANAGEMENT PROVIDES A DRAFT FORM 990 TO THE MEMBERS OF THE BOARD OF TRUSTEES TO REVIEW AND COMMENT BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE PROVIDED A COPY OF THE CONFLICT OF INTEREST POLICY, ASKED TO READ AND REVIEW IT, AND TO COMPLETE A WRITTEN QUESTIONNAIRE AS TO THEIR COMPLIANCE WITH THE POLICY. RESULTS OF

Name of the organization **DETROIT EDUCATIONAL TELEVISION  
FOUNDATION**

Employer identification number  
**38-1440200**

THE QUESTIONNAIRES ARE REVIEWED BY THE VICE PRESIDENT OF HUMAN RESOURCES AND THE CHIEF FINANCIAL OFFICER (WHO ALSO MONITORS AND ENFORCES COMPLIANCE), AND SHARED WITH THE FINANCE AND AUDIT AND EXECUTIVE COMMITTEES OF THE BOARD OF TRUSTEES.

IF A CONFLICT WERE TO ARISE, THAT INDIVIDUAL WOULD RECUSE HIMSELF/HERSELF OF VOTING ON THE MATTER THAT REPRESENTED THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION & HUMAN RESOURCE COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY APPROVES THE GOALS AND OBJECTIVES FOR THE ORGANIZATION RELEVANT TO THE COMPENSATION OF THE PRESIDENT AND CEO, AND FOR OTHER KEY EMPLOYEES. THE COMMITTEE WILL EVALUATE THESE PERSONS' PERFORMANCE IN LIGHT OF THESE GOALS AND ANNUALLY DETERMINE THEIR COMPENSATION. IN DETERMINING THE COMPENSATION, THE COMMITTEE WILL SEEK AND CONSIDER OBJECTIVE EXTERNAL COMPARATIVE DATA, PAST YEARS' COMPENSATION AMOUNTS AND THE COMMITTEE'S ASSESSMENT OF THE CURRENT AND EXPECTED CONTRIBUTION OF THESE INDIVIDUALS TO THE ORGANIZATION'S SUCCESS. THIS EVALUATION PROCESS WILL BE ADMINISTERED AND DOCUMENTED BY THE VP OF HUMAN RESOURCES, WITH FINAL APPROVAL BY THE COMPENSATION & HUMAN RESOURCE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

AUDITED FINANCIAL STATEMENTS, 990 AND 990-T, CORPORATE POLICIES AND GOVERNING DOCUMENTS ARE AVAILABLE ON ORGANIZATION'S WEBSITE WWW.DPTV.ORG AND UPON REQUEST. ALL OTHER INFORMATION IS AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Name of the organization **DETROIT EDUCATIONAL TELEVISION  
FOUNDATION**

Employer identification number  
**38-1440200**

Multiple horizontal lines for data entry.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015 Open to Public Inspection

Name of the organization

DETROIT EDUCATIONAL TELEVISION FOUNDATION

Employer identification number 38-1440200

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Table with 6 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity.

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity.

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



**DETROIT EDUCATIONAL TELEVISION  
FOUNDATION**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
VISION COMMUNICATIONS, INC. - 38-2418615			DETROIT						
1 CLOVER COURT	COMMUNICATIONS	MI	EDUCATIONAL TELEVISION	C CORP	0.	0.	100.00%		X

**DETROIT EDUCATIONAL TELEVISION  
FOUNDATION**

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on 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.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**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.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) All or part of 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
				Yes	No			Yes	No		Yes	No		

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

**NAME OF RELATED ORGANIZATION:**

VISION COMMUNICATIONS, INC.

**DIRECT CONTROLLING ENTITY: DETROIT EDUCATIONAL TELEVISION FOUNDATION**

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0087

For calendar year 2015 or other tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

**2015**

Department of the Treasury  
Internal Revenue Service

Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>  Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>DETROIT EDUCATIONAL TELEVISION FOUNDATION</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>1 CLOVER COURT</b>  City or town, state or province, country, and ZIP or foreign postal code <b>WIXOM, MI 48393</b>	<b>D</b> Employer identification number (Employers' trust, see instructions.)  <b>38-1440200</b>
		<b>E</b> Unrelated business activity codes (See instructions.)  <b>532420 515100</b>
		<b>F</b> Group exemption number (See instructions.)

**C** Book value of all assets at end of year: **22,352,084.**

**G** Check organization type:  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. **FACILITIES AND PRODUCTION EQUIPMENT RENTALS**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **KENNETH A. BANACH, ASSISTANT TREAS** Telephone number **248-305-3701**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)	150,011.	84,655.	65,356.
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	<b>Total.</b> Combine lines 3 through 12	150,011.	84,655.	65,356.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14
15	Salaries and wages		15
16	Repairs and maintenance		16
17	Bad debts		17
18	Interest (attach schedule)		18
19	Taxes and licenses		19
20	Charitable contributions (See instructions for limitation rules)		20
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion		23
24	Contributions to deferred compensation plans		24
25	Employee benefit programs		25
26	Excess exempt expenses (Schedule I)		26
27	Excess readership costs (Schedule J)		27
28	Other deductions (attach schedule)		28
29	<b>Total deductions.</b> Add lines 14 through 28		29 0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30 65,356.
31	Net operating loss deduction (limited to the amount on line 30) <b>SEE STATEMENT 1</b>		31 65,356.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32 0.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33 1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34 0.

**DETROIT EDUCATIONAL TELEVISION  
FOUNDATION**

Form 990-T (2015)

38-1440200

Page 2

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation.  
Controlled group members (sections 1561 and 1563) check here  See instructions and:

**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
(1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
(2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_

**c** Income tax on the amount on line 34 ▶ **35c** 0.

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  
 Tax rate schedule or  Schedule D (Form 1041) ▶ **36**

**37 Proxy tax.** See instructions ▶ **37**

**38 Alternative minimum tax** ▶ **38**

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies ▶ **39** 0.

**Part IV Tax and Payments**

**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ▶ **40a**

**b** Other credits (see instructions) ▶ **40b**

**c** General business credit. Attach Form 3800 ▶ **40c**

**d** Credit for prior year minimum tax (attach Form 8801 or 8827) ▶ **40d**

**e** Total credits. Add lines 40a through 40d ▶ **40e**

**41** Subtract line 40e from line 39 ▶ **41** 0.

**42** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) ▶ **42**

**43** Total tax. Add lines 41 and 42 ▶ **43** 0.

**44 a** Payments: A 2014 overpayment credited to 2015 ▶ **44a**

**b** 2015 estimated tax payments ▶ **44b**

**c** Tax deposited with Form 8868 ▶ **44c**

**d** Foreign organizations: Tax paid or withheld at source (see instructions) ▶ **44d**

**e** Backup withholding (see instructions) ▶ **44e**

**f** Credit for small employer health insurance premiums (Attach Form 8941) ▶ **44f**

**g** Other credits and payments:  Form 2439  Form 4136  Other ▶ **44g**

**45** Total payments. Add lines 44a through 44g ▶ **45**

**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached  ▶ **46**

**47** Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ **47** 0.

**48** Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ **48** 0.

**49** Enter the amount of line 48 you want: Credited to 2016 estimated tax ▶ **49**

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**1** At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ **Yes** **No**

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. ▶ **X** **X**

**3** Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶ N/A

<p><b>1</b> Inventory at beginning of year <span style="float:right">▶ <b>1</b></span></p> <p><b>2</b> Purchases <span style="float:right">▶ <b>2</b></span></p> <p><b>3</b> Cost of labor <span style="float:right">▶ <b>3</b></span></p> <p><b>4a</b> Additional section 263A costs (att. schedule) <span style="float:right">▶ <b>4a</b></span></p> <p><b>b</b> Other costs (attach schedule) <span style="float:right">▶ <b>4b</b></span></p> <p><b>5</b> Total. Add lines 1 through 4b <span style="float:right">▶ <b>5</b></span></p>	<p><b>6</b> Inventory at end of year <span style="float:right">▶ <b>6</b></span></p> <p><b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 <span style="float:right">▶ <b>7</b></span></p> <p><b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <span style="float:right">▶ <b>Yes</b> <b>No</b></span></p>
---	---

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

*Kevin L. Moran* 10/26/2014  
Signature of officer Date **ASSISTANT TREASURER AND CFO** Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name <b>LYNNE M. HUISMANN</b>	Preparer's signature <i>Lynne M. Huismann</i>	Date <b>10/25/16</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00053811</b>
Firm's name ▶ <b>PLANTE &amp; MORAN, PLLC</b>		Firm's EIN ▶ <b>38-1357951</b>	
Firm's address ▶ <b>P.O. BOX 307 SOUTHFIELD, MI 48037-0307</b>		Phone no. <b>248-352-2500</b>	

**DETROIT EDUCATIONAL TELEVISION**

Form 990-T (2015) **FOUNDATION**

38-1440200

Page 3

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1. Description of property

<b>(1) PRODUCTION STUDIOS, PRODUCTION TRUCK AND PRODUCTION EQUIPMENT</b>		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) <b>SEE STATEMENT 2</b>
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)	150,011.	84,655.
(2)		
(3)		
(4)		
Total	0.	Total 150,011.
<b>(e) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ...
		150,011.      84,655.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
<b>Total dividends-received deductions</b> included in column 8 .....			0.	0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations				
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....					Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

DETROIT EDUCATIONAL TELEVISION

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**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	0.	0.				0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.



**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).

**2015**

Name <b>DETROIT EDUCATIONAL TELEVISION FOUNDATION</b>		Employer identification number <b>38-1440200</b>
<p><b>Note:</b> See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).</p>		
<b>1</b>	Taxable income or (loss) before net operating loss deduction .....	<b>64,356.</b>
<b>2</b>	<b>Adjustments and preferences:</b>	
<b>a</b>	Depreciation of post-1986 property .....	<b>2a</b>
<b>b</b>	Amortization of certified pollution control facilities .....	<b>2b</b>
<b>c</b>	Amortization of mining exploration and development costs .....	<b>2c</b>
<b>d</b>	Amortization of circulation expenditures (personal holding companies only) .....	<b>2d</b>
<b>e</b>	Adjusted gain or loss .....	<b>2e</b>
<b>f</b>	Long-term contracts .....	<b>2f</b>
<b>g</b>	Merchant marine capital construction funds .....	<b>2g</b>
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) .....	<b>2h</b>
<b>i</b>	Tax shelter farm activities (personal service corporations only) .....	<b>2i</b>
<b>j</b>	Passive activities (closely held corporations and personal service corporations only) .....	<b>2j</b>
<b>k</b>	Loss limitations .....	<b>2k</b>
<b>l</b>	Depletion .....	<b>2l</b>
<b>m</b>	Tax-exempt interest income from specified private activity bonds .....	<b>2m</b>
<b>n</b>	Intangible drilling costs .....	<b>2n</b>
<b>o</b>	Other adjustments and preferences .....	<b>2o</b>
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o .....	<b>64,356.</b>
<b>4</b>	<b>Adjusted current earnings (ACE) adjustment:</b>	
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions .....	<b>4a</b> 64,356.
<b>b</b>	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions) .....	<b>4b</b> 0.
<b>c</b>	Multiply line 4b by 75% (.75). Enter the result as a positive amount .....	<b>4c</b>
<b>d</b>	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). <b>Note:</b> You must enter an amount on line 4d (even if line 4b is positive) .....	<b>4d</b>
<b>e</b>	ACE adjustment • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount .....	<b>4e</b> 0.
<b>5</b>	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT .....	<b>5</b> 64,356.
<b>6</b>	Alternative tax net operating loss deduction (see instructions) .....	<b>6</b> 57,920.
<b>7</b>	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions .....	<b>7</b> 6,436.
<b>8</b>	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
<b>a</b>	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- .....	<b>8a</b> 0.
<b>b</b>	Multiply line 8a by 25% (.25) .....	<b>8b</b> 0.
<b>c</b>	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- .....	<b>8c</b> 40,000.
<b>9</b>	Subtract line 8c from line 7. If zero or less, enter -0- .....	<b>9</b> 0.
<b>10</b>	Multiply line 9 by 20% (.20) .....	<b>10</b> 0.
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions) .....	<b>11</b>
<b>12</b>	Tentative minimum tax. Subtract line 11 from line 10 .....	<b>12</b> 0.
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit .....	<b>13</b>
<b>14</b>	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return .....	<b>14</b> 0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2015)

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 .....		1	64,356.
2	ACE depreciation adjustment:			
a	AMT depreciation .....	2a		
b	ACE depreciation:			
(1)	Post-1993 property .....	2b(1)		
(2)	Post-1989, pre-1994 property .....	2b(2)		
(3)	Pre-1990 MACRS property .....	2b(3)		
(4)	Pre-1990 original ACRS property .....	2b(4)		
(5)	Property described in sections 168(f)(1) through (4) .....	2b(5)		
(6)	Other property .....	2b(6)		
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6) .....	2b(7)		
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a .....		2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):			
a	Tax-exempt interest income .....	3a		
b	Death benefits from life insurance contracts .....	3b		
c	All other distributions from life insurance contracts (including surrenders) .....	3c		
d	Inside buildup of undistributed income in life insurance contracts .....	3d		
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) .....	3e		
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e .....		3f	
4	Disallowance of items not deductible from E&P:			
a	Certain dividends received .....	4a		
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 .....	4b		
c	Dividends paid to an ESOP that are deductible under section 404(k) .....	4c		
d	Nonpatronage dividends that are paid and deductible under section 1382(c) .....	4d		
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) .....	4e		
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e .....		4f	
5	Other adjustments based on rules for figuring E&P:			
a	Intangible drilling costs .....	5a		
b	Circulation expenditures .....	5b		
c	Organizational expenditures .....	5c		
d	LIFO inventory adjustments .....	5d		
e	Installment sales .....	5e		
f	Total other E&P adjustments. Combine lines 5a through 5e .....		5f	
6	Disallowance of loss on exchange of debt pools .....		6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts .....		7	
8	Depletion .....		8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property .....		9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626 .....		10	64,356.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/04	212,033.	0.	212,033.	212,033.
06/30/05	209,268.	0.	209,268.	209,268.
06/30/06	246,725.	0.	246,725.	246,725.
06/30/07	91,083.	0.	91,083.	91,083.
06/30/08	41,593.	0.	41,593.	41,593.
06/30/09	39,553.	0.	39,553.	39,553.
06/30/10	79,191.	0.	79,191.	79,191.
06/30/11	46,591.	0.	46,591.	46,591.
06/30/12	106,856.	0.	106,856.	106,856.
06/30/13	153,366.	0.	153,366.	153,366.
06/30/14	55,260.	0.	55,260.	55,260.
06/30/15	7,875.	0.	7,875.	7,875.
NOL CARRYOVER AVAILABLE THIS YEAR			1,289,394.	1,289,394.

FORM 990-T DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
REPAIRS AND MAINTENANCE		3,522.	
WAGES		66,660.	
OCCUPANCY		3,278.	
OTHER		722.	
DEPRECIATION		9,764.	
LEGAL SERVICES		709.	
- SUBTOTAL -	1		84,655.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			84,655.

FORM 4626 ALTERNATIVE MINIMUM TAX NOL DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
06/30/13	153,366.	0.	153,366.
06/30/14	55,260.	0.	55,260.
06/30/15	7,875.	0.	7,875.
AMT NOL CARRYOVER AVAILABLE THIS YEAR			216,501.